

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

30 1315
88

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 30 1315
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST COLE	MI R
	NICKNAME	LAST STANLEY	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3615 SW 6TH AMARILLO TX. 79106		
	AREA CODE (806)	PHONE NUMBER 584-6175	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5600 BELL SHUTE 105 #291 AMA. TX. 79109		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST MICHAEL	MI S
	NICKNAME	LAST FORD	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE (806)	PHONE NUMBER 459-9979	EXTENSION
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	11 ELECTION ELECTION DATE: Month Day Year 5 / 6 / 23 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) AMARILLO CITY COUNCIL PLACE 1	13 OFFICE SOUGHT (if known) MAYOR	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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		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)	\$ 52,934. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0. ⁰⁰
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 6 day of April, 2023, to certify which, witness my hand and seal of office.

Jonni Glick Signature of officer administering oath
Jonni Glick Printed name of officer administering oath
Assistant City Secretary 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	\$ 52,934. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0. 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	\$ 0. ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0. ⁰⁰
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0. ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0. ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0. ⁰⁰
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0. ⁰⁰

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 2-14-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA AND ANDREW ROSENBERG	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 4601 GARTH RD STE 101 BAYDUN TX 77521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARPENED IRON STUDIOS	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3203 ONG AMA. TX. 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE TINKER	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 5301 FULTON AMA. TX. 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY STARK	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 7309 PARKWAY AMA. TX. 79119		
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 2-20-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY AND DORIS LEVERETT	7 Amount of contribution (\$) 1000.⁰⁰
6 Contributor address; City; State; Zip Code PO BOX 3247 AMA. TX. 79116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRENT AND JOELLA MORGAN	Amount of contribution (\$) 10,000.⁰⁰
Contributor address; City; State; Zip Code 5103 RED OAK AMA. TX. 79110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNN MORGAN	Amount of contribution (\$) 5000.⁰⁰
Contributor address; City; State; Zip Code 6005 TUSCANY VILLAGE AMA. TX. 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY AND VONDA WILLIAMS	Amount of contribution (\$) 150.⁰⁰
Contributor address; City; State; Zip Code PO BOX 19244 AMA. TX. 79114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY MILES	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 8207 ZACHARY A.M.A. TX. 79119		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES AND PATSY HEABERLIN	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 3263 PARK HILL MURFREESBORO TN. 37129		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-4-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.C. AND PATTI STANLEY	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 3228 BOWIE A.M.A. TX. 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-4-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL AND PAULA BORCHARDT	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 2509 A.M.A. TX. 79105		
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

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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 3-9-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES SCHENCK	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 6216 GAINSBOROUGH AMA TX. 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR KISER	Amount of contribution (\$) 500.⁰⁰ CASH
Contributor address; City; State; Zip Code UNKNOWN AMA TX. TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG HERSEHEY	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code PO. BOX 50176 AMA. TX. 79159		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIRA JOHNSON	Amount of contribution (\$) 25.⁰⁰
Contributor address; City; State; Zip Code UNKNOWN		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3-19-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRY BEDWELL	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 5703 BRANDY LEE AMA TX. 79119		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR AND JOYCE SCOTT	Amount of contribution (\$) 1000.⁰⁰
Contributor address; City; State; Zip Code 13610 CR 4, PERRYTON TX. 79070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.B. AUSTIN III	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 9613 AMA. TX. 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD GIST SERVICES INC.	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code 2403 SW 2nd ST AMA. TX. 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMMY OR RASHMI PATEL	7 Amount of contribution (\$) 101.⁰⁰
6 Contributor address; City; State; Zip Code 2100 COULTER AMA. TX. 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-23-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JITIN BHAKTA	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 2806 E AMARILLO BLVD AMA TX. 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAKESH N BHAGAT	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code #28 PINECREST AMA TX. 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SURESHBAI PATEL	Amount of contribution (\$) 57.⁰⁰
Contributor address; City; State; Zip Code 3017 E. AMARILLO BLVD AMA TX 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-15-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMESHCHANDRA PATEL	7 Amount of contribution (\$) 101.⁰⁰
6 Contributor address; City; State; Zip Code 112 AMARUO BLVD W. AMA. TX. 79107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANJAYBHAI PATEL	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 3800 PINE AMA. TX. 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMESHCHANDRA PATEL	Amount of contribution (\$) 25.⁰⁰
Contributor address; City; State; Zip Code 112 AMARUO BLVD W. AMA. TX. 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APURVA KHANDBAR	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 9103 CLINT AMA. TX. 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-13-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MINESH PATEL	7 Amount of contribution (\$) 101.⁰⁰
6 Contributor address; City; State; Zip Code 2032 PARAMOUNT APT 101 A.M.A. TX. 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-13-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAHUL MEHTA	Amount of contribution (\$) 150.⁰⁰
Contributor address; City; State; Zip Code #15 PRESTWICK A.M.A. TX. 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIPAK KUMAR PATEL	Amount of contribution (\$) 5000.⁰⁰
Contributor address; City; State; Zip Code #46 COLONIAL A.M.A. TX. 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN CARTER	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 7414 WOODMONT A.M.A. TX. 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
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2 FILER NAME COLE STANLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 3-28-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY AND CHERYL ORMAN	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 4504 TUTBURY AWA. TR. 79119		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY AMMETMAN	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 8022 OXFORD AWA. TX. 79119		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL DONATIONS MADE ONLINE	Amount of contribution (\$)
Contributor address; City; State; Zip Code PLEASE SEE ATTACHMENT A		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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ATTACHMENT A

