# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

MAR 13 2018

Receion C/OH - FR

		TOTAL TITLE OF THE	TORM C/OH - FR
		The Instruction Guide explains how to complete this for Complete only if "Report Type" on page 1 is marked "Fina	m. ıl Report''
1	C/OH N	ZABETH A. LEDESMA	2 Filer ID (Ethics Commission Filers)
_			
3	SIGNA	IURE	
2	ing a re	expect any further political contributions or political expenditures in connection with my operate as a final report terminates my campaign treasurer appointment. I also understantions or make any campaign expenditures without a campaign treasurer appointment of the control o	d that I may not accept any campaign
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Checl	conly one:	
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.
		I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended counexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election	ne earned on political contributions to ontributions and that I may not retain outions longer than six years after filing ntributions and unexpended interest or
	B.	ASSETS	
	Check	conly one:	
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to
5		EHOLDER plete this section <i>only</i> if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, af officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ter filing the last required report as an
		Sig	nature of Officeholder

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST ELIZABET	м A.	OFFICE USE ONLY
NAME	NICKNAME LAST  LEDESMA	SUFFIX	Date Received  Waller County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO		MAR 1 3 2018  Received
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 217-4782	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST ELIZAR NICKNAME LAST LEDES N	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	HOCKLEY TX	77447
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 217-4782	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	- Supported & FOO limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 / 25 / 18	THROUGH 03/	Day Year / 05 / 18
11 ELECTION	Month Day Year Primary  03 / 06 / 18 General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	WALLER COR Commission	
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME E112 AR	CTU A.	LEDESMA	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	3
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIN	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1920.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1880,16
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 1504 50
18 AFFIDAVIT			
			perjury, that the accompanying report is permation required to be reported by me
		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, b	by the said ELIZABETH A. LEDES	mA, this the 13
day of men	<u>~</u> , 20 <u>1</u> 3,	SHARON RIEMER  TO CERTIFY WITH STATE OF THE PROPERTY OF THE PR	
In I	Lein _	My Commission Expires June 23, 2021	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

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

ELIZABETH A. LEDESMA  21 SCHEDULE SUBTOTALS SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  8. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  9. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19 FILER NA	ME 4	20 Filer ID (Ethics Co	mmiss	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	ELIZA	BETH A. LEDESMA			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE E: LOANS  6. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  7. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  8. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	21 SCHEDUL	E SUBTOTALS			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$	1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS \$ \square\$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \square\$ 1880 \\ \frac{16}{2}\$  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \to \  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ \to \  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ \( 6.5 \) \( 5.5 \) \(	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  5. CONTRIBUTIONS  6. CONTRIBUTI	4.	SCHEDULE E: LOANS		\$	1504.50
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1880 16
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ 6505    150450   1	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 150450  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 1509 -  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6505
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	150450
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  \$ CONTRIBUTIONS	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$	0

### SCHEDULE E

2				
	The Instruction Guide explains how to	comp	lete this form.	1 Total pages Schedule E:
	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	EUZABETH A. LEDESM	M		
	4 TOTAL OF UNITEMIZED LOANS			\$ 1504 50
	5 Date of loan 7 Name of lender out-o	f-state l	PAC (ID#:)	9 Loan Amount (\$)
	11-11-17 ELIZABETH A. LES	181	mA	75000
	6 Is lender a financial 8 Lender address; City	; 5	State; Zip Code	10 Interest rate
	Institution? 28070 RICE ROAD K	Local	161 TV 2711112	41.11
	Y (N)  280 10 NICE NOTES N	10 CK	log 1x 11441	11 Maturity date
ł	12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
	CAREGIVER		VISITING ANG	CHS
l	14 Description of Collateral		15 Check if personal funds were	
	none		account (See Instructions)	
	16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address; City;		State; Zip Code	
7	not applicable			
l	20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
	Date of loan Name of lender out-of	f-state i	PAC (ID#:)	Loan Amount (\$)
	2-7-18 ELIZABETH A. LO	SOC	8MA	166 50
1	ls lender Lender address; City;		State; Zip Code	Interest rate
1	Institution? 28070 RICE ROAD K	toci	LLGY TX 77447	Maturity date
	Y (N)		,	0
	Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
	CARE GIVER		VISITING AN	6625
	Description of Collateral		Check if personal funds were account (See Instructions)	deposited into political
	none			
	GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)
	Guarantor address; City;		State; Zip Code	
	M not applicable			
1	Principal Occupation (See Instructions)		Employer (See Instructions)	
1	Principal Occupation (See Instructions)		Employer (See instructions)	
f	/			
- 1				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE E

The Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
ELIZABETH A. LEDESMA		
4 TOTAL OF UNITEMIZED LOANS		\$ 1504 50
5 Date of loan 7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
2-14-18 ELIZABETH A. LE	OESMA	126 00
6 Is lender a financial 8 Lender address; City; S	State; Zip Code	10 Interest rate
Institution? 28070 RICEROAD HO	chien To morning	11 Maturity date
V (N)	CRUY (X 7/447	11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	1
CARE 61VER	VISITING	ANGELS
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political
none		<b></b>
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; S	State; Zip Code	
not applicable		
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
2-15-18 ELIZABETH A. LE	DESMA	140 00
	State; Zip Code	Interest rate
a financial Institution? 28070 RICE ROAD HOC	Kley Tx 77447	Maturity date
YN		0
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	И
CAREGIVER.	VISITING	ANGGLS
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political
none		
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
not applicable		
Principal Occupation (See Instructions)	Employer (See Instructions)	
1		
l .		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE E

The Instruction Guide explains how to compl	ete this form.  1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
ELIZABETH A. LEDESMA	
4 TOTAL OF UNITEMIZED LOANS	\$ 1504 50
5 Date of loan 7 Name of lender  ut-of-state f	PAC (ID#:) 9 Loan Amount (\$)
2-18-18 ELIZABETH A. LEO	ESMA 12000
	State; Zip Code 10 Interest rate
Institution? 28070 RICE ROAD HOC	K1EY TX 77447 11 Maturity date
Y (N)	0
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
CARE GIVER	VISITING ANGELS
14 Description of Collateral	15 Check if personal funds were deposited into political account (See Instructions)
none	
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City; S	State; Zip Code
not applicable	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
Date of loan Name of lender out-of-state is	PAC (ID#:)
2-19-18 ELIZABETH A. LE	DESMA 13500
	State; Zip Code Interest rate
a financial Institution? 28070 RICE ROAD HO	CKLEY Tx 77447 Maturity date
Y (N)	O Waterly date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CARE GIVER	VISITING ANGCES
Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
none	
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)
Guarantor address; City; S	State; Zip Code
not applicable	
Principal Occupation (See Instructions)	Employer (See Instructions)
M	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE E

The Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:					
ELIZABETH A. LEDESMA		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS		\$ 150450					
5 Date of loan 7 Name of lender out-of-state	PAC (ID#:	9 Loan Amount (\$)					
2-26-18 ELIZABETH A. LC		6700					
a financial	State; Zip Code	10 Interest rate					
Institution? Y (N) 28070 RICE ROAD A	DCKLEY /X 71499	11 Maturity date					
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	4					
CARE GIVER	VISITING	ANGELS					
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political					
□ none							
		T					
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)					
18 Guarantor address; City; S	State; Zip Code						
Guarantor address, City,	State, Zip Code						
not applicable							
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)						
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)					
Is lender Lender address; City; S	State; Zip Code	Interest rate					
a financial		1 .					
Institution?		Maturity date					
Y N							
District the state of the state	T = 1						
Principal occupation / Job title (See Instructions)	Employer (See Instructions)						
Description of Collateral	Check if personal funds were	deposited into political					
	account (See Instructions)						
none							
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)					
Guarantor address; City;	State; Zip Code						
not applicable	not applicable						
Principal Occupation (See Instructions)	Employer (See Instructions)						
		1 1					

