	. — . –	CEHOLDER CE 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: 13
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST LESLIE	MI C	OFFICE USE ONLY
NAME	NICKNAME LES	HARTMAN	SUFFIX	Pate Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 55		CITY; STATE; ZIP CODE LANO, TX 78643	JAN 1 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS NICKNAME	GLENDA LAST HARTMAN	P SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	PO BOX 55	(NO PO BOX PLEASE); APT / SI	UITE #: CITY; LLANO, TX	STATE: ZIP CODE 78643
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	- Europe Mariford	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month	8th day before ele	Reporting Limit Month	Day Year
COVERED		Day Year / 1 / 23		/ 31 / 23
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOWN	*
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
1		TOMINITE ON PRIOR PRE	The street resolution	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME LESLIE C HARTMAN		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	5
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		4,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		B
	4. TOTAL POLITICAL EXPENDITURES	\$	2,824.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	2,211.61
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	5
	Please complete either option below		Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed 20	which, witness my hand and seal of office. Stack Stack Printed name of officer administering oath	Woła	day of <u>Jamay</u> , Magnetic description of the descrip
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		
My address is			
	(street) (city) (s	state) (zip	code) (country)
Executed in	County, State of , on the day of(month	1)	20
	Signature of Candid	date/Officeho	older (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	IAME	20 Filer ID (Ethics Con	mmiss	sion Filers)
LESLIE	C HARTMAN			
	ULE SUBTOTALS IF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,850.00
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 CO	NTRIBUTIONS	\$	2,824.39
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 FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
2 FILER NAME LESLIE C	HARTMAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Charles D Zinsmeyer, Patti Zinsmeyer	7 Amount of contribution (\$)
11/06/2023	6 Contributor address; City; State; Zip Code Llano, Tx 78643	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/01/2023	Contributor address; City: State; Zip Code Llano, Tx 78643	2,500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:) Joel Ratliff	Amount of contribution (\$)
12/08/2023	Contributor address: City: State: Zip Code Llano, Tx 78643	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	octions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/11/2023	Contributor address; City; State; Zip Code Llano, Tx 78643	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)

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

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME LESLIE C	HARTMAN			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Paul Hull		C (ID#:)	7 Amount of contribution (\$)
12/13/2023	6 Contributor address;	c _{ity;} Llano, T	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Robert Foster	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/21/2023	Contributor address;	city: Llano, Tx	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Roland Greer	out-of-state PA(C (ID#:)	Amount of contribution (\$)
12/22/2023	Contributor address;	city; Lakewa	State: Zip Code By, Tx 78738	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/23/2023	John Dagen Contributor address;	city;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	J.dey, 10	Employer (See Instruc	tions)
	ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME LESLIE C	HARTMAN			3 Filer ID (Ethics Commission Filers)
4 Date	Terry Blevins		C (ID#:)	7 Amount of contribution (\$)
12/30/2023	6 Contributor address;	City;	State; Zip Code Tx. 78628	50.00
8 Principal occu	pation / Job title (See Instructions)	ctions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT		OF THIS SCHEDULE AS I	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

,	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/11/2023	5 Payee name LLANO NATIONAL BANK			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
7.00	1001 FORD STREET LLANO, TX 7	'8643		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANKING	NET SERVICE	CHARGE	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/11/2023	LLANO NATIONAL BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.00	1001 FORD STREET LLANO, TX	78643		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description NET SERVICE	E CHARGE	
;	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/11/2023	LLANO NATIONAL BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.00	1001 FORD STREET LLANO, TX	78643		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BANKING	NET SERVICE	CHARGE	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Ground dymon.	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethics Commission Filers)		
4 Date 10/11/2023	5 Payee name LLANO NATIONAL BANK				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
7.00	1001 FORD STREET LLANO, TX	78643			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	BANKING	NET SERVICE	CHARGE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
11/07/2023	CAMPAIGN PARTNER				
Amount (\$)	Payee address;	City;	State; Zip Code		
29.00	PO BOX 118 STILL RIVER, MA 01467				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WEB DOMAIN	l		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/08/2023	DALEY PROFESSIONAL WEB SOLU	JTIONS			
Amount (\$)	Payee address;	City;	State; Zip Code		
44.00	211 CARDINAL DRIVE MONTGON	MERY, NY 125	49		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISIN	WEB DOMAIN			
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
11/11/2023	LLANO NATIONAL BANK			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
7.00	1001 FORD STREET LLANO, TX	78643		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANKING	NET SERVICE	E CHARGE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	j expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/30/2023	TRACFONE			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.40	ONLINE			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	OTHER	PHONE SER\	/ICE	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/07/2023	DALEY PROFESSIONAL WEB SOL	UTIONS		
Amount (\$)	Payee address;	City;	State;	Zip Code
29.00	211 CARDINAL DRIVE MONTGON	MERY, NY 125	49	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING	WEB DOMAIN		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental 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)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/07/2023	CAMPAIGN PARTNER		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
29.00	PO BOX 118 STILL RIVER, MA 014	167		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	ADVERTISING	WEB DOMAIN	l	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/08/2023	RAISE THE MONEY			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.50	PO BOX 26466 LITTLE ROCK, AR	72221		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	FUNDRAISING EXPENSE	ONLINE FEE		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2023	RAISE THE MONEY			
Amount (\$)	Payee address;	City;	State;	Zip Code
5.15	PO BOX 26466 LITTLE ROCK, AR	72221		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	ONLINE FEE		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

	The instruction Guide explains now to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/13/2023	5 Payee name RAISE THE MONEY			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
49.25	PO BOX 26466 LITTLE ROCK, AR	72221		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	ONLINE FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/21/2023	RAISE THE MONEY			
Amount (\$)	Payee address;	City;	State;	Zip Code
24.75	PO BOX 26466 LITTLE ROCK, AR	72221		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description ONLINE FEE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/22/2023	RAISE THE MONEY			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.50	PO BOX 26466 LITTLE ROCK, AR	72221		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	FUNDRAISING EXPENSE	ONLINE FEE		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, afficeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

,	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/20/2023	5 Payee name SUPER CHEAP SIGNS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,283.95	9200 WATERFORD CENTRE BLVD	STE 100 AUS	TIN, TX 787	58
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	CAMPAIGN S	IGNS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/28/2023	TRACFONE			
Amount (\$)	Payee address;	City;	State;	Zip Code
16.80	ONLINE			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description PHONE SERV	/ICE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name .			
12/28/2023	VISTAPRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
223.10	ONLINE			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	CUSTOM RAC	K CARDS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME LESLIE C HARTMAN		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/10/2023	5 Payee name RAISE THE MONEY			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
7.99	PO BOX 26466 LITTLE ROCK, AR	72221		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FUNDRAISING EXPENSE	ONLINE FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	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 schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	neck if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				