Date	Time	Time Name	Type	Status	Currer Gross	Fee	Net
2/15/2023	9:38:48	PST Joseph Barnes	Donation Payment	Comple	USD	1 -0.52	0.48 <i>-TEST</i>
2/15/2023	10:15:45	PST Tanya Jacks	Donation Payment	Comple	USD	100 -3.38	96.62
2/15/2023	11:42:45	PST Creative Cannon	Donation Payment	Comple	USD	2 -0.55	1.45 <i>-TEST</i>
2/15/2023	11:44:43	PST David Martinez	Donation Payment	Comple	USD	5 -0.63	4.37 <i>-TEST</i>
2/15/2023	13:54:43	PST Raymond Donaldson	Donation Payment	Comple	USD	1,000.00 -29.39	970.61
2/15/2023	14:22:21	PST Jeffrey Kimbrell	Donation Payment	Comple	USD	50 -1.94	48.06
2/16/2023	11:14:55	PST JUDITH GUALTIERE	Donation Payment	Comple	USD	500 -14.94	485.06
2/17/2023	4:57:45	PST Judith King	Donation Payment	Comple	USD	50 -1.94	48.06
2/17/2023	12:02:36	PST	General Withdrwa	Pending	USD	-1,652.43 0	-1,652.43
2/19/2023	18:04:31	PST Shirley Clem	Donation Payment	Comple	USD	50 -1.94	48.06
2/20/2023	1:24:27	PST	General Withdrwa	Pending	USD	-96.12 0	-96.12
2/20/2023	8:26:03	PST Tom Roller	Donation Payment	Comple	USD	500 -14.94	485.06
2/22/2023	13:45:03	PST David Stapp	Donation Payment	Comple	USD	10 -0.78	9.22
2/23/2023	14:45:05	PST Jodie Gillman	Donation Payment	Comple	USD	500 -14.94	485.06
2/24/2023	14:16:40	PST Trevor Caviness	Donation Payment	Comple	USD	500 -14.94	485.06
2/25/2023	10:04:07	PST Tom Henson	Donation Payment	Comple	USD	100 -3.38	96.62
2/27/2023	1:23:47	PST	General Withdrwa	Comple	USD	-1,561.02 0	-1,561.02
3/1/2023	8:57:50	PST Scot Pike	Donation Payment	Comple	USD	500 -14.94	485.06
3/2/2023	13:02:10	PST Jim Appel	Donation Payment	Comple	USD	1,000.00 -29.39	970.61
3/3/2023	11:51:57	PST Denny Deaver	Donation Payment	Comple	USD	10 -0.78	9.22
3/4/2023	15:25:22	PST kriss cloning	Donation Payment	Comple	USD	2,500.00 -72.74	2,427.26
3/4/2023	15:30:51	PST kriss cloning	Donation Payment	Comple	USD	2,500.00 -72.74	2,427.26
3/4/2023	17:52:46	PST Patrick Callahan	Donation Payment	Comple	USD	100 -3.38	96.62
3/6/2023	1:24:30	PST	General Withdrwa	Comple	USD	-6,416.03 0	-6,416.03
3/6/2023	11:08:57	PST Meagan Brown	Donation Payment	Comple	USD	100 -3.38	96.62
3/6/2023	16:10:01	PST Paige Ware	Donation Payment	Comple	USD	1,000.00 -29.39	970.61
3/6/2023	16:36:50	PST Mark Chancler	Donation Payment	Comple	USD	1,000.00 -29.39	970.61
3/7/2023	8:06:14	PST Charles Pender	Donation Payment	Comple	USD	200 -6.27	193.73