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

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

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 Filer ID (Ethics Commission Filers) ELIZABETH A. LEDESMA
5 Payee name 4 Date ELIZABETH A. LED ESM A
7 Payee address; City; State; Zip Code 28070 RICE ROAD HOCKLEY TX 77447 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE LOAN REPAYMENT Check if Austin, TX, officeholder living expense OF EXPENDITURE (CLOSED OUT ACCOUNT Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overnead/Hental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	ELIZABETH A. LO	CD ESMA	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/18	THE WALLER	Times	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
6505	2323MAINSTRE	ET WALLE	R TX 77484
8	(a) Category (See Categories listed at the top of this	,   , , ,	
PURPOSE OF EXPENDITURE	ADVERTISING	Check if Aust	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	GXPENS	$\epsilon$	N/A
9 Complete ONLY if direct expenditure to benefit C/OI	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	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilft/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 F4:	2 FILERNAME ELIZABETH A. LEDESMA 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6505					
5 Date 28/18	THE WALLER TIMES					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
6505	2323 MAIN STREET WALLERTX 77484					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	AD VERTISING  CAPENSE  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	AT INCH ADDITIONAL COFILS OF THIS CONLEGGE AS RELEGED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
3 ELIZABETH A. LEDESMA
4 Date 5 Payee name
1/- //- /7 ELIZABETH A. LEDESMA 6 Amount (\$) 7 Payee address; City; State; Zip Code
750 00 28070 RICE ROAD HOCKLEY TX 77447
Reimbursement from political contributions 28070 RICE NOAD MOCKLEY IX
intended
(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE OF  EXPENDITURE OF  Check if Austin, TX, officeholder living expense
EXPENDITURE of Advertising Expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
2-7-18 ELIZABETH A. LEDESMA
Amount (\$) Payee address; City; State; Zip Code
16650 11 T 77447
Reimbursement from 28070 Kick KOAD HOCKLEY /X 1/97/
political contributions intended
Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE  OF  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE  ADVERTISING CAPENISE  Check if Austin, TX, officeholder living expense
Complete ONLY if direct
expenditure to benefit 0/011
Date Payee name
2-14-18 ELIZABETH A. LEDESMA
Amount (\$) Payee address; City; State; Zip Code
1 - 1 //0
28070 King Kana Hank/EY/X 1/44/
political contributions
intended  Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE Chook if travel outside of Tayon Complete School to T
EXPENDITURE  ADVERTISING EXPENSE  Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ELIZABETH A. LEDESMA 5 Payee name Amount (\$) T Payee address; City; State; Zip Code 6 Amount (\$) 28070 RICE ROAD HOCKLEY TX 77447 Reimbursement from (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. ADVERTISING EXPENSE EXPENDITURE ' Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH 2-18-18 ELIZABETH A. LEDESMA Amount (\$) Payee address; City; State; Zip Code 28070 RICE ROAD HOCKLEY TX 77447 Reimbursement from Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF ADUCRTISING EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 2-19-18 ELIZABETH A. LEDESMA Amount (\$) Payee address; City; State; Zip Code 28070 RICE ROAD HOCKLEY TX .77447 Reimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. ADVERTISING EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	holder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide expla	ins how to complete this form.	
Total pages Sc			LOESMA	3 Filer ID (Ethics Commission Filers)
Date 2-26.	5 Payeena	ABETH A. LE	COESMA OESMA	
Amount (\$)  Reimburser political conintended	/ Payee ac	ddress; City; State; Z		77447
PURPOSE OF EXPENDITU	Anuso.	(See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T., TX, officeholder living expense
Complete ONL expenditure to		date / Officeholder name	Office sought	Office held
Date	Payee na	me		
Amount (\$)	Payee ac	ddress; City; State; Z	ip Code	
Reimbursen political con intended				
PURPOSE OF EXPENDITUI		(See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONL' expenditure to		date / Officeholder name	Office sought	Office held
Date	Payee na	me		
Amount (\$)	Payee ad	ddress; City; State; Z	ip Code	
Reimbursen political con intended				
PURPOSE OF EXPENDITU		(See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONL	Y if direct Candid	date / Officeholder name	Office sought	Office held