

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 Filer)	2 Total pages filed 9								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Les <hr/> NICKNAME LAST SUFFIX Simpson		<div style="border: 2px solid red; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p style="color: red; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 0;">JUL 15 2025</p> <p style="color: red; font-weight: bold; margin: 0;">City Secretary</p> <p style="color: blue; font-size: 2em; margin: 0;">SC</p> </div> </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE PO Box 21216 Amarillo Texas 79114 Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 681-9452										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ken <hr/> NICKNAME LAST SUFFIX Copheranham										
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	AREA CODE PHONE NUMBER EXTENSION (806) 236-4968										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 04 / 24 / 25 THROUGH 06 / 30 / 25										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 05 / 03 / 25 </div> <div style="flex: 2;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) Amarillo City Council Place 4	13 OFFICE SOUGHT (if known) Amarillo City Council Place 4									
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.										
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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 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)	\$ 18,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 43,040.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,468.55
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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Les Simpson this the 15th day of July, 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

(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**

Les Simpson

20 Filer ID (If Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,150.00
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	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 43,040.30
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12	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 **4**

2 FILER NAME
Les Simpson

3 Filer ID (Ethics Commission Filers)

4 Date
4/28/25

5 Full name of contributor out-of-state PAC (ID# _____)
Steve Moore

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
100 Glenborough Dr. Houston Texas 77067

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/29/25

Terry Caviness

200.00

Contributor address; City; State; Zip Code

3004 S. Lipscomb St. Amarillo Texas 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/30/25

David & Kim Washer

250.00

Contributor address; City; State; Zip Code

7108 Old Kent Rd. Amarillo Texas 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/30/25

Don Nixon & Kimberly Dryden

500.00

Contributor address; City; State; Zip Code

6110 Tuscany Village Amarillo Texas 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 4
2 FILER NAME Les Simpson		3 Filer ID: (Ethics Commission Filers)
4 Date 5/01/25	5 Full name of contributor out-of-state PAC (ID# _____) Laurie Pinkston 6 Contributor address; City; State; Zip Code 17 Willow Bridge Dr. Amarillo Texas 79106	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/07/25	Full name of contributor out-of-state PAC (ID# _____) C. Lloyd & Lora Brown Contributor address; City; State; Zip Code 3203 Bowie St. Amarillo Texas 79109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/07/25	Full name of contributor out-of-state PAC (ID# _____) Margaret Hodge Contributor address; City; State; Zip Code 36 Oldham Circle Amarillo Texas 79109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/09/25	Full name of contributor out-of-state PAC (ID# _____) Mike Hughes Contributor address; City; State; Zip Code PO Box 51149 Amarillo Texas 79159	Amount of contribution (\$) 2,000.00
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 4	
2 FILER NAME Les Simpson				3 Filer ID: (Ethics Commission Filers)	
4 Date 5/10/25	5 Full name of contributor out-of-state PAC (ID# _____) Don Powell			7 Amount of contribution (\$) 1,000.00	
	6 Contributor address; City; State; Zip Code PO Box 468 Amarillo Texas 79105				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 5/14/25	Full name of contributor out-of-state PAC (ID# _____) Bart Boxwell			Amount of contribution (\$) 500.00	
	Contributor address; City; State; Zip Code 2800 Paramount Amarillo Texas 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5/15/25	Full name of contributor out-of-state PAC (ID# _____) Greg Mitchell			Amount of contribution (\$) 1,000.00	
	Contributor address; City; State; Zip Code 3005 Ong St. Amarillo Texas 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5/16/25	Full name of contributor out-of-state PAC (ID# _____) Joe & Laura Street			Amount of contribution (\$) 5,000.00	
	Contributor address; City; State; Zip Code 4500 Soncy Amarillo Texas 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 **4**

2 FILER NAME
Les Simpson

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/25

5 Full name of contributor out-of-state PAC (ID# _____)
Richard Ware

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
PO Box 1 Amarillo Texas 79105

5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/02/25

Full name of contributor out-of-state PAC (ID# _____)
Donna Ward

Amount of contribution (\$)

Contributor address; City; State; Zip Code
16 Cypress Pt. Amarillo Texas 79124

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Intentionally Left Blank

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Intentionally Left Blank

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
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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
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/Underscoring Expense
Transportation Equipment & Related Expense
Travel In/Out of State
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	2 FILER NAME Les Simpson	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/25	5 Payee name Anedot	
6 Amount (\$) 40.30	7 Payee address; City, State, Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Political Contribution Online Fee
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 5/02/25	Payee name NoBox Creative	
Amount (\$) 27,000.00	Payee address; City, State, Zip Code 4211 I-40 Suite 201 Amarillo Texas 79106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Marketing/Consulting
	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 5/21/25	Payee name NoBox Creative	
Amount (\$) 14,000.00	Payee address; City, State, Zip Code 4211 I-40 Suite 201 Amarillo Texas 79106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Marketing/Consulting
	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 NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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

Union/Political Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
(If not enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 2	2 FILER NAME Les Simpson	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/25	5 Payee name NoBox Creative	
6 Amount (\$) 2,000.00	7 Payee address; 4211 I-40 Suite 201	City: Amarillo State: Texas Zip Code: 79106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Marketing/Consulting
	(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/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 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 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

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