Date	Time	Time Name	Type	Status	Currer Gross	Fee	Net
3/7/2023	15:17:02	PST Julie Martindale	Donation Payment	Comple	USD 50	-1.94	48.06
3/8/2023	4:48:05	PST monte slatton	Donation Payment	Comple	USD 1,000.00	-29.39	970.61
3/8/2023	5:36:40	PST Kerry Garrison	Donation Payment	Comple	USD 100	-3.38	96.62
3/10/2023	12:06:09	PST Max Ladd	Donation Payment	Comple	USD 100	-3.38	96.62
3/11/2023	5:55:49	PST Mark Randall	Donation Payment	Comple	USD 100	-3.38	96.62
3/11/2023	7:57:09	PST Joe Geoffroy	Donation Payment	Comple	USD 10	-0.78	9.22
3/12/2023	11:47:31	PDT Melissa Stanley	Donation Payment	Comple	USD 3,000.00	-87.19	2,912.81
3/13/2023	2:25:38	PDT	General Withdrawa	Comple	USD -6,462.13	0	-6,462.13
3/13/2023	6:38:02	PDT Staci Hand	Donation Payment	Comple	USD 300	-9.16	290.84
3/14/2023	9:00:36	PDT Suzanne Henderson	Donation Payment	Comple	USD 50	-1.94	48.06
3/14/2023	14:20:37	PDT Howard Allen	Donation Payment	Comple	USD 250	-7.72	242.28
3/15/2023	7:00:52	PDT Jordan Pinkston	Donation Payment	Comple	USD 100	-3.38	96.62
3/15/2023	14:42:36	PDT Marco Gillezeau	Donation Payment	Comple	USD 2,500.00	-72.74	2,427.26
3/16/2023	5:25:16	PDT Shawn Tucker	Donation Payment	Comple	USD 500	-14.94	485.06
3/17/2023	8:33:40	PDT Michael Bass	Donation Payment	Comple	USD 200	-6.27	193.73
3/17/2023	10:21:29	PDT John Dawson	Donation Payment	Comple	USD 100	-3.38	96.62
3/18/2023	12:46:39	PDT Amy Hamilton	Donation Payment	Comple	USD 1,000.00	-29.39	970.61
3/19/2023	17:01:14	PDT mark shaffer	Donation Payment	Comple	USD 500	-14.94	485.06
3/20/2023	1:28:27	PDT	General Withdrawa	Comple	USD -5,336.14	0	-5,336.14
3/20/2023	18:39:49	PDT Wes Brown	Donation Payment	Comple	USD 200	-6.27	193.73
3/21/2023	12:05:35	PDT Ann Stapp	Donation Payment	Comple	USD 100	-3.38	96.62
3/22/2023	5:55:32	PDT Breeze Hurly	Donation Payment	Comple	USD 250	-7.72	242.28
3/23/2023	7:19:37	PDT Connie Taylor	Donation Payment	Comple	USD 100	-3.38	96.62
3/24/2023	11:11:23	PDT Alma Pray	Donation Payment	Comple	USD 50	-1.94	48.06
3/25/2023	6:10:24	PDT Gary Karrh	Donation Payment	Comple	USD 250	-7.72	242.28
3/25/2023	7:45:15	PDT Ashley Bass	Donation Payment	Comple	USD 500	-14.94	485.06
3/27/2023	1:29:45	PDT	General Withdrawa	Comple	USD -1,404.65	0	-1,404.65

From Email Address	To Em: Trar Shipping Address	Ac	Item	Ite	Shi	Ins	Sal
cameron@creative-cannon.co	colest: 7JD Joseph, Barnes, 2228 Locust St, Amarillo, TX, 79109, United States	Non-Conf	0				0
tanjac2525@gmail.com	colest: 7N€ Tanya, Jacks, 4907 Eberly St, Amarillo, TX, 79118, United States	Non-Conf	0				0
david@creative-cannnon.com	colest: 2UJ David, Martinez, 2201 Civic Circle, Suite 917, Amarillo, TX, 79109, United St	Non-Conf	0				0
david@creative-cannon.com	colest: 1YY David, Martinez, 2201 Civic Circle, Suite 917, Amarillo, TX, 79101, United St	Non-Conf	0				0
rndonaldson07@gmail.com	colest: 0VL Raymond, Donaldson, 3501 Goodfellow Ln, Amarillo, TX, 79121, United St	Confir mec	0				0
jskimbrell@outlook.com	colest: 870 Jeffrey, Kimbrell, 8313 Jill Ct, Amarillo, TX, 79119, United States	Non-Conf	0				0
judig64@yahoo.com	colest: 706 JUDITH, GUALTIERE, 5136 ROYCE DR, AMARILLO, TX, 79110, United States	Non-Conf	0				0
judyafuller07@gmail.com	colest: 45R Judith, King, 7337 Parkway Dr, Amarillo, TX, 79119-6474, United States	Non-Conf	0				0
colestonley7@gmail.com	9J537008MM4112114						
blast73@prodigy.net	colest: 4P4 Shirley, Clem, 7702 Stuyvesant Av., Amarillo, TX, 79121, United States	Non-Conf	0				0
colestonley7@gmail.com	5AH63897LD5915842						
troller1972@outlook.com	colest: 8W Tom, Roller, 109 Chucker St, Amarillo, TX, 79124, United States	Non-Conf	0				0
dastapp@me.com	colest: 7JA David, Stapp, 4022 Tucson Dr, Amarillo, TX, 79109, United States	Non-Conf	0				0
Capgillman@gmail.com	colest: 78J Jodie, Gillman, No Street Address Provided, No City Provided, 79124, Unite	Non-Conf	0				0
trevor@cavinessbeef.com	colest: 7AM Trevor, Caviness, 3001 S. Ong Street, Amarillo, TX, 79109, United States	Non-Conf	0				0
tomhenson@me.com	colest: 42E Tom, Henson, 6107 Landon Dr, Amarillo, TX, 79119, United States	Non-Conf	0				0
colestonley7@gmail.com	63U10421JH874621F						
scotpike@yahoo.com	colest: 80E Scot, Pike, 1 Shinnecock Dr, Amarillo, TX, 79124, United States	Non-Conf	0				0
jraj444@yahoo.com	colest: 44C Jim, Appel, 7407 Lynnlee, Amarillo, TX, 79121, United States	Non-Conf	0				0
dennydeaver123@yahoo.com	colest: 4HV Denny, Deaver, 4707 Princeton St, Amarillo, TX, 79109, United States	Non-Conf	0				0
kc3texan@gmail.com	colest: 1HJ kriss, cloning, 11 Stoneridge Dr, Amarillo, TX, 79124, United States	Non-Conf	0				0
grancangelfire@gmail.com	colest: 8.4: kriss, cloning, No Street Address Provided, No City Provided, 79124, Unit	Non-Conf	0				0
63callahan@gmail.com	colest: 2R9 Patrick, Callahan, 146 N Timbercreek Circle, Amarillo, TX, 79118, United St	Non-Conf	0				0
colestonley7@gmail.com	6S437403NC655783X						
2222keysmb@gmail.com	colest: 4UJ Meagan, Brown, 6414 Mooregate Dr, Amarillo, TX, 79109, United States	Non-Conf	0				0
chanclerpaige@gmail.com	colest: 7VE Paige, Ware, 1600 Bellaire St, Amarillo, TX, 79106, United States	Non-Conf	0				0
mchancler@a-1floors.com	colest: 8RT Mark, Chancler, 5600 bell suite 105 box 268, Amarillo, TX, 79109, United St	Non-Conf	0				0
sam@arn.net	colest: 5J4: Charles, Pender, 7820 London Court, Amarillo, TX, 79119, United States	Non-Conf	0				0

