COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

| The | CEC Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) 00016343 | 2 Total pages filed: 10 | | | | |
|-------------|---|--|---|---|--|--|--|--|
| 3 C | OMMITTEE NAME | | 1 | OFFICE USE ONLY | | | | |
| Н | lays County Dem | ocratic Party | | Date Received | | | | |
| | OWNEEL | | | ELECTRONICALLY FILED 01/31/2024 | | | | |
| | OMMITTEE DDRESS | | TY; STATE; ZIP COE |)E | | | | |
| | | P.O. Box 204 | | Date Hand-delivered or Date Postmarked | | | | |
| | Change of Address | | | | | | | |
| | | San Marcos, TX 78667 | | Receipt # Amount | | | | |
| | | | | Date Processed | | | | |
| | | | | Date Hotessed | | | | |
| | | | | Date Imaged | | | | |
| | | | | | | | | |
| | AMPAIGN | MS / MRS / MR FIRST | | MI | | | | |
| | REASURER IAME | Mr. Jon A. | | | | | | |
| | | | | | | | | |
| | | NICKNAME LAST | | SUFFIX | | | | |
| | | Leonard | | | | | | |
| | | | | | | | | |
| | AMPAIGN REASURER | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE #; C | ITY; STATE; ZIP CODE | | | | |
| | TREET | 2705 Leslie Lane | | | | | | |
| A | DDRESS | | | | | | | |
| (R | esidence or Business) | San Marcos, TX 78666 | | | | | | |
| | | STREET OR PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE | | | | |
| | REASURER IAILING | PO Box 1254 | | | | | | |
| A | DDRESS | | | | | | | |
| г | Change of Address | San Marcos , TX 78667 | | | | | | |
| 8 C | | AREA CODE PHONE NUMBER | EXTENSION | | | | | |
| Т | REASURER | (512) 667-7711 | | | | | | |
| Р | HONE | (, | | | | | | |
| | EPORT | January 15 | 0th day before election | Final Report | | | | |
| Т | YPE | | | | | | | |
| | | | th day before election | 10th day after campaign treasurer termination | | | | |
| | | | Runoff | | | | | |
| | ERIOD | Month Day Year | Month [| Day Year | | | | |
| С | OVERED | 01/01/2024 | HROUGH 01/25 | /2024 | | | | |
| | | | | | | | | |
| 11 E | LECTION | ELECTION DATE | ELECTION TYP | | | | | |
| | | | Primary Runoff | Other | | | | |
| | | 03/05/2024 | General Special | | | | | |
| | | | | | | | | |
| | | • • | | | | | | |
| | | | | | | | | |
| | GO TO PAGE 2 | | | | | | | |
| Form | orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67 | | | | | | | |

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | | | |
|---|---|---|--------------|--------------------------|--|--|--|
| Hays County Democrati | ic Party | | 00016343 | | | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOAN | ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$ | 0.00 | | | |
| | | CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 307.50 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | ED POLITICAL EXPENDITURES | \$ | 0.00 | | | |
| | 4. TOTAL POLITIC | CAL EXPENDITURES | \$ | 1,445.94 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | L CONTRIBUTIONS MAINTAINED AS OF THE LAST I ING PERIOD | DAY \$ | 32,374.92 | | | |
| OUTSTANDING LOAN TOTALS | | L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD | HE \$ | 0.00 | | | |
| 16 AFFIDAVIT | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | | | | |
| | | | . Leonard | | | | |
| | | Signature of Car | npaign Treas | surer | | | |
| AFFIX NOTARY | STAMP / SEAL ABOV | E | | | | | |
| Sworn to and subscribed before me, by the said day | | | | | | | |
| of | _, 20, to certil | y which, witness my hand and seal of office. | | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of of | ficer administering oath | | | |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V3.5.1.0bfcfb67 | | | |

| SUBTOTALS - CEC | C | FORM CEC OVER SHEET PG 3 3 of 10 |
|--|-------------------------|--|
| 17 COMMITTEE NAME Hays County Democratic Party | 18 Filer ID 00016343 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 307.50 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ 1,445.94 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| т | he Instru | ction Guide explains how to complete | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/10 | | | |
|-------------|---------------|--|-----------|--|----------|---------------------------------------|----------|
| 2 FI | ILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| Н | ays County | / Democratic Party | | | | 00016343 | - |
| 4 Da | ate | 5 Full name of contributor out-of-state PA | PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 02 | 1/14/2024 | Barton, Zachary | | | | | \$20.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Kyle, TX 78610 | | | | | |
| | | pation / Job title (See Instructions) | 1 | 9 Employer (See Instructions Solf | 5) | | |
| FI | inancial Ad | | | Self | | | |
| | ate | | •AC (ID#: |) | | Amount of Contribution (\$) | |
| 02 | 1/14/2024 | | | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | San Marcos, TV 78666 | | | | | |
