

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MTR</b>	FIRST <b>COLE</b>	MI <b>R</b>
	NICKNAME	LAST <b>STANLEY</b>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>RECEIVED</b> <b>JAN 15 2025</b> <b>CITY SECRETARY'S</b> <b>CITY OF AMARILLO</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Hand-delivered or Date Postmarked	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3615 SW 6th AMARILLO TX 79106</b>		Receipt #	
<input type="checkbox"/> Change of Address		Amount \$	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Processed	
AREA CODE PHONE NUMBER EXTENSION <b>(806) 584-6175</b>		Date Imaged	
6 CAMPAIGN TREASURER NAME		7 CAMPAIGN TREASURER ADDRESS	
MS / MRS / MR —		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3615 SW 6th AMARILLO TX 79106</b>	
FIRST <b>COLE</b>		(Residence or Business)	
MI <b>R</b>		8 CAMPAIGN TREASURER PHONE	
NICKNAME		AREA CODE PHONE NUMBER EXTENSION <b>(806) 584-6175</b>	
LAST <b>STANLEY</b>		9 REPORT TYPE	
SUFFIX		<input checked="" type="checkbox"/> January 15 <input 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)	
7 CAMPAIGN TREASURER ADDRESS		10 PERIOD COVERED	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3615 SW 6th AMARILLO TX 79106</b>		Month Day Year    THROUGH    Month Day Year <b>7 / 16 / 24    THROUGH    1 / 15 / 25</b>	
8 CAMPAIGN TREASURER PHONE		11 ELECTION	
AREA CODE PHONE NUMBER EXTENSION <b>(806) 584-6175</b>		ELECTION DATE    ELECTION TYPE	
9 REPORT TYPE		Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
10 PERIOD COVERED		12 OFFICE	
Month Day Year    THROUGH    Month Day Year <b>7 / 16 / 24    THROUGH    1 / 15 / 25</b>		OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)	
11 ELECTION		<b>MAYOR</b>	
12 OFFICE		14 NOTICE FROM POLITICAL COMMITTEE(S)	
OFFICE HELD (if any) <b>MAYOR</b>		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.	
13 OFFICE SOUGHT (if known)		COMMITTEE TYPE    COMMITTEE NAME	
14 NOTICE FROM POLITICAL COMMITTEE(S)		<input type="checkbox"/> GENERAL	
COMMITTEE TYPE    COMMITTEE NAME		COMMITTEE ADDRESS	
<input type="checkbox"/> GENERAL		COMMITTEE CAMPAIGN TREASURER NAME	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE ADDRESS			
COMMITTEE CAMPAIGN TREASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

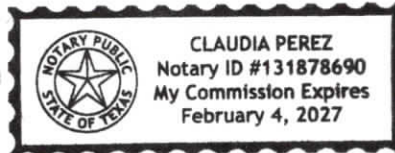
FORM C/OH  
COVER SHEET PG 2

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)	\$ 52,750 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 55,485 <sup>04</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 132. <sup>19</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 14 day of January, 2025, to certify which, witness my hand and seal of office.

Claudia Perez Printed name of officer administering oath  
Claudia Perez Title of officer administering oath  
Administrative Technician

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	\$ 52,750. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 55,485. <sup>69</sup>
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 <b>COLE STANLEY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8-5-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEAL ON</b>	7 Amount of contribution (\$) <b>50,000.00</b>
6 Contributor address; City; State; Zip Code <b>1800 S. WASHINGTON AWA. TX. 79102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9-13-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COLE STANLEY</b>	Amount of contribution (\$) <b>2000.00</b>
Contributor address; City; State; Zip Code <b>3615 SW 6th AWA. TX. 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-7-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COLE STANLEY</b>	Amount of contribution (\$) <b>750.00</b>
Contributor address; City; State; Zip Code <b>3615 SW 6th AWA. TX. 79106</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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>COLE STANLEY</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7-12-24</i>	<b>5</b> Payee name <i>AMARILLO SCREEN GRAPHICS</i>	
<b>6</b> Amount (\$) <i>2875.<sup>24</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>2715 CIVIC CIRCLE A.M.A. TX. 79109</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <i>MATERIALS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>8-7-24</i>	Payee name <i>CREATIVE CANNON</i>	
Amount (\$) <i>1851.<sup>50</sup></i>	Payee address; City; State; Zip Code <i>2201 CIVIC CIRCLE A.M.A. TX. 79109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>STATE OF THE CITY</i>
	<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 <i>1</i>
Date <i>9-13-24</i>	Payee name <i>CREATIVE CANNON</i>	
Amount (\$) <i>50,000.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>2201 CIVIC CIRCLE A.M.A. TX. 79109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>STATE OF THE CITY</i>
	<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 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 <b>COLE STANLEY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-25-24</b>	5 Payee name <b>CREATIVE CANNON</b>
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6 Amount (\$) <b>758.90</b>	7 Payee address; City; State; Zip Code <b>2201 CIVIC CIRCLE A.M.A. TX. 79109</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>WEBSITE UPDATE</b>
	(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
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Date	Payee name
------	------------

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

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
	<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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