From Email Address	To Em: Trai Shipping Address	Ac	Iter	Ite	Shi	Ins	Sal
jcjcmartindale@outlook.com	colest: 9RE Julie, Martindale, 6200 Foley Square, Amarillo, TX, 79119, United States	Non-Confi	0	0			
monteslatton@gmail.com	colest: 6LH monte, slatton, 410 N Shore Dr, Amarillo, TX, 79118, United States	Non-Confi	0	0			
Dumaskerry@aol.com	colest: 7B1 Kerry, Garrison, 9611 Union Rd, Amarillo, TX, 79119, United States	Non-Confi	0	0			
marlladd@sbcglobal.net	colest: 2F0 Max, Ladd, 1901 Howard Dr, 4, Amarillo, TX, 79106, United States	Non-Confi	0	0			
rmrandall46@gmail.com	colest: 6CC Mark, Randall, 5230 Hester Dr., Amarillo, TX, 79124, United States	Non-Confi	0	0			
joe@2voiceit.com	colest: 4DJ Joe, Geoffroy, 1600 S. Travis Street, Amarillo, TX, 79102, United States	Non-Confi	0	0			
mdstanley@outlook.com	colest: 5M: Melissa, Stanley, P.O. Box 50245, Amarillo, TX, 79159, United States	Non-Confi	0	0			
colestonley7@gmail.com	6CE72246AP0409040						
stacihand@hotmail.com	colest: 39N Staci, Hand, 4506 Greenwich Place, Amarillo, TX, 79119, United States	Confirmec	0	0			
suzannehenderson25@yahoo.com	colest: 3JF Suzanne, Henderson, 7904 Kingsgate, Amarillo, TX, 79119, United States	Non-Confi	0	0			
howardeallen@allentri.com	colest: 5AY Howard, Allen, 7909 Pebblebrook Dr., amarillo, TX, 79119, United States	Non-Confi	0	0			
jordanm.pinkston@gmail.com	colest: 7FR Jordan, Pinkston, 3204, S Austin, AMARILLO, TX, 79109, United States	Confirmec	0	0			
marcogillezeau@gmail.com	colest: 41S Marco, Gillezeau, 7113 Wilkerson St, Amarillo, TX, 79119, United States	Non-Confi	0	0			
sctucker2007@yahoo.com	colest: 2CK Shawn, Tucker, 3 Prestwick Ln, Amarillo, TX, 79124, United States	Non-Confi	0	0			
mjbwgb@gmail.com	colest: 8FY Michael, Bass, 6719 Sandie Ct., Amarillo, TX, 79109, United States	Non-Confi	0	0			
johndawson65@yahoo.com	colest: 4TE John, Dawson, 4309 Fairway Drive, Amarillo, TX, 79124, United States	Non-Confi	0	0			
grhamilton11@gmail.com	colest: 12B Amy, Hamilton, 7904 Bayswater Rd, Amarillo, TX, 79119, United States	Non-Confi	0	0			
mark.shaffer@rohhotels.com	colest: 68E mark, shaffer, 7244 Versailles Dr, Amarillo, TX, 79121, United States	Non-Confi	0	0			
colestonley7@gmail.com	4J183993FX924674V						
assistamarillo@gmail.com	colest: 73J Wes, Brown, 2603 Harmony St, Amarillo, TX, 79106, United States	Non-Confi	0	0			
annstapp@gmail.com	colest: 4XE Ann, Stapp, 7701 Pilgrim Dr, Amarillo, TX, 79119, United States	Non-Confi	0	0			
breezehurly@gmail.com	colest: 49L Breeze, Hurly, 115 Dewey Ave., Amarillo, TX, 79124, United States	Confirmec	0	0			
connietaylor@kw.com	colest: 88K Connie, Taylor, 20 Muirfield, Amarillo, TX, 79118, United States	Non-Confi	0	0			
jnp9310@gmail.com	colest: 5HS Alma, Pray, 114 N Rosemont St, Amarillo, TX, 79106, United States	Non-Confi	0	0			
gkarrh@gmail.com	colest: 7J1: Gary, Karrh, Po box 19024, Amarillo, TX, 79114, United States	Non-Confi	0	0			
bass1993@sbcglobal.net	colest: 9BC Ashley, Bass, 1612 Clubview Drive, Amarillo, TX, 79124, United States	Non-Confi	0	0			
colestonley7@gmail.com	6CE87569B35306139						

