CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Amarillo City Council Place #1							
OFFICEHOLDER NAME NICROMANE LAST Craft 4 CANDIDATE / OFFICHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER ADDRESS / PO BOX APT / SUITE X OFFICEHOLDER APT / SUITE X OFFICEHOL OFFICEHOLDER APT / SUITE X OFFICEHOL OFFICEHOLDER APT / SUITE X OFFICEHOL OFFICEHOL OFFICEHOL OFFICEHOL APT / SUITE X OFFICEHOL OFFICH OFFICEHOL OFFICH	The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics (Commission Filers)	2 Total pages filed: 2	
A CANDIDATE / OFFICEHOLDER AMDRESS / PO BOX	OFFICEHOLDER					OFFICE USE ONLY	
MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered of Dise pessmarked Date Hand-delivered of Dise pessmarked Date Inaged Amount 5 MRS. MRS. MR MRS. Donna INCKNAME LAST Harnish TREASURER ADDRESS TREASURER ADDRESS TREASURER ADDRESS TREASURER ADDRESS Residence or Business) TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Date Inaged Date Inaged Date Inaged Date Inaged Date Inaged Date Inaged TX 79012 TX 79012 TY 7901		NICKNAME			SUFFIX	Date Received	
OFFICEHOLDER PHONE (806) 340-9740 6 CAMPAIGN TREASURER NAME MRS. Donna LAST MRS. MR FIRST MI EAST SUFFIX NAME NICKNAME LAST SUFFIX NICKNAME LAST SUFFIX NAME NICKNAME LAST SUFFIX NICKNAME LAST SUFFIX NOTICE ADDRESS (NO PO BOX PLEASE). APT / SUITE #. BUSHland TX 79012 STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. BUSHland TX 79012 STATE. ZIP CODE STATE. ZIP CODE TYP STATE. ZIP CODE TX TYP STATE.	OFFICEHOLDER MAILING ADDRESS					IUL 0 8 2024	
TREASURER NAME MRS. Donna E Date Processed	OFFICEHOLDER			EXTENSI	ON	Date Hand-delivered or Date Postmarked	
Total Committee	TREASURER		375000550				
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE (806) 220-9651 9 REPORT TYPE January 15 July 15 Sith day before election Runoff Exceeded Modified (Officeholder Only)		NICKNAME			SUFFIX		
TREASURER PHONE (806) 220-9651 9 REPORT TYPE January 15	TREASURER ADDRESS						
January 15 John day before election Runoff Runoff Runoff Runoff Runoff Runoff Reporting Limit Report (Attach C/OH - FR) Final Report (Attach C/OH - FR) Month Day Year Month Day Year Month Day Year Additional Pages Specific July 15 Sth day before election Runoff Exceeded Modified Reporting Limit Reporting Limit Final Report (Attach C/OH - FR) Final Report (Attach C/O	8 CAMPAIGN TREASURER			EXTENSIO	DN		
10 PERIOD COVERED Month Day Year Month Day Year	9 REPORT TYPE			ction Exce	eeded Modified	treasurer appointment (Officeholder Only)	
Month Day Year Primary Runoff Description General Special Primary Description	COVERED	Month Day Year Month Day Year					
Amarillo City Council Place #1 14 NOTICE FROM POLITICAL COMMITTEE (S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Month Day Year Primary Runoff Other Description					
POLITICAL COMMITTEE(S) Additional Pages Specific Committee campaign treasurer name	12 OFFICE			13 OFFICE SO	OUGHT (if known)		
	POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/01/ 1/11/							
15 C/OH NAME	Joshua Craft	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ \$5,282.35					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information					
rec	juired to be reported by me under Title 15, Election Code.	2					
	C = I						
	8 (n /C.						
	Signature of Cano	didate or Officeholder					
		and of Officerolder					
Please complete either option below:							
سير	STEPHANIE COGGINS						
(1) Affidavit	Notary Public, State of Texas						
Notary ID #12500548-4							
NOTARY STAMP	My Commission Expires 09-20-2025						
Sworn to and subscribed before me by Toshua Craft this the 8th day of July this the 24 day of July							
20 Z , to certify which, witness my hand and seal of office.							
Standard Code Code Code Code Code Code Code Cod							
Signature of officer administer	ing dath Printed name of officer administering oath	City decretary					
The state of the state of		Title of officer administering oath					
(2) Hannes B. J. H.	OR						
(2) Unsworn Declaratio	n						
My name is	8 0						
	, and my date of birth is						
wy address is							
F	(street) (city) (state	e) (zip code) (country)					
Executed in	County, State of, on the day of(month)	, 20					
	(month)	(year)					
	Signature of Candidate	e/Officeholder (Declarant)					