

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: "Liz" FIRST: ELIZABETH MI: A NICKNAME: LEDESMA LAST: LEDESMA SUFFIX: N/A	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28070 Rice Road Hockley Tx 77447		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (832) PHONE NUMBER: 217-4782 EXTENSION: N/A		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: "Liz" FIRST: ELIZABETH MI: A NICKNAME: LEDESMA LAST: LEDESMA SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 28070 Rice Road Hockley Tx 77447		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (832) PHONE NUMBER: 217 EXTENSION: 4782		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 26 / 18 THROUGH 02 / 24 / 18		
11 ELECTION	ELECTION DATE: Month Day Year: 03 / 06 / 18 ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) WALLER COUNTY Commissioner Pct 2	

GO TO PAGE 2

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>545.91</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>104.89</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 A Ledesma, this the 26 day of February, 2018, to certify which, witness my hand and seal of office.

Sharon Riemer
Signature of officer administering oath

SHARON RIEMER
Notary Public, State of Texas
Notary ID # 688575-7
My Commission Expires June 23, 2021

Title of officer administering oath

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	\$ <i>500⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>381⁰⁰</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>545⁹¹</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>545⁹¹</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

ELIZABETH A. LEDESMA

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

MICHAEL W PUSATERI

6 Contributor address;

City; State; Zip Code

32012 S. WIGGINS MAGNOLIA TX 77355

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

SECURITY SYSTEMS ADMINISTRATOR

9 Employer (See Instructions)

SECURITAS

Date

1/31/18

Full name of contributor

out-of-state PAC (ID#: _____)

LOUIS L. HESSER

Contributor address;

City; State; Zip Code

26416 S. CREEK DR. MAGNOLIA TX 77354

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

N/A

Date

1/31/18

Full name of contributor

out-of-state PAC (ID#: _____)

LISA HESSER

Contributor address;

City; State; Zip Code

11068 S HIDDEN OAKS CONROE TX 77384

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

CARE GIVER

Employer (See Instructions)

SELF

Date

1/31/18

Full name of contributor

out-of-state PAC (ID#: _____)

PAT DAVIS

Contributor address;

City; State; Zip Code

5747 DEEPWOODS DR. MAGNOLIA TX 77354

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ELIZABETH A. LEDESMA

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

PAMELA SWINGLE

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City; State; Zip Code

11068 S. HIDDEN OAKS CONROE TX 77384

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

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

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME ELIZABETH A. LEDESMA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 140⁰⁰
5 Date of loan 2/5/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH A. LEDESMA	9 Loan Amount (\$) \$ 140⁰⁰
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 28070 Rice Road Hockley Tx 77447	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CARE GIVER		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 2/7/18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH A. LEDESMA	Loan Amount (\$) \$ 166⁵⁰
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 28070 Rice Rd. Hockley Tx 77447	Interest rate 0
		Maturity date
Principal occupation / Job title (See Instructions) CARE GIVER		Employer (See Instructions) VISITING ANGELS
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME ELIZABETH A. LEDESMA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 380⁰⁰ est
5 Date of loan 2/12/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH A. LEDESMA	9 Loan Amount (\$) \$ 120⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 28070 Rice Road Hockley Tx 77447	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CARE GIVER		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 2/14/18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH A. LEDESMA	Loan Amount (\$) \$ 126⁰⁰
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code 28070 Rice Road Hockley Tx 77447	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) CAREGIVER		Employer (See Instructions) VISITING ANGELS
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

3

2 FILER NAME

ELIZABETH A. LEDESMA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 135⁰⁰

5 Date of loan

2/19/18

7 Name of lender

ELIZABETH A. LEDESMA

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$ 135⁰⁰

6 Is lender a financial institution?
Y N

Y N

8 Lender address; City; State; Zip Code

28070 RICE ROAD HOCKEY TX 77449

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

CARE GIVER

13 Employer (See Instructions)

VISITING ANGELS

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

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

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 2 FILER NAME: ELIZABETH A. LEDESMA 3 Filer ID (Ethics Commission Filers):

4 Date: 2/4/18 5 Payee name: POSTNET

6 Amount (\$): \$ 40161 7 Payee address; City; State; Zip Code: 18535 FM 1488 #230 MAGNOLIA TX 77354

8 PURPOSE OF EXPENDITURE: ADVERTISING EXPENSE
 (a) Category (See Categories listed at the top of this schedule):
 (b) Description: N/A
 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: ELIZABETH A. LEDESMA Office sought: WALLER Co Office held: COMMISSIONER Pct 2

Date: 2/20/18 Payee name: THE WALLER TIMES

Amount (\$): \$ 14430 Payee address; City; State; Zip Code: 2323 MAIN STREET WALLER TX 77484

PURPOSE OF EXPENDITURE: ADVERTISING EXPENSE
 Category (See Categories listed at the top of this schedule):
 Description: N/A
 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: ELIZABETH A. LEDESMA Office sought: WALLER Co Office held: COMMISSIONER Pct 2

Date: Payee name:

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:

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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: <u>1</u>	2 FILER NAME <u>ELIZABETH A. LEDESMA</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>545.91</u>
5 Date <u>2/4/18</u>	6 Payee name <u>POSTNET</u>	
7 Amount (\$) <u>\$ 401.61</u>	8 Payee address; City; State; Zip Code <u>18535 Fm 1408 #230 MAGNOLIA TX 77354</u>	
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) <u>ADVERTISING EXPENSE</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>N/A</u>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>ELIZABETH A. LEDESMA</u>	Office sought <u>WALLER Co</u> Office held <u>Commissioner Post 2</u>
Date <u>2/20/18</u>	Payee name <u>THE WALLER TIMES</u>	
Amount (\$) <u>\$ 144.30</u>	Payee address; City; State; Zip Code <u>2323 MAIN STREET WALLER TX 77484</u>	
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) <u>ADVERTISING EXPENSE</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>N/A</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>ELIZABETH A. LEDESMA</u>	Office sought <u>WALLER Co.</u> Office held <u>Commissioner Post 2</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED