

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 63,403.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 69,904.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 105,492.12 ✓
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 54,219.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Cole Stanley

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cole Stanley this the 28 day of April, 2023, to certify which, witness my hand and seal of office.

Jonni Glick Jonni Glick Asst City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$, 68,154.01
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,750. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0. ⁰⁰
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0. ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 105,492. ¹²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3-30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD SADLER	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code PO BOX 8467 AUSTIN TX 79114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEALON LLC	Amount of contribution (\$) 40,000.00
Contributor address; City; State; Zip Code 1800 S. WASHINGTON STE 400 A.M.A. TX. 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JYOTIKA PATEL	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TISHBAI BHAKTA	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
---	----------------------------

2 FILER NAME COLE STANLEY	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------

4 Date 3-30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILL MILLER	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 2401 S. GEORGIA AMARILLO TX. 79109		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 4-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMALKUMAR PATEL	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 4-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUSH NATHH	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 6807 W. I-40 AMARILLO TX. 79106		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 4-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM WARE	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code PO BOX 1 AMARILLO TX. 79105		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAJIR SINDHA 6 Contributor address; City; State; Zip Code 5704 MONTSERRAT AMARILLO TX. 79119	7 Amount of contribution (\$) 250.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEEPAK PATEL Contributor address; City; State; Zip Code 7802 GEORGETOWN AMARILLO TX. 79119	Amount of contribution (\$) 101.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINESH PATEL Contributor address; City; State; Zip Code #2 CYPRESS PT. AMARILLO TX. 79124	Amount of contribution (\$) 500.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIGNESH PAREKH Contributor address; City; State; Zip Code 9300 CABLE AMARILLO TX. 79119	Amount of contribution (\$) 100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALES MADDEN III	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code #8 WOODSTONE AMARILLO TX. 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK WARE	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 1 AMARILLO TX. 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD WARE	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code PO BOX 1 AMARILLO TX. 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WENGER	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 3629 KILEEN AMARILLO TX. 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-2	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARLAND SELL 6 Contributor address; City; State; Zip Code 4801 LEXINGTON AMARILLO TR. 79119	7 Amount of contribution (\$) 500.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMETT RICE Contributor address; City; State; Zip Code 4626 CAPE VERTICE AWA. TR. 79119	Amount of contribution (\$) 2000.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEY BURGESS Contributor address; City; State; Zip Code PO. BOX 9900 AMARILLO TR. 79105	Amount of contribution (\$) 500.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYANTI NATHU Contributor address; City; State; Zip Code 7300 PARK RIDGE AMARILLO TR. 79119	Amount of contribution (\$) 2001.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIG TEXAN R.V. RANCH	7 Amount of contribution (\$) 10,000.00
6 Contributor address; City; State; Zip Code 1414 SHORISE AMARILLO TX. 79104		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES IRLBECK	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7907 CONTINENTAL AMARILLO TX. 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED BARKSDALE	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. BOX 1363 AMARILLO TX. 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANCE REED	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3701 SE 25TH AMARILLO TX. 79103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL ODEH	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code PO BOX 20114 AMARILLO TX. 79114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS DONATION BY CASH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL DONATIONS MADE ONLINE	Amount of contribution (\$) \$4,751.01
Contributor address; City; State; Zip Code SEE ATTACHMENT B		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

