

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

SERRA COUNTY ELECTION  
FEB 26 24 PM 3:09

|   |  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|---|--|--|--|-------------------------------------|---|---------------------------------|--|----------------------------------|---|--|--|---------------------------------|--|---|-----------|-----------|----------------------------------|----------------------------------|-------|--|--|
| The C/OH Instruction Guide explains how to complete this form.                        |  | 1 Filer ID (Ethics Commission Filers)                      | 2 Total pages filed:<br><div style="text-align: center; font-size: 24px; font-weight: bold;">7</div> |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">MS / MRS / MR</td> <td style="width: 40%; font-size: 8px;">FIRST</td> <td style="width: 40%; font-size: 8px;">MI</td> </tr> <tr> <td>MR</td> <td>DOUG</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 8px;">LAST</td> <td style="border-top: 1px dotted black; font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td>LEECOCK</td> <td></td> </tr> </table>  | MS / MRS / MR  | FIRST  | MI                                  | MR  | DOUG                            |  | NICKNAME                         | LAST  | SUFFIX   |  | LEECOCK                         |  | <b>OFFICE USE ONLY</b>  |           |           |                                  |                                  |       |  |  |
| MS / MRS / MR   | FIRST  | MI   |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| MR  | DOUG   |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| NICKNAME  | LAST   | SUFFIX   |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   | LEECOCK  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width: 10%; font-size: 8px;">APT / SUITE #;</td> <td style="width: 10%; font-size: 8px;">CITY;</td> <td style="width: 10%; font-size: 8px;">STATE;</td> <td style="width: 30%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5">1885 FM 2673 UNIT 14 CANYON LAKE TX 78133</td> </tr> </table>  |  |  | ADDRESS / PO BOX;                   | APT / SUITE #;                                    | CITY;                           | STATE;   | ZIP CODE                         | 1885 FM 2673 UNIT 14 CANYON LAKE TX 78133                   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| ADDRESS / PO BOX;   | APT / SUITE #;   | CITY;  | STATE;   | ZIP CODE                            |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| 1885 FM 2673 UNIT 14 CANYON LAKE TX 78133   |  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">AREA CODE</td> <td style="width: 40%; font-size: 8px;">PHONE NUMBER</td> <td style="width: 40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>( 830 )</td> <td>6601930</td> <td></td> </tr> </table>   |  |  | AREA CODE                           | PHONE NUMBER                                      | EXTENSION                       | ( 830 )  | 6601930                          |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| AREA CODE   | PHONE NUMBER   | EXTENSION  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| ( 830 )   | 6601930  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">MS / MRS / MR</td> <td style="width: 40%; font-size: 8px;">FIRST</td> <td style="width: 40%; font-size: 8px;">MI</td> </tr> <tr> <td>MS</td> <td>DEBBIE</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 8px;">LAST</td> <td style="border-top: 1px dotted black; font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td>ENGLAND</td> <td></td> </tr> </table>  | MS / MRS / MR  | FIRST  | MI                                  | MS  | DEBBIE                          |  | NICKNAME                         | LAST  | SUFFIX   |  | ENGLAND                         |  | Date Received<br><br>Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt # | Amount \$ |                                  |                                  |       |  |  |
| MS / MRS / MR   | FIRST  | MI   |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| MS  | DEBBIE   |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| NICKNAME  | LAST   | SUFFIX   |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   | ENGLAND  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| Receipt #   | Amount \$  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   |  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%; font-size: 8px;">APT / SUITE #;</td> <td style="width: 10%; font-size: 8px;">CITY;</td> <td style="width: 10%; font-size: 8px;">STATE;</td> <td style="width: 30%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5">1885 FM 2673 UNIT 14 CANYON LAKE TX 78133</td> </tr> </table>   |  |  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                                    | CITY;                           | STATE;   | ZIP CODE                         | 1885 FM 2673 UNIT 14 CANYON LAKE TX 78133                   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;   | CITY;  | STATE;   | ZIP CODE                            |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| 1885 FM 2673 UNIT 14 CANYON LAKE TX 78133   |  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8px;">AREA CODE</td> <td style="width: 40%; font-size: 8px;">PHONE NUMBER</td> <td style="width: 40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>( 830 )</td> <td>899-2200</td> <td></td> </tr> </table>  |  |  | AREA CODE                           | PHONE NUMBER                                      | EXTENSION                       | ( 830 )  | 899-2200                         |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| AREA CODE   | PHONE NUMBER   | EXTENSION  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| ( 830 )   | 899-2200   |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>9</b> REPORT TYPE  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> January 15</td> <td style="width: 25%;"><input type="checkbox"/> 30th day before election</td> <td style="width: 25%;"><input type="checkbox"/> Runoff</td> <td style="width: 25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>   |  |  | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)           |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <input type="checkbox"/> July 15  | <input checked="" type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>10</b> PERIOD COVERED  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; font-size: 8px;">Month</td> <td style="width: 10%; font-size: 8px;">Day</td> <td style="width: 10%; font-size: 8px;">Year</td> <td style="width: 10%; font-size: 8px;">THROUGH</td> <td style="width: 10%; font-size: 8px;">Month</td> <td style="width: 10%; font-size: 8px;">Day</td> <td style="width: 10%; font-size: 8px;">Year</td> </tr> <tr> <td>1</td> <td>26</td> <td>24</td> <td></td> <td>2</td> <td>24</td> <td>24</td> </tr> </table>  |  |  | Month                               | Day   | Year                            | THROUGH  | Month                            | Day   | Year   | 1  | 26                              | 24   |   | 2         | 24        | 24                               |                                  |       |  |  |
| Month   | Day  | Year   | THROUGH  | Month                               | Day   | Year                            |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| 1   | 26   | 24   |  | 2                                   | 24  | 24                              |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>11</b> ELECTION  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width: 10%; font-size: 8px;">Month</td> <td style="width: 10%; font-size: 8px;">Day</td> <td style="width: 10%; font-size: 8px;">Year</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Primary</td> <td style="width: 15%;"><input type="checkbox"/> Runoff</td> <td style="width: 35%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td>3</td> <td>5</td> <td>24</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table> | ELECTION DATE  |  |                                     | ELECTION TYPE                                     |                                 |  | Month                            | Day   | Year   | <input checked="" type="checkbox"/> Primary              | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | 3   | 5         | 24        | <input type="checkbox"/> General | <input type="checkbox"/> Special | _____ |  |  |
| ELECTION DATE   |  |  | ELECTION TYPE  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| Month   | Day  | Year   | <input checked="" type="checkbox"/> Primary  | <input type="checkbox"/> Runoff     | <input type="checkbox"/> Other Description        |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| 3   | 5  | 24   | <input type="checkbox"/> General   | <input type="checkbox"/> Special    | _____   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)   | <b>13</b> OFFICE SOUGHT (if known)                         |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
| Additional Pages  | COMMITTEE TYPE   | COMMITTEE NAME   |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   | GENERAL  | COMMITTEE ADDRESS  |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME                          |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                       |  |                                     |   |                                 |  |                                  |   |  |  |                                 |  |   |           |           |                                  |                                  |       |  |  |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

