

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 09/03/2025 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 type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | | | |
| 11 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025 | | | | |

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME River Oaks Area Democratic Women | 13 Filer ID (Ethics Commission Filers) 00037876 |
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| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | 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 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 37.50 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,122.50 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,274.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 20,656.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 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

| | | |
|--|--|---|
| 17 COMMITTEE NAME River Oaks Area Democratic Women | | 18 Filer ID (Ethics Commission Filers) 00037876 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,122.50 |
| 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 | \$ 3,274.10 |
| 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 | \$ 5.18 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/10 |
| 2 FILER NAME River Oaks Area Democratic Women | | 3 Filer ID (Ethics Commission Filers) 00037876 |
| 4 Date 07/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) Harris County |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benzon, Maria <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Asst. Director of Assessment | | Employer (See Instructions) Univ. Houston - Downtown |
| Date 08/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Debra <hr/> Contributor address; City; State; Zip Code Houston, TX 77030 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Debra <hr/> Contributor address; City; State; Zip Code Houston, TX 77030 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Mary Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Houston ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/10 |
| 2 FILER NAME River Oaks Area Democratic Women | | 3 Filer ID (Ethics Commission Filers) 00037876 |
| 4 Date 08/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Don 6 Contributor address; City; State; Zip Code LaPorte, TX 77571-7056 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) jeweler | | 9 Employer (See Instructions) self |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton, Audrie Contributor address; City; State; Zip Code Houston, TX 77004 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Patrick O'Connor & Associates |
| Date 08/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Cook for State Senate Contributor address; City; State; Zip Code houston, TX 77266 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natarajan, Rufi Contributor address; City; State; Zip Code Houston, TX 77007 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Events Director | | Employer (See Instructions) Harris County Precinct 4 |
| Date 08/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pannell, Ellen Contributor address; City; State; Zip Code Houston, TX 77008 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/10 |
| 2 FILER NAME River Oaks Area Democratic Women | | 3 Filer ID (Ethics Commission Filers) 00037876 |
| 4 Date 08/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Laurel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Katie <hr/> Contributor address; City; State; Zip Code Houston, TX 77006 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Chief Operating Officer | | Employer (See Instructions) Harris County |
| Date 08/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux, Jerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77235-5282 | Amount of Contribution (\$) \$1,250.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) Harris County |
| Date 07/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ambalika <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) Patient Advocacy program Manager | | Employer (See Instructions) Planned Parenthood Federation of America |

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: 1/3 Rpt: 7/10 | 2 FILER NAME River Oaks Area Democratic Women | 3 Filer ID (Ethics Commission Filers) 00037876 |
| 4 Date 08/25/2025 | 5 Payee name ACTBLUE TEXAS | |
| 6 Amount (\$) \$106.11 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 transaction fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/10/2025 | 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 | (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 webmaster |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/20/2025 | Payee name HEB | |
| Amount (\$) \$135.43 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1701 West Alabama ST Houston, TX 77098 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 8/10 | 2 FILER NAME River Oaks Area Democratic Women | 3 Filer ID (Ethics Commission Filers) 00037876 |
| 4 Date 08/06/2025 | 5 Payee name Harris County Democratic Party PAC | |
| 6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 3302 Canal Stree Ste 62 Houston, TX 77003 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Johnson Rayburn jackson Lee Dinner |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/19/2025 | 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 | (a) Category (See Categories listed at the top of this schedule) Fees | (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 08/10/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name St. Stephens Episcopal Church | | |
| Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1805 W. Alamba Houston, TX 77098 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 meeting room rental |
| 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 08/10/2025 | 5 Payee name Wilkinson, Wendy | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 410 Asbury ST Houston, TX 77007 | |
| 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 web updates |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/10/2025 | Payee name Williams, Sharon | |
| Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7447 Cambridge #55 Houston, TX 77054 | |
| 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 editor newsletter |
| 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

08/25/2025

5 Name of person from whom amount is received

Amegy Bank

8 Amount (\$)

\$5.18

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