ATTACHMENT B — PAYPAL DONATIONS: 30 MARCH to 26 APRIL 2023

Date	Time (PDT)	Name	Type	Gross	Fee	Net	Contact Phone Number
3/30/23	8:39:15	Suzy Whisenhunt	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	
3/30/23	14:06:55	Laresa Chesley	Donation	\$ 150.00	\$ (4.83)	\$ 145.17	
4/2/23	11:52:02	Brett Kniveton	Donation	\$ 150.00	\$ (4.83)	\$ 145.17	(806) 335-5295
4/5/23	8:16:23	Jason Herrick	Donation	\$ 1,000.00	\$ (29.39)	\$ 970.61	(806) 673-9438
4/6/23	11:38:53	Connie M Morgan	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	
4/6/23	14:07:43	SUZANNE SOOTER	Donation	\$ 500.00	\$ (14.94)	\$ 485.06	(806) 228-5756
4/13/23	8:05:58	EILEEN MISKIMEN	Donation	\$ 50.00	\$ (1.94)	\$ 48.06	
4/17/23	6:09:12	PAUL CHRISTY	Donation	\$ 1,000.00	\$ (29.39)	\$ 970.61	
4/20/23	17:04:15	Edward Dowdy	Donation	\$ 50.00	\$ (1.94)	\$ 48.06	(806) 367-0076
4/21/23	8:25:39	Barry Christy	Donation	\$ 500.00	\$ (14.94)	\$ 485.06	(806) 654-1183
4/25/23	13:21:53	Shirley Clem	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 674-1249
4/25/23	13:37:33	Eric Zimmerman	Donation	\$ 250.00	\$ (7.72)	\$ 242.28	(806) 236-5001
4/25/23	18:17:42	Ty Roberts	Donation	\$ 750.00	\$ (22.17)	\$ 727.83	(806) 655-7702
4/26/23	8:51:16	Patrick Lee	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 570-7712
4/26/23	9:06:24	Steven P Easton	Donation	\$ 100.00	\$ (3.38)	\$ 96.62	(806) 584-4543
					Total Net PAYPAL	\$ 4,751.01	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1750.00	
5 Date 4-1	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMARILLO PROFESSIONAL FIREFIGHTERS ASSOC.	8 Amount of Contribution \$ 1750.00	9 In-kind contribution description TEXT MESSAGING EMAIL MESSAGING VOTER DATA
7 Contributor address; City; State; Zip Code 613 SE 46th AMARILLO, TX 79118		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
---	---	--	---

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME COLE STANLEY	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-23	5 Payee name AMARILLO SOD POODLES BASEBALL	
6 Amount (\$) 2,144.¹⁵	7 Payee address; City; State; Zip Code 715 S. BUCHANAN AMARILLO TX. 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD AND SERVICE/VENUE WATCH PARTY.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4-20-23	Payee name AMARILLO SOD POODLES BASEBALL	
Amount (\$) 1948.⁵⁰	Payee address; City; State; Zip Code 715 S. BUCHANAN AMARILLO TX. 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ADDITIONAL FOOD WATCH PARTY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4-27-23	Payee name CREATIVE CANNON	
Amount (\$) 77,319.³⁴	Payee address; City; State; Zip Code 2201 CIVIC CIRCLE AMARILLO TX. 79109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description SEE INVOICE ATTACHED FOR BREAKDOWN OF ALL EXPENDITURES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Creative Cannon
 2201 Civic Cir Ste 917
 Amarillo, TX 79109
 (806) 236-9404
 david@creative-
 cannon.com



BILL TO
 Cole Stanley for Amarillo
 3615 6th Ave
 Amarillo, TX 79106



DATE 04/14/2023 TERMS Net 30



DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
02/09/2023	Printing	C&B Marketing Buttons Round 1 - 50 BUTTON - 36 X 24 SIGN	1	211.09	211.09
02/13/2023	Printing	C&B Marketing Press Conference Signs - 36 X 24 SIGNS Sales Tax 8.25% 12.86	1	168.78	168.78
03/17/2023	Billboards	Lamar Billboards Lamar Contract #4113600 Creative Cannon - Banners	1	500.00	500.00
03/27/2023	Billboards	Galaxy Equipment Leasing Inc. // Big Texan - Instillation - Vinyl	1	563.00	563.00
03/28/2023	Billboards	Burkett Outdoor Advertising LP	1	750.00	750.00
04/06/2023	Media Buy	Kingdom Keys Please See Attached Invoice / Schedule - 78 Radio Spots	1	575.00	575.00
04/06/2023	Media Buy	KFDA Please See Attached Invoice / Schedule - 130 TV Spots	1	13,030.00	13,030.00

Thank You for Your Business
www.creative-cannon.com

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
04/10/2023	Media Buy	Alpha Media / KGNC Please See Attached Invoice / Schedule - 51 Radio Spots	1	1,009.00	1,009.00
04/11/2023	Media Buy	KAMR/KCIT FOX 14 Please See Attached Invoice / Schedule - 45 TV Spots	1	7,040.00	7,040.00
04/12/2023	Media Buy	KVII Please See Attached Invoice / Schedule - 37 TV Spots Digital Package - Delivering 150,000 commercials to Adults 35+, Amarillo Republican Voters	1	13,150.00	13,150.00

Thank You for Your Business

www.creative-cannon.com

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
------	----------	-------------	-----	------	--------

04/14/2023	Printing	C&B Marketing Complete List of Printed	1	25,496.12	25,496.12
------------	----------	---	---	-----------	-----------

- 500 A11122-1 BUTTON
1.09 545.00
10% DISCOUNT 10%
DISCOUNT -10.00% -54.50

- 3,000 A11122-3 YARD
SIGN 18" x 24" 3.90
11,700.00
10% DISCOUNT 10%
DISCOUNT -10.00% -
1,170.00

- 50 A11122-4 YARD SIGN
48" x 48" 41.39 2,069.50
10% DISCOUNT 10%
DISCOUNT -10.00% -206.95

- 600 A11122-5 BUMPER
STICKER - RECTANGLE 4"
x 6" 0.41667 250.00
10% DISCOUNT 10%
DISCOUNT -10.00% -25.00

- 500 A11122-6 BUMPER
STICKER OVAL 0.634
317.00
10% DISCOUNT 10%
DISCOUNT -10.00% -31.70

- 500 A11122-1 BUTTON
1.09 545.00
10% DISCOUNT 10%
DISCOUNT -10.00% -54.50

- 50 A11122-4 YARD SIGN
48" x 48" 41.39 2,069.50
10% DISCOUNT 10%
DISCOUNT -10.00% -206.95

- 2,000 A11122-3 YARD
SIGN 18" x 24" 3.925
7,850.00
10% DISCOUNT 10%
DISCOUNT -10.00% -785.00

- 500 A11122-7 PUSH
CARDS 0.486 243.00
10% DISCOUNT 10%
DISCOUNT -10.00% -24.30

- 5,000 A11122-7 PUSH
CARDS 0.1162 581.00
10% DISCOUNT 10%
DISCOUNT -10.00% -58.10

Sales Tax 8.25% 1,943.12
\$25,496.12

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
04/14/2023	Agency Fee	Standard 15% Agency Fee	1	3,881.38	3,881.38
04/14/2023	Agency Fee	Standard 15% Agency Fee	1	271.95	271.95
04/17/2023	Mailers	Panhandle Pre-Sort Cole Stanley Campaign Postcard	1	5,850.37	5,850.37
		List Processing - 1 X \$50.00 \$50.00			
		List Maintenance - 13,150 X \$0.0019011 \$25.00T			
		Address Formatting/NCOA - 13,150 X \$0.02 \$263.00T			
		Set Up Charge - 2 X \$50.00 \$100.00T			
		Print 5 1/2 x 8 1/2, 4/4 100# Cover - 13,150 X \$0.0967643 \$1,272.45T			
		Direct Address-Variable Data - 13,150 X \$0.04 \$526.00			
		Postage - 13,150 X \$0.2748228 \$3,613.92			
		Total \$5,850.37			
04/17/2023	Agency Fee	Standard 15% Agency Fee	1	877.55	877.55
04/21/2023	Media Buy	Suddenlink / A4 Media - 255 TV Spots	1	3,025.00	3,025.00
04/21/2023	Media Buy	Ramón Godoy El Mensajero Newspaper 34 YEARS OF EXCELLENCE 1989 - 2023 Amarillo, Texas 806-371-7084 Lmensajero@aol.com	1	920.00	920.00
		1/4 Page - 5.125" X 10"			

Please Pay Upon Receipt

SUBTOTAL

77,319.24

TAX

0.00

TOTAL

77,319.24

Thank You for Your Business

www.creative-cannon.com

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME COLE STANLEY	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date 4-27-23	5 Payee name BLAIR KISER
--------------------------	------------------------------------

6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code VALHALLA LANE AMARILLO TX. 79124
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description Tex. Elec. Code § 253.033. RE-IMBURSEMENT TO DONOR FOR CASH CONTRIBUTION OVERTHROW 100.00
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4-27-23	Payee name LONE STAR FILM + VIDEO
------------------------	---

Amount (\$) 23,680.23	Payee address; City; State; Zip Code 3616 CARSON AMARILLO TX. 79109
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VIDEO PRODUCTION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
---	----------------------------

2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--------------	---------------------------------------

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;		City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;		City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		