

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME ELIZABETH A. LEDESMA

15 Filer ID (Ethics Commission Filers)

16 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1420.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 207.20

4. TOTAL POLITICAL EXPENDITURES \$ 1259.20

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 160.80

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 750.00

18 AFFIDAVIT

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.

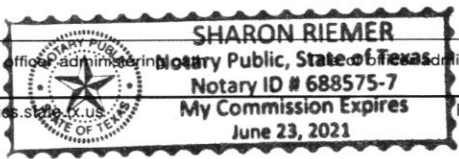
Elizabeth A. Ledesma
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Ledesma, this the 18 day of January, 20 18, to certify which, witness my hand and seal of office.

Sharon Riemer
Signature of officer administering oath

Printed name of officer administering oath Sharon Riemer Notary Public, State of Texas



SUBTOTALS - C/OH

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

19 FILER NAME <i>ELIZABETH A. LEDESMA</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1420 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1259 ²⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 909 ²⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME ELIZABETH A. LEDESMA		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUNT & LEAH CASTELO	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 25809 BRUSHY CREEK DRIVE HOCKLEY TX 77447		
8 Principal occupation / Job title (See Instructions) CAREGIVER OF HIS FATHER		9 Employer (See Instructions) UNEMPLOYED
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT DAVIS	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 5747 DEEPWOODS DRIVE MAGNOLIA TX 77355		
Principal occupation / Job title (See Instructions) HANDY MAN		Employer (See Instructions) GATEWOOD & ASSOCIATES
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE LUCAS	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 16519 S. RAVENSWOOD DRIVE. MAGNOLIA TX. 77354		
Principal occupation / Job title (See Instructions) MASTER TILER		Employer (See Instructions) SELF
Date 9/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINA ROBERTSON	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 35097 MAYER HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions) N/A

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
ELIZABETH A. LEDESMA

3 Filer ID (Ethics Commission Filers)

4 Date: **9/18/17**
5 Full name of contributor: out-of-state PAC (ID#: _____)
DAVE & LISA MOORE
6 Contributor address; City; State; Zip Code
25558 BRADBURY DRIVE HOCKLEY TX 77447

7 Amount of contribution (\$)
\$ 500⁰⁰

8 Principal occupation / Job title (See Instructions)
SALESMAN

9 Employer (See Instructions)
SELF

Date: **1/2/18**
Full name of contributor: out-of-state PAC (ID#: _____)
LOIS HESSER
Contributor address; City; State; Zip Code
26416 S. CREEK DRIVE MAGNOLIA TX 77354

Amount of contribution (\$)
\$ 100⁰⁰

Principal occupation / Job title (See Instructions)
HOUSEWIFE

Employer (See Instructions)
N/A

Date: **1/2/18**
Full name of contributor: out-of-state PAC (ID#: _____)
MICHAEL W. PUSATERI
Contributor address; City; State; Zip Code
32012 S. WIGGINS MAGNOLIA TX 77355

Amount of contribution (\$)
\$ 100⁰⁰

Principal occupation / Job title (See Instructions)
SECURITY SYSTEMS ADMINISTRATOR

Employer (See Instructions)
SECURITAS

Date: **1/2/18**
Full name of contributor: out-of-state PAC (ID#: _____)
LARRY PAYNE
Contributor address; City; State; Zip Code
25806 DEEPWOODS DRIVE MAGNOLIA TX 77355

Amount of contribution (\$)
\$ 100⁰⁰

Principal occupation / Job title (See Instructions)
ELECTRICIAN

Employer (See Instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

ELIZABETH A. LEDESMA

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/18

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

LOIS HESSER 77354

6 Contributor address; City; State; Zip Code

26416 S. CREEK DRIVE MAGNOLIA TX

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

HOUSEWIFE

9 Employer (See Instructions)

N/A

Date

1/11/18

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

MIKE LUCAS 77354

Contributor address; City; State; Zip Code

16519 S. RAVENSWOOD DR MAGNOLIA TX

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

MASTER TILER

Employer (See Instructions)

SELF

Date

1/11/18

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

JOHN EVANS 77447

Contributor address; City; State; Zip Code

25566 BRADBURY HOCKLEY TX DRIVE

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

SALESMAN / MECHANIC

Employer (See Instructions)

SELF

Date

1/11/18

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

HILLARY PUSATERI 77355

Contributor address; City; State; Zip Code

32012 S. WIGGINS MAGNOLIA TX

Amount of contribution (\$)

