	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT						
The C/OH Instruction (Guide explains how t	to complete this form.	1 Filer ID (Ethics Corression Elers)	Total pages filed 4			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	Les	М	OFFICEUSE ONLY			
	NICKNAME	Simpson	CHEEN	NA RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2121		marillo Texas 79114	FEB 2 6 2025 City Secretary			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	681-9452	EXTENSION	Date Hand delivered on late Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Ken	MI	Receipt # Amount 5			
NAIVIE	NICKNAME	LAST	SUFFIX				
		Copheranha	ım	Date Imaged			
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	REASURER						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/CH - FR)			
10 PERIOD COVERED	Month	10 01 01					
GOVERNED	07 / 01 / 24 THROUGH 12 / 31 24						
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description						
	05 / 03 / 25 General Special						
12 OFFICE	OFFICE HELD (# any) Amarillo City	Council Place 4	13 OFFICE SOUGHT (if known Amarillo City Coul	~			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	ENERAL COMMITTEE ADDRESS					
2	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
		GO TO	PAGE 2				
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMI AIC	VI W V C V C C C C C C					
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)	\$ 0.00				
EXPENDITURE TOTALS						
ביון עודים מוטוט אוזיה עוטוט מ	4. TOTAL POLITICAL EXPENDITURES	\$ 1582.26				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST S OF REPORTING PERIOD	\$ 828.35				
OUTSTANDING LOAN TOTALS	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.						
	Signature of Candi	date or Officeholder				
	Please complete either option below:					
(1) Affidavit	STEPHANIE COGGINS Notary Public, State of Toxas Notary ID #12500548-4					
NOTARY STANDANCE	My Commission Expires 09-20-2025					
Sworn to and subscribed	before me by Les Simpson this the 3	loth day of February.				
20 23 to certify which, witness my hand and seal of office. Stephanie Coggins City Secretary						
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is	and my date of birth is					
My address is						
	(street) (city) (stat	e) (zip code) (country)				
Executed in	County, State of , on the day of(month)	, 20				
	Signature of Candidate	e/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	FILER NAME es Simpson	mmission	Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE E: LOANS			0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	0.00	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	0.00	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	\$	0.00		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committed Credit Card Payment		Event Expense Fees Food/Beverago Expense Gft/Awards/Memonals Expense Legal Services	res Office Overhead/Rental Expense od/Beverage Expense Polling Expense tVAwards/Memorials Expense Printing Expense		r>: Tran Tran Tran ir Othe	Solicitation/Eurobaising Expense Transportation Equipment & Related Expense Travel In District Travel Ont Of District Other (enter a category not bisted above)		
1 Total pages Schedule F1;	2 FILER NAME Les Simpson				3 F	iler ID (Ethro	s Commission Filers)	
4 Date 07/23/24	6 Payeor	··			<u> </u>			
6 Amount (\$)	7 Payee a	address;		· City;		State;	.Zip Code	
1500.00	4211 I-40 Suite 201 Amarillo			0	Texas	79106		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description							
PURPOSE OF EXPENDITURE	Consulting Expense Marketing				/Consul	ting		
	(c)	Check if travel outside of Texas, Comp	olete Schedule T	Check	if Austin, TX,	officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office soug	ht		Office held	
Date	Payeer	name						
08/03/24	USPS			•				
Amount (\$)	Payee a	address;		City;		State;	Zip Code	
82.26	5000 S	. Western St.		Amarillo	Texas	791	09	
	· -	ry (See Categories listed at the top of	! this schedule)	Description	ו	*****		
PURPOSE OF EXPENDITURE	Adver	tising		Postage				
		Check if travel outside of Texas. Comp	olete Schedule T	Check	if Austin, TX, i	officeholder living	ficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought		Office held		
Date	Payee	name			T			
Intentionally Left Blank								
Amount (\$)	Payee a	address;		City;		State:	Zip Code	
PURPOSE OF EXPENDITURE	OF			Descriptio	n			
	Check of travel outside of Texas. Complete Schedule T			Check if Austin, TX, afficeholder living expense		g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sou	ght		Office held	
	A'	TACH ADDITIONAL COP	PIES OF THIS	S SCHEDULE A	S NEEDED)		
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