Balance	Address Line 1	Address Line 2	Town/City	State/Province	Zip/Postal	Coc	Country	Contact Phone	Subject
46.26	2228 Locust St		Amarillo	TX	79109		United States		
142.88	4907 Eberly St		Amarillo	TX	79118		United States	8066790268	
144.33	2201 Civic Circ	Suite 917	Amarillo	TX	79109		United States	8062369404	
148.7	2201 Civic Circle,	Suite 917	Amarillo	TX	79101		United States		
1,119.31	3501 Goodfellow Ln		Amarillo	TX	79121		United States	8066541024	
1,167.37	8313 Jill Ct		Amarillo	TX	79119		United States		
1,652.43	5136 ROYCE DR		AMARILLO	TX	79110		United States	8062363556	
1,700.49	7337 Parkway Dr		Amarillo	TX	79119-6474		United States	8066830649	
48.06									
96.12	7702 Stuyvesant Av.		Amarillo	TX	79121		United States	8066741249	
0									
485.06	109 Chucker St		Amarillo	TX	79124		United States		
494.28	4022 Tucson Dr		Amarillo	TX	79109		United States		
979.34	No Street Address Provided		No City Provided		79124		United States		
1,464.40	3001 S. Ong Street		Amarillo	TX	79109		United States	8066792998	
1,561.02	6107 Landon Dr		Amarillo	TX	79119		United States	5127505503	
0									
485.06	1 Shinnecock Dr		Amarillo	TX	79124		United States	8062369043	
1,455.67	7407 Lynnlee		Amarillo	TX	79121		United States	8065703506	
1,464.89	4707 Princeton St		Amarillo	TX	79109		United States	8066834851	
3,892.15	11 Stoneridge Dr		Amarillo	TX	79124		United States		
6,319.41	No Street Address Provided		No City Provided		79124		United States		
6,416.03	146 N Timbercreek Circle		Amarillo	TX	79118		United States		
0									
96.62	6414 Mooregate Dr		Amarillo	TX	79109		United States		
1,067.23	1600 Bellaire St		Amarillo	TX	79106		United States		
2,037.84	5600 bell suite 105 box 268		Amarillo	TX	79109		United States		
2,231.57	7820 London Court		Amarillo	TX	79119		United States		

Balance	Address Line 1	Address Line 2	Town/City	State/Province	Zip/Postal	Coc	Country	Contact Phone	Subject
2,279.63	6200 Foley Square		Amarillo	TX	79119		United States		
3,250.24	410 N Shore Dr		Amarillo	TX	79118		United States		
3,346.86	9611 Union Rd		Amarillo	TX	79119		United States		
3,443.48	1901 Howard	4	Amarillo	TX	79106		United States		
3,540.10	5230 Hester Dr.		Amarillo	TX	79124		United States	8066735444	
3,549.32	1600 S. Travis Street		Amarillo	TX	79102		United States		
6,462.13	P.O. Box 50245		Amarillo	TX	79159		United States		
0									
290.84	4506 Greenwich Place		Amarillo	TX	79119		United States	8064337775	
338.9	7904 Kingsgate		Amarillo	TX	79119		United States		
581.18	7909 Pebblebrook Dr.		amarillo	TX	79119		United States		
677.8	3204, S Austin		AMARILLO	TX	79109		United States	8065700922	
3,105.06	7113 Wilkerson St		Amarillo	TX	79119		United States		
3,590.12	3 Prestwick Ln		Amarillo	TX	79124		United States		
3,783.85	6719 Sandie Ct.		Amarillo	TX	79109		United States	8065842967	
3,880.47	4309 Fairway Drive		Amarillo	TX	79124		United States		
4,851.08	7904 Bayswater Rd		Amarillo	TX	79119		United States		
5,336.14	7244 Versailles Dr		Amarillo	TX	79121		United States		
0									
193.73	2603 Harmony St		Amarillo	TX	79106		United States		
290.35	7701 Pilgrim Dr		Amarillo	TX	79119		United States		
532.63	115 Dewey Ave.		Amarillo	TX	79124		United States	8066793715	
629.25	20 Muirfield		Amarillo	TX	79118		United States		
677.31	114 N Rosemont St		Amarillo	TX	79106		United States	8062829678	
919.59	Po box 19024		Amarillo	TX	79114		United States		
1,404.65	1612 Clubview Drive		Amarillo	TX	79124		United States		

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		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	<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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	<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)			

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

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	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:	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 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	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 <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
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

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	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)

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 <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
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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	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)

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
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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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	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 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
	(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	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

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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
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

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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.)

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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		