	N 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 Eilers)	2 Total pages filed 11				
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Les	MI	OFFICE USE ONLY				
*	Simpson	SHEELY	RECEIVED				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	DESCRIPTION OF THE PROPERTY OF	marillo Texas 79114	APR 2 5 2025  City Secretary				
Change of Address			Vin O				
6 CANDIDATE/ OFFICEHOLDER PHONE	( 806 ) 681-9452	EXTENSION	Date Hand Servery by Date 3-Stockhed				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Ken	MI	Date Processed				
NAME	NICKNAME LAST	SUFFIX	Date Impact				
	Copheranha	am	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / S 5811 S. Western	suite #, city; Amarillo	Texas 79110				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 806 ) 236-4968	EXTENSION					
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 🔳 8th day before e	lection Exceeded Modified Reporting Limit	Final Report (Attach C/Ch - FR)				
10 PERIOD COVERED	Month Day Year 03 / 25 / 25	THROUGH 04	Day Year 23 25				
11 ELECTION	Month Day Year Primary  05 / 03 / 25  General	Description					
12 OFFICE	OFFICE HELD (d any) Amarillo City Council Place 4	13 OFFICE SOUGHT (if known Amarillo City Cou	The same state of the same sta				
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TR						
	COMMITTEE CAMPAIGN TE	REASURER ADDRESS					
	GO ТО	PAGE 2					
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#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Les Simpson TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 3 PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 3 5.900.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ TOTALS 6,446.00 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 28.358.85 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: STEPHANIE COGGINS Notary Public, State of Texas (1) Affidavit Notary ID #12500548-4 My Commission Expires 09-20-2025 NOTARY STAMP/SEAL Sworn to and subscribed before me by , to certify which, witness my hand and seal of office. Stephanie Printed name of officer administering oath Signature of officer administering bath (2) Unsworn Declaration , and my date of birth is My name is \_\_\_ My address is (state) (zip code) (city) (street) \_\_\_ day of \_\_\_\_ (month) Executed in \_\_\_\_\_\_ County, State of \_\_\_\_\_\_, on the \_\_\_\_ Signature of Candidate/Officeholder (Declarant) Revised 1/1/2025

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# SUBTOTALS - C/OH

#### FORM C/OH **COVER SHEET PG 3**

	ER NAME Simpson  20 Filer to (Ethics C	ommission Filors)
	HEDULE SUBTOTALS ME'OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULEA1; MONETARY POLITICAL CONTRIBUTIONS	s 5,900.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	S
4.	SCHEDULE E: LOANS	3
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 6,446.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Les Simpson 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#\_\_\_\_ Jake Lennard 3/25/25 200.00 6 Contributor address; City; State: Zip Code 20 Cypress Point Texas 79124 Amarillo 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#\_\_ Amount of contribution (3) Mark Bivins 3/26/25 500.00 Contributor address: City; State; Zip Code PO Box 708 Amarillo Texas 79105 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Mike & Jana Smiley 3/27/25 100.00 Contributor address: City: State: Zip Code 7406 Woodmont Amarillo Texas 79119 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC.fID#: Patrick Callahan 3/27/25 Contributor address; State; Zip Code 100.00 City; Amarillo Texas 79118 146 N. Timberwood Employer (See Instructions) Principal occupation / Job title (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.

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SCHEDULE A1

If the reque	ested information is not applicab	le, DO NOT i	nclude this p	page in the	report. ,
The	e Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1 5
2 FILER NAME Les Simps					3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#)  Howie & Lisa Batson			7 Amount of contribution (\$)	
3/27/25	6 Contributor address;	City;	State; Zi	p Code	300.00
	9110 Lundy Lane	Amarillo	Texas 7	9119	
8 Principal occi	upation / Job title (See Instructions)		9 Employe	r (See Instruc	tions)
Date	Full name of contributor Brandt & Carol Capps	out-of-state PA	.C (ID#		Amount of contribution (\$)
3/27/25	Contributor address;	City;	State; Zi	p Code	250.00
	23 Sandhills Lane	Amarillo	Texas 7	9124	
Principal occu	pation / Job title (See Instructions)	-	Employer	(See Instruct	tions)
Date	Bobby Hail			Amount of contribution (\$)	
3/27/25	Contributor address;	City; State; Zip Code			100.00
	411 S. Fillmore	Amarillo	Texas	79101	
Principal occu	pation / Job title (See Instructions)		Employe	r (See Instruct	tions)
Date	Full name of contributor  Margaret Hodge	out-of-state PA	C (ID#		Amount of contribution (\$)
3/27/25	Contributor address;	City;	State; Zip	Code	1,000.00
	36 Oldham Circle	Amarilio	Texas 7	9109	
Principal occu	pation / Job title (See Instructions)		Employe	r (See Instruc	tions)
	ATTACH ADDITA	ONAL COPIES	OF THIS SCH	EDULE AS N	IEEDED
	If contributor is out-of-state PAC,	, piease see inst	ruction gaide t	or annimonar i	reporting requirements.

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# SCHEDULE A1

If the reques	sted information	is not applicabl	e, DO NOT is	nclude thi	s page in the	repor	t.
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2 FILER NAME Les Simpso	on					<b>3</b> Fi	lar ID (Elhics Commission Filers)
4 Date	5 Full name of Mike & Kat	•	pul-of-state P/	AC (ID#		7 A	mount of contribution (5)
3/28/25	6 Contributor a	ddress;	City;	State;	Zip <sup>,</sup> Code		100.00
	6303 Watford	Circle	Amarillo	Texas	79109		
8 Principal occu	pation / Job title (S	See Instructions)		9 Emplo	yer (See Instruc	tions)	
Date	Full name of David Eliza		out-of-state P/	AC (ID#		A	mount of contribution (S)
3/28/25	Contributor a	address;	City;	State;	Zip Code		1,500.00
	13680 Road	irunner	Amarillo	Texas	79118		
Principal occup	) pation / Job title (S	ee Instructions)		Emplo	yer (See Instruct	ions)	
Date	Full name of Daniel Smi		out-of-state P#	C (ID#:		A	mount of contribution (\$)
4/01/25	Contributor address; City; State; Zip Code			250.00			
	1916 S. Bo	nham St.	Amarillo	Texas	79109		
Principal occup	pation / Job title (S	iee Instructions)		Emplo	yer (See Instruct	tions)	
Date	Full name of	contributor ebbie Jeffers	out-of-state PA	AC (ID#	)	A	mount of contribution (\$)
4/03/25	Contributor a		City;	State;	Zip Code		250.00
	1615 Bryar	St. #15A	Amarillo	Texas	79102		
Principal occup	pation / Job title (S	ee Instructions)		Empk	yer (See Instruct	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							
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# SCHEDULE A1

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The	Instruction Guide	explains how t	o complete this	s form.		1 Tota	I pages Schedule A1 5
2 FILER NAME Les Simps		1 444-4-4-4				3 Files	1D (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#  Becky Zenor				<b>7</b> ۸m	ount of contribution (\$)	
4/04/25	6 Contributor ac	idress;	City;	State;	Zip Code	``	100.00
	2210 S. Bonh	am	Amarillo	Texas	79109		
8 Principal occu	pation / Job title (S	ee Instructions)		9 Empt	oyer (See Instr	uctions)	
Date	Full name of c	contributor herie Sandel	out-of-state PAI	C (ID#		Ame	ount of contribution (\$)
4/07/25	Contributor a	ddress;	City;	State;	Zip Code	••	350.00
	7410 New E	ngland Pkwy	Amarillo	Texas	s 79119		
Principal occu	pation / Job title (Se	e Instructions)		Empl	oyer (See Instr	uctions)	
Date 4/00/05	Full name of c		out-of-state PA	C (ID#		) Am	ount of contribution (\$)
4/09/25	Contributor a	ddress;	City;	State;	Zip Code	•••	500.00
	3001 S. On	g St.	Amarillo	Texas	79109		
Principal occu	pation / Job title (S	ee Instructions)		Empl	oyer (See Instr	uctions)	
Date	Full name of o		out-of-state PA	C (ID#		ر Am	ount of contribution (\$)
4/21/25	Contributor a	ddress;	City;	State;	Zip Code	"	50.00
	4806 Caroli	ne Ln.	Amarillo	Texas	79110		
Principal occu	pation / Job title (S	ee Instructions)		Empl	oyer (See Instr	uctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							
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## SCHEDULE A1

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Th	e Instruction Guide	explains how	lo complete thi	is form.		1 Tota	al pages Schedule A1 5
2 FILER NAME Les Simps						3 File	r ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)  Greg Smith				7 Arm	ount of contribution (\$)	
4/22/25	6 Contributor ad	dress;	City;	State;	Zip Code		200.00
	4702 Easely P	ľ.	Amarillo	Texas	79119		
8 Principal occ	upation / Job title (So	ee Instructions)		9 Emp	loyer (See Instruc	tions)	
Date 4/22/25	Full name of co		out-of-state PA	AC (ÎD#		Am	ount of contribution (\$)
4122123	Contributor ad	ldress;	City;	State;	Zip Code		50.00
	4806 Carolin	e Ln.	Amarillo	Texas	79110		
Principal occu	upation / Job title (Se	e Instructions)		Empl	oyer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#)  Intentionally Left Blank				Am	ount of contribution (\$)	
	Contributor ad	dress;	City;	State;	Zip Code		
Principal occu	pation / Job title (Se	e Instructions)		Empl	oyer (See Instruc	tions)	
Date	Full name of o		out-of-state PA ally Left Bla			Am	ount of contribution (\$)
	Contributor ac	ldress;	City;	State;	Zip Code		
Principal occu	 upation / Job title (Se	e Instructions)		Emp	loyer (See Instruc	tions)	•
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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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#### SCHEDULE F1

Revised 1/1/2025

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense LoanRepayment/Rembusement Solicitation/Eurobasing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overtieas/Rental Expense rees Foot/Beverage Expense GM/Awards/Memorials Expense Poling Experse Travelle Destret Contributions/Donations Made By Printing Expense Salaries/Wager/Contract1.abor Candidate/Officeholder/Political Committee Legal Services 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 Filler ID (Ethics Commission Filers) Les Simpson 3 4 Date 5 Payee.name 3/25/25 Anedot 6 Amount (\$) State: Zip Code 7 Payee address; City: LA 70112 1340 Poydras Sreet, Suite 1770 New Orleans 8.30 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Political Contribution Online Fee **Fees** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Anedot 3/28/25 Zip Code City: State: Amount (\$) Pavee address: 70112 **New Orleans** LA 1340 Poydras Sreet, Suite 1770 4.30 Category (See Categories listed at the top of this schedule) Description Political Contribution Online Fee Fees **PURPOSE** EXPENDITURE Check ditravel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/01/25 **NoBox Creative** Payee address; City; State; Zip Code Amount, (\$) 4211 I-40 Suite 201 Amarillo Texas 79106 6,347.50 Description Category (See Categories listed at the top of this schedule) PURPOSE Consulting Expense Marketing/Consulting OF EXPENDITURE Check if Austin, TX, officeholder living expense Check of travel outside of Texas: Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Conditate/Officeholder/Political C

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**EventExpense** Fres.
Food/Beverage Expense
Gdt/Awards/Memorials Expense
\* coal Services LoanRepayment/Rembatsement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Eurotraising Expense
Transportation Equipment & Belated Expense
Travel In District
Travel Out Of District

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Other (effect a catego	ry nocestica abovin)		
1 Total pages Schedule F1:	2 FILER NAME Les Simpson		3 Filor ID (Ethics Commission Filers)			
4 Date 4/02/25	5 Payee name USPS					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
73.00	5000 S. Western St.	Amarillo	Texas	79109		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising	Postage				
_	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/21/25	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
2.30	1340 Poydras Sreet, Suite 1770	New Orleans	s LA	70112		
•	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees	Political Contribution Online Fee				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/22/25	Anedot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
8.30	1340 Poydras Sreet, Suite 1770	New Orleans	LA	70112		
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·			
PURPOSE OF EXPENDITURE	Fees	Political Contrib	oution Online	Fee		
	Check if travel outside of Texas Complete Schedule T	Check if Austin	TX; officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			
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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
Accounting Banking
Consulting Expense
Contributions/Donatons Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food Beverage Expense GM/Awants/Memonals Expense LoanRepayment/Pendisareneral Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundrasing Experce Transportation Equipment & Pelated Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salames/V	Vages/ContractLabor (	Other leaters catego			
Croscard Payrixss	The Instruction Guide explains how to	complete this form,				
1 Total pages Schedule F1:	2 FILER NAME Les Simpson	3	Filor ID (Elhic	s Commission Filers)		
4 Date 4/22/25	5 Payee name Anedot					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
2.30	1340 Poydras Sreet, Suite 1770	New Orleans	LA	70112		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Political Contrib	ution Online	e Fee		
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austin, T	X, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
	Intentionally Left Blank					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE						
:	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
	Intentionally Left Blank					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check & travel outside of Texas Complete Schedule T	Check if Austin, T	X, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED			
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