| | ringinal occu | San Marcos, TX 78666 | | Employer (See Instructions | <u> </u> | | |
| | ditor | pation / Job title (See Instructions) | | Employer (See Instructions Stratfor | 5) | | |
| | | | I | Stration | - | | |
| | ate | Full name of contributor out-of-state PA | 'AC (ID#: |) | | Amount of Contribution (\$) | <u> </u> |
| 0. | 1/14/2024 | | | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Austin, TX 78737 | | | | | |
| Pr | rincipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | ttorney | | | Law Office of Sarah K. E | | ndon P.C. | |
| | ate | Full name of contributor out-of-state PA | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 1/14/2024 | Gocha, Timothy | | ······································ | | · · · · · · · · · · · · · · · · · · · | \$5.00 |
| | | | | | | | . |
| | | | | | | | |
| | | | | | | | |
| | | Columbus, OH 43205 | | | | | |
| Pr | rincipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| G | raduate Te | eaching Assistant | | The Ohio State Universi | ty | | |
| Da | ate | Full name of contributor 🔲 out-of-state PA | AC (ID#: |) | | Amount of Contribution (\$) | |
| 02 | 1/05/2024 | Harding, Genest | | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Kyle, TX 78640 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| N | ot Employe | ;d | | Not Employed | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instruc | ction Guide explains how to complete | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/10 | | | |
|---|----------------|--|----------|--|-----------|-----------------------------|----------|
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | | |
| | | / Democratic Party | | | | 00016343 | |
| 4 | Date | 5 Full name of contributor out-of-state PA | AC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/23/2024 | Harding, Genest | | | | | \$15.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| Ļ | | Kyle, TX 78640 | | | | | |
| 8 | | pation / Job title (See Instructions) | Ę | Employer (See Instructions | 5) | | |
| | Not Employe | ؛d | | Not Employed | | | |
| Γ | Date | | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/14/2024 | Hatch, John | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Buda, TX 78610 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Consultant | | | Texas Petition Strategie | s | | |
| | Date | Full name of contributor out-of-state P/ | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/07/2024 | Newlan, Nichole | | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78737 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Accounting N | Manager | | Whole Foods Market | | | |
| F | Date | Full name of contributor out-of-state P/ | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/07/2024 | Parrish, Linda | | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Driftwood, TX 78619 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | :d | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PA | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/14/2024 | Rolfes, Kevin | | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78737 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Engineer | | | Self | | | |
| | | | - | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE A1 | L | |
|---|---|--|--------------------------|---|-------------------------------------|------|
| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 3/3 Rpt: 6/10 | | |
| 2 | FILER NAME Hays County | / Democratic Party | 3 | Filer ID (Ethics Commission Filers) 00016343 |) | |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 01/07/2024 Salter, Dayna 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) \$50 | 0.00 |
| 8 | Principal occu Not Employe | | oloyer (See Instructions | ;) | | |
| | Date 01/14/2024 | Full name of contributor out-of-state PAC (ID#: Williams, Elizabeth Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) \$2 | 2.50 |
| | Principal occu | Alamagordo, NM 88510 Ipation / Job title (See Instructions) Emp | oloyer (See Instructions | ;) | | |
| | Not Employed Not Employed | | | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|--|--------------|---|--------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | | | | | 3 | Filer ID (Ethics Commission Filers) | |
| - | Sch: 1/4 Rpt: 7/10 | | emocratic Party | | | - | 00016343 | |
| 4 | Date 01/14/2024 | Payee name ActBlue | | | | | | |
| 6 | Amount (\$) \$7.82 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contribution processing fee Contribution processing fee | | | | | officeholder living expense | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officehc | lder name | Office sough | it | | Office held | |
| | Date | Payee name | | | | | | |
| | 01/07/2024 | ActBlue | | | | | | |
| | Amount (\$) \$3.17 | Payee address; PO Box 441146 Somerville, MA | 3 | e; Zip Code | 2 | | | |
| | PURPOSE OF EXPENDITURE | Category _{(See Cat} Fees | regories listed at the top of this sc | hedule) (I | | ı, TX, | de of Texas. Complete Schedule T. officeholder living expense Cessing fee | |
| | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officehc | lder name | Office sough | it | | Office held | |
| | Date | Payee name | | | | | | |
| | 01/18/2024 | Action Network | | | | | | |
| | Amount (\$) \$10.00 | Payee address; 1900 L Street N Suite 900 Washington, DC | W | e; Zip Code | 3 | | | |
| | PURPOSE OF EXPENDITURE | | egories listed at the top of this sc d/Rental Expense | hedule) (I | | ı, TX, | de of Texas. Complete Schedule T. officeholder living expense t | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeho | lder name | Office sough | nt | | Office held | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 2/4 Rpt: 8/10 | Hays County Democratic Party | 00016343 | | | | | |
| 4 | Date 01/09/2024 | Payee name Braverman, Ellen | | | | | | |
| 6 | Amount (\$) \$75.00 | Payee address; City; State; Zip Code 106 Wild Plum Dr San Marcos, TX 78666 San Marcos, TX 78666 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Printing/mailing materials | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 01/03/2024 | Brightspeed | | | | | | |
| | Amount (\$) \$119.03 | Payee address; City; State; Zip Code 1120 S Tryon Street Charlotte, NC 28203 | | | | | | |
| | PURPOSE OF EXPENDITURE | | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense internet service | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 01/16/2024 | Dunbar Heritage Association | | | | | | |
| | Amount (\$) \$60.00 | Payee address; City; State; Zip Code 662 Harvest Moon Parkway | | | | | | |
| | | Kyle, TX 78640 | | | | | | |
| | PURPOSE OF EXPENDITURE | | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ent in DHA MLK Day booklet | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|----------------|-------------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Folding Expense Sittle Awards/Memorials Expense Printing Expense 7 y - Gift/Awards/Memorials Expense Printing Expense 7 | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | ILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/4 Rpt: 9/10 | lays County Democratic Part | y | | 00016343 | | | |
| 4 | Date | ayee name | | | | | | |
| | 01/10/2024 | oarde, Hannah | | | | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | |
| | \$188.36 | 25 Polk | | | | | | |
| | | yle, TX 78640 | | | | | | |
| 8 | PURPOSE OF | category (See Categories listed at the to | . , | Description | | | | |
| | EXPENDITURE | oan Repayment/Reimbursen | nent | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | | |
| | | | | | eeting/holiday party supplies | | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office soug | nt | Office held | | | |
| | Date | ayee name | | | | | | |
| | 01/03/2024 | orrReal, Ltd. | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | |
| | \$325.00 | 15 W. San Antonio Street | | | | | | |
| | | an Marcos, TX 78666 | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the to Office Overhead/Rental Exper | | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office soug | nt | Office held | | | |
| | Date | ayee name | | | | | | |
| | 01/02/2024 | Google GSuite | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | |
| | \$57.56 | 600 Amphitheater Parkway | | | | | | |
| | | Iountain View, CA 94003 | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the to Office Overhead/Rental Exper | | | outside of Texas. Complete Schedule T. a, TX, officeholder living expense applications | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office soug | nt | Office held | | | |
| | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - I Committee | EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage | ent/Reimbursement Id/Rental Expense e se s/Contract Labor | Trans Trave Trave | portation E l in District l Out of Dis | raising Expense quipment & Related Expense trict category not listed above) |
|---|---|--|--|---|---|-------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer | ID | (Ethics Commission Filers) |
| - | Sch: 4/4 Rpt: 10/10 | | y Democratic Party | | | | 16343 | (, |
| - | - | - | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 01/05/2024 | Jessito Digit | al Marketing | | | | | |
| 6 | Amount (\$) \$600.00 | Payee addres 108 Fall Cre | ek Drive | ate; Zip Code | | | | |
| | | Kyle, TX 786 | 640 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | e Categories listed at the top of this nead/Rental Expense | schedule) (b) | Description Check if travel Check if Austin Website main | i, TX, officel | older living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Offic | ceholder name | Office sought | | | Office he | ld |
| | | | | | | | | |