\$ 100⁰⁰

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: /
2 FILER NAME ELIZABETH A. LEDESMA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 750⁰⁰
5 Date of loan 11-11-17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH A. LEDESMA	9 Loan Amount (\$) \$ 750⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 28070 RICE ROAD HOCKLEY TX 77447	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) CAREGIVER		13 Employer (See Instructions) VISITING ANGELS
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 2 FILER NAME ELIZABETH A. LEDESMA 3 Filer ID (Ethics Commission Filers)

4 Date 9/8/17 5 Payee name KWICK KOPY

6 Amount (\$) \$24.36 7 Payee address; City; State; Zip Code 1215 MAIN STREET TOMBALL TEXAS 77375

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense N/A

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name ELIZABETH A. LEDESMA Office sought WALLER Co. Office held COMMISSIONER PCT 2

Date 9/11/17 Payee name CCR PROMOTIONS

Amount (\$) \$83⁹³ Payee address; City; State; Zip Code 32212 GIBONEY ROAD HOUSTON TX 77445

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name ELIZABETH A. LEDESMA Office sought WALLER Co. Office held COMMISSIONER PCT 2

Date 10/5/17 Payee name POSTNET

Amount (\$) \$78⁹¹ Payee address; City; State; Zip Code 18535 Fm 1488 # 230 MAGNOLIA TX 77354

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense N/A

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name ELIZABETH A. LEDESMA Office sought WALLER Co. Office held COMMISSIONER PCT 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 ELIZABETH A. LEDESMA	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/17	5 Payee name POST NET	
6 Amount (\$) \$131 ⁵²	7 Payee address; City; State; Zip Code 18535 Fm 1488 #230 MAGNOLIA TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought <u>WALLER Co.</u> Office held ELIZABETH A. LEDESMA COMMISSIONER PCT 2	
Date 1/2/18	Payee name REPUBLICAN PARTY / DAN PATRICK DINNER	
Amount (\$) \$350 ⁰⁰	Payee address; City; State; Zip Code PO Box 551 HEMPSTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES	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 <u>WALLER Co.</u> Office held ELIZABETH A. LEDESMA COMMISSIONER PCT 2	
Date 1/11/18	Payee name POST NET	
Amount (\$) \$570 ⁴⁸	Payee address; City; State; Zip Code 18535 Fm 1488 #230 MAGNOLIA TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought <u>WALLER Co.</u> Office held ELIZABETH A. LEDESMA COMMISSIONER PCT 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **3** 2 FILER NAME: **ELIZABETH A. LEDESMA** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **889.20**

5 Date: **9/8/17** 6 Payee name: **KWICK KOPY**

7 Amount (\$): **\$ 24.36** 8 Payee address; City; State; Zip Code: **1215 MAIN STREET TOMBALL TX 77375**

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE**

(a) Category (See Categories listed at the top of this schedule)

(b) Description: Check if travel outside of Texas. Complete Schedule T. **N/A**
 Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **ELIZABETH A. LEDESMA** Office sought: **WALLER Co.** Office held: **Commissioner Pat 2**

Date: **9/11/17** Payee name: **CCR PROMOTIONS**

Amount (\$): **\$ 83.93** Payee address; City; State; Zip Code: **32212 GIBONCY ROAD HOUSTON TX 77445**

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE**

Category (See Categories listed at the top of this schedule)

Description: Check if travel outside of Texas. Complete Schedule T. **N/A**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **ELIZABETH A. LEDESMA** Office sought: **WALLER Co.** Office held: **Commissioner Pat 2**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME ELIZABETH A. LEDESMA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 889.20
5 Date 10/5/17	6 Payee name POSTNET	
7 Amount (\$) \$ 789⁹¹	8 Payee address; City; State; Zip Code POSTNET 18535 Fm 1488 #230 MAGNOLIA TX 77354	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: ELIZABETH A. LEDESMA Office sought: WALLER Co Office held: Commissioner Pet 2		
Date 11/10/17	Payee name POSTNET	
Amount (\$) \$ 131⁵²	Payee address; City; State; Zip Code 18535 Fm 1488 #230 MAGNOLIA TX 77354	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: ELIZABETH A. LEDESMA Office sought: WALLER Co. Office held: Commissioner Pet 2		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 1/11/18	6 Payee name POSTNET
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7 Amount (\$) \$ 570.48	8 Payee address; City; State; Zip Code 18535 Fm 1488 # 230 MAGNOLIA TX 77354
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELIZABETH A. LEOLISMA	Office sought WALKER Co.	Office held Commissioner Pet 2
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED