

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1** Filer ID (Ethics Commission Filers) **2** Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
Mr. Les
NICKNAME LAST SUFFIX
Simpson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 21216 Amarillo Texas 79114
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(806) 681-9452

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Mr. Ken
NICKNAME LAST SUFFIX
Copheranham

OFFICE USE ONLY

Date Received
RECEIVED
JUL 20 2023
CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

Handwritten: RAB
10:11

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
5811 S. Western Amarillo Texas 79110
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(806) 236-4968

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
06 / 15 / 23 06 / 30 / 23

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
06 / 24 / 23 General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)
Amarillo City Council Place 4

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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	COMMITTEE ADDRESS
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Les Simpson

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

561.53

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

16,614.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

14,750.48

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

51,100.00

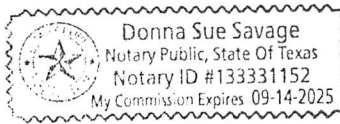
18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Les Simpson this the 20th day of July

20 23, to certify which, witness my hand and seal of office.

Donna Sue Savage
Signature of officer administering oath

Donna Sue Savage
Printed name of officer administering oath

Admin. IV.
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)

Section	Area	Remarks
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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: 1

2 FILER NAME
Les Simpson

3 Filer ID (Ethics Commission Filers)

4 Date
06/16/23

5 Full name of contributor out-of-state PAC (ID# _____)
Vance Reed

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
3701 SE. 25th Ave. Amarillo Texas 79103

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/16/23

Full name of contributor out-of-state PAC (ID# _____)
Mr. & Mrs. W. F. Countiss

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
3805 Carlton Dr. Amarillo Texas 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/16/23

Full name of contributor out-of-state PAC (ID# _____)
Clark & Kim Damon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
5000 SW. 45th Ave. Amarillo Texas 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/23

Full name of contributor out-of-state PAC (ID# _____)
Howard Smith Campaign Account

Amount of contribution (\$)
111.53

Contributor address; City; State; Zip Code
1616 S. Polk St. Amarillo Texas 79102

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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Les Simpson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 561.53
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 51,100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,614.71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 3
2 FILER NAME Les Simpson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 51,100.00
5 Date of loan 11/01/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Les Simpson	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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 01/03/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Les Simpson	Loan Amount (\$) 100.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 5304 Brinkman Amarillo Texas 79106	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

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: **3**

2 FILER NAME

Les Simpson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 51,100.00

5 Date of loan
02/08/23

7 Name of lender out-of-state PAC (ID#: _____)
Les Simpson

9 Loan Amount (\$)
10,000.00

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code
5304 Brinkman Amarillo Texas 79106

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Self

13 Employer (See Instructions)
Self

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
04/17/23

Name of lender out-of-state PAC (ID#: _____)
Les Simpson

Loan Amount (\$)
30,000.00

Is lender a financial institution?
 Y N

Lender address; City; State; Zip Code
5304 Brinkman Amarillo Texas 79106

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Self

Employer (See Instructions)
Self

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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1 Total pages Schedule E: **3****2** FILER NAME

Les Simpson

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS**\$ 51,100.00****5** Date of loan
06/12/23**7** Name of lender out-of-state PAC (ID# _____)
Les Simpson**9** Loan Amount (\$)
10,000.00**6** Is lender
a financial
institution?
 Y N**8** Lender address; City; State; Zip Code
5304 Brinkman Amarillo Texas 79106**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)
Self**13** Employer (See Instructions)
Self**14** Description of Collateral
 none**15** Check if personal funds were deposited into political
account (See Instructions)**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender 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
noneCheck if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	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 F1: 1	2 FILER NAME Les Simpson	3 Filer ID (Ethics Commission Filers)
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4 Date 06/23/23	5 Payee name Nobox Creative
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6 Amount (\$) 16,614.71	7 Payee address; 4211 I-40, Suite 201	City; Amarillo	State; Texas	Zip Code 79106
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Marketing/Consulting
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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