

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00037876		2 Total pages filed: 10	
3 COMMITTEE NAME River Oaks Area Democratic Women				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/28/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 13527 N. Tracewood Bend Houston, TX 77077				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Leif C. NICKNAME LAST SUFFIX Hatlen				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13527 N. Tracewood Bnd. Houston, TX 77077				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13527 N. Tracewood Bnd. Houston, TX 77077				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 493-3107				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input checked="" type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 04/26/2025    05/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> River Oaks Area Democratic Women		<b>13 Filer ID</b> (Ethics Commission Filers) 00037876
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 737.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,975.69
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 22,946.97
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 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.

Mr. Leif C. Hatlen  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 10

<b>17 COMMITTEE NAME</b> River Oaks Area Democratic Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00037876
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 737.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,975.69
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5.59

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/10
<b>2</b> FILER NAME River Oaks Area Democratic Women		<b>3</b> Filer ID (Ethics Commission Filers) 00037876
<b>4</b> Date 05/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Judge Jason <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Kimberly <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Respiratory therapist		Employer (See Instructions) TCH
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, James <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Judge Harris Co Probate Ct 4		Employer (See Instructions) Harris County Texas
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Veronyka <hr/> Contributor address; City; State; Zip Code  Houston, TX 77088	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) County Judge's Office

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/10
<b>2</b> FILER NAME River Oaks Area Democratic Women		<b>3</b> Filer ID (Ethics Commission Filers) 00037876
<b>4</b> Date 05/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nath, Audrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) physician		<b>9</b> Employer (See Instructions) UTMB
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ellen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheurich, Kaitlyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) Na
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Deidre <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturgess, Melinda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) TexasChildren's Hospital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/10
<b>2</b> FILER NAME River Oaks Area Democratic Women		<b>3</b> Filer ID (Ethics Commission Filers) 00037876
<b>4</b> Date 05/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle, Toni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Faculty		<b>9</b> Employer (See Instructions) University of houston
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamikovsky, Amy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Kovitz Investment Group

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 7/10	<b>2</b> FILER NAME River Oaks Area Democratic Women	<b>3</b> Filer ID (Ethics Commission Filers) 00037876
<b>4</b> Date 05/25/2025	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$24.74  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 382110  Cambridge, MA 02238-2110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/11/2025	Payee name Bown, Christopher	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3315 Mercer St  Houston, TX 77027	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense webmaster
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2025	Payee name Cadillac Bar	
Amount (\$) \$922.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1802 Shepherd Dr  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 8/10	<b>2</b> FILER NAME River Oaks Area Democratic Women	<b>3</b> Filer ID (Ethics Commission Filers) 00037876
<b>4</b> Date 05/23/2025	<b>5</b> Payee name Carroll Printing & Promotions	
<b>6</b> Amount (\$) \$671.15  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2907 Canal St  Houston, TX 77003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pop-up bsnner and stand
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name MailChimp		
Amount (\$) \$57.56  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wilkinson, Wendy		
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Asbury ST  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website update
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 9/10	2 FILER NAME River Oaks Area Democratic Women	3 Filer ID (Ethics Commission Filers) 00037876
4 Date 05/11/2025	5 Payee name Williams, Sharon	
6 Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7447 Cambridge #55  Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newsletter editor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 10/10

2 FILER NAME

River Oaks Area Democratic Women

3 Filer ID (Ethics Commission Filers)  
00037876

4 Date

05/25/2025

5 Name of person from whom amount is received

Amegy Bank

8 Amount (\$)

\$5.59

6 Address of person from whom amount is received; City; State; Zip Code

Houston, TX 77210-4837

7 Purpose for which amount is received  
interest

☐ Check if political contribution returned to filer