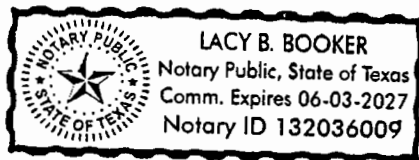
|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>DOUGLAS LEECOCK |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 260.00                                     |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,140.00                                   |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 75.63                                      |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 10,221.97                                  |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 5,709.42                                   |
| <b>OUTSTANDING LOAN TOTALS</b>         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** 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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Douglas Leacock this the 20th day of February

2024, to certify which, witness my hand and seal of office.

Lacy Booker Lacy Booker Court Coordinator  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is DOUGLAS J LEECOCK, and my date of birth is SEPTEMBER 23, 1971

My address is 725 SKYLINE DRIVE, CANYON LAKE, TX, 78133, UNITED STATES OF AMERICA  
(street) (city) (state) (zip code) (country)

Executed in COMAL County, State of TEXAS, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>DOUGLAS J LEECOCK  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS               |  | \$ 1,880.00                                   |
| 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 CONTRIBUTIONS                           |  | \$  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                          |  | \$  |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD               |  | \$ 874.18                                     |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS |  | \$ 9,347.79                                   |
| 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 RETURNED TO FILER             |  | \$  |

# 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: <b>32</b>           |
| 2 FILER NAME<br>Doug Leacock  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>02/03/2024  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Kevin Miller<br>6 Contributor address; City; State; Zip Code<br>[REDACTED] | 7 Amount of contribution (\$)<br><b>200.00</b> |
| 8 Principal occupation / Job title (See Instructions)<br>retired  |  | 9 Employer (See Instructions)                  |
| Date<br>02/05/2024  | Full name of contributor out-of-state PAC (ID#: _____)<br>Jared Broderick<br>Contributor address; City; State; Zip Code<br>[REDACTED]  | Amount of contribution (\$)<br><b>1,000.00</b> |
| Principal occupation / Job title (See Instructions)<br>attorney   |  | Employer (See Instructions)                    |
| Date<br>02/12/2024  | Full name of contributor out-of-state PAC (ID#: _____)<br>Ernest Lee<br>Contributor address; City; State; Zip Code<br>[REDACTED]       | Amount of contribution (\$)<br><b>150.00</b>   |
| Principal occupation / Job title (See Instructions)<br>retired  |  | Employer (See Instructions)                    |
| Date<br>02/14/2024  | Full name of contributor out-of-state PAC (ID#: _____)<br>Bill Harris<br>Contributor address; City; State; Zip Code<br>[REDACTED]      | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)<br>retired  |  | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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 form.   |  | 1 Total pages Schedule A1: 2                |
| 2 FILER NAME<br>Doug Leacock  |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>02/17/2024  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Ernest Lee<br>6 Contributor address; City; State; Zip Code<br>[REDACTED]   | 7 Amount of contribution (\$)<br><br>100.00 |
| 8 Principal occupation / Job title (See Instructions)<br>retired  |  | 9 Employer (See Instructions)               |
| Date<br>02/05/2024  | Full name of contributor out-of-state PAC (ID#: _____)<br>Albert Highfield<br>Contributor address; City; State; Zip Code<br>[REDACTED] | Amount of contribution (\$)<br><br>200.00   |
| Principal occupation / Job title (See Instructions)<br>retired  |  | Employer (See Instructions)                 |
| Date<br>02/21/2024  | Full name of contributor out-of-state PAC (ID#: _____)<br>AJ Cerny<br>Contributor address; City; State; Zip Code<br>[REDACTED]         | Amount of contribution (\$)<br><br>130.00   |
| Principal occupation / Job title (See Instructions)<br>retired  |  | Employer (See Instructions)                 |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code                               | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |   |

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:<br>1                               | <b>2</b> FILER NAME<br>Doug Leacock   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | <b>\$ 75.63</b>                              |
| <b>5</b> Date<br>02/15/2024  | <b>6</b> Payee name<br>Herald-Zeitung   |  |
| <b>7</b> Amount (\$)<br><b>548.55</b>                                | <b>8</b> Payee address; City; State; Zip Code<br>549 Landa St New Braunfels TX 78130  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>advertising expense  | <b>(b)</b> Description<br>ad                 |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Doug Leacock</b>  | Office sought<br>County Comm. Pct1           |
| <b>Date</b><br>02/17/2024  | <b>Payee name</b><br>Screaming Goat Yard Tap  |  |
| <b>Amount (\$)</b><br><b>250.00</b>                                  | <b>Payee address; City; State; Zip Code</b><br>4 Sun Valley Road Spring Branch TX 78070   |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br>event expense  | <b>Description</b><br>deposit                |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br><b>Doug Leacock</b>  | Office held<br>County Comm Pct1              |

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>1  | <b>2</b> FILER NAME<br>Doug Leacock  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/26/2024  | <b>5</b> Payee name<br>JG Media  |  |
| <b>6</b> Amount (\$)<br>525.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | <b>7</b> Payee address; City; State; Zip Code<br>3600 E Palm Valley Blvd Box3 Round Rock TX 78665                  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>advertising expense                     | <b>(b)</b> Description<br>ad                 |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br>Doug Leacock  | Office sought<br>County Comm Pct 1           |
| <b>10</b> Date<br>02/17/2024   | <b>11</b> Payee name<br>American Express   |  |
| <b>12</b> Amount (\$)<br>539.83<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | <b>13</b> Payee address; City; State; Zip Code<br>PO BOX 96001 Los Angeles CA 90096                                |  |
| <b>14</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>credit card pymt                                   | Description<br>pymt                          |
|  | 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/OH   | