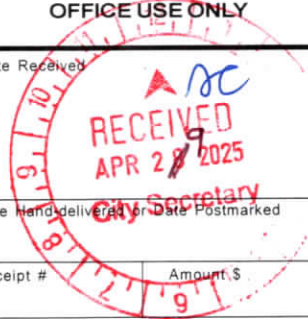


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY  Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI					
	NICKNAME	LAST	SUFFIX					
	MR COLE R STANLEY							
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election							
	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			<input type="checkbox"/> Final report Other (specify) _____				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		4	4	25	THROUGH	4	25	25

6 EXPLANATION OF CORRECTION

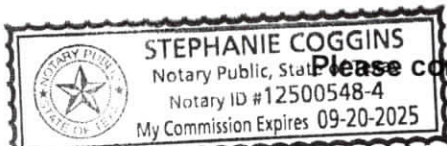
MISSPELLING OF LAST NAME

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Cole Stanley
Signature of Candidate/Officeholder



(1) Affidavit

NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Cole Stanley this the 29th day of April, 2025, to certify which, witness my hand and seal of office.

Stephanie Coggins Stephanie Coggins City Secretary
Signature of officer administering oath Printed name of officer administering oath 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 4-24-25	5 Full name of contributor GARY KATR H <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 250.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-25-25	Full name of contributor RON CONNALLY <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code CONNELLY	Amount of contribution (\$) 500.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

AMENDED
4-29-25

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: **11**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

COLE

R

NICKNAME

LAST

SUFFIX

STANLEY

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3615 SW 6TH

AMARILLO TX. 79106

☐ Change of Address

RECEIVED

By Stephanie Coggins at 2:38 pm, Apr 26, 2025

Originally rec'd 2025-04-25 17:13

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 584-6175

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MTC

COLE

R

NICKNAME

LAST

SUFFIX

STANLEY

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:

CITY:

STATE:

ZIP CODE

3615 SW 6TH AMARILLO TX. 79106

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 584-6175

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

4 / 4 / 25

THROUGH

Month

Day

Year

4 / 25 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

MAYOR

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)	\$ 113,902. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 154,606. ⁵¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,211. ⁷³
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

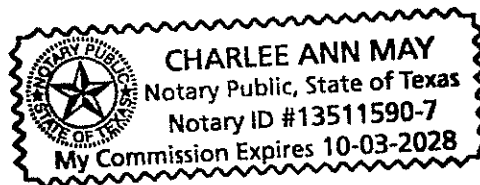
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Charlee Ann May

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Charlee Ann May this the 25th day of April

20 25, to certify which, witness my hand and seal of office.

Charlee Ann May

Signature of officer administering oath

Charlee May

Printed name of officer administering oath

Notary Public

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

COLE STANLEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 113,902. ⁰⁰
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 154,606. ⁵⁷
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 COLE STANLEY		3 Filer ID (Ethics Commission Filers)
4 Date 4-4-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN SLAYDON	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-4-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANE BERNARD	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-4-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY TOOLEY	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY CLEM	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 4-6-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD McVEAN 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-9-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL BOTCHARDT Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE FULLER Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USHA BHAKTA Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
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 4-11-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAN PATEL	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NITA MEHTA	Amount of contribution (\$) 151.⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIPAK PATEL	Amount of contribution (\$) 5001.⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX FAIRLY (DEAL-ON)	Amount of contribution (\$) 100,000.⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 4-21-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD JAMES	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA FLOWETES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONEY BURGESS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETH HODGES	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
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

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 <div style="font-size: 1.2em; font-family: cursive;">COLE STANLEY</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">4-24-25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">HARMON TOFF</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">200.⁰⁰</div>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">4-24-25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">KRISTEN RICHARDSON</div>	Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">50.⁰⁰</div>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">4-24-25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">RODGER MCGINNIS</div>	Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">100.⁰⁰</div>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">4-24-25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">KRISS CLOMINGER</div>	Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">2500.⁰⁰</div>
Contributor address; City; State; Zip Code		
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

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 <div style="text-align: center; font-size: 1.2em; font-family: cursive;">COLE STANLEY</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">4-24-25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">GARY KATRH</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">250.⁰⁰</div>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">4-25-25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">RON CONNALLY</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">500.⁰⁰</div>
Contributor address; City; State; Zip Code		
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)
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)	
4 Date 4-4-25		5 Payee name CREATIVE CANNON			
6 Amount (\$) 43,275.⁰⁰		7 Payee address; 2201 CIVIC CIRCLE STE 917 AMARILLO		City; TX.	State; 79109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN/MEDIA		(b) Description MAILERS/MEDIA/PRODUCTION		
	(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 4-4-25		Payee name AMARILLO SCREEN GRAPHICS			
Amount (\$) 1834.⁸⁴		Payee address; 2715 CIVIC CIRCLE AMARILLO		City; TX.	State; 79109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN/MARKETING		Description SHIRTS/HATS		
	<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 4-11-25		Payee name CHARLEE MAY			
Amount (\$) 201.⁵⁰		Payee address; 3615 SW 6th		City; AMARILLO	State; TX.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR FOR SIGNAGE		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

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
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME COLE STANLEY		3 Filer ID (Ethics Commission Filers)	
4 Date 4-17-25	5 Payee name CREATIVE CANNON			
6 Amount (\$) 75,459.67	7 Payee address; 2201 CIVIC CIRCLE STE 917 AMARILLO TX. 79109		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN/MEDIA		(b) Description MEDIA/EDITING/SOCIAL	
	(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 4-21-25	Payee name CREATIVE CANNON			
Amount (\$) 33,835.20	Payee address; 2201 CIVIC CIRCLE STE 917 TX. 79109 AMARILLO		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN/MEDIA		Description MEDIA	
	<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

Coggins, Stephanie

From: Domain postMaster address <postmaster@amarillo.gov>
Sent: Saturday, April 26, 2025 10:01 AM
To: Coggins, Stephanie
Subject: You have new held messages

Attention: This email was sent from someone outside of City of Amarillo. Always use caution when opening attachments or clicking links from unknown senders or when receiving unexpected emails.

mimecast

You have new held messages

You can allow delivery of your held messages and permit or block future emails from the senders.

Impersonation Protect Policy

cole@colestanleyhomes.com

campaign finance report

2025-04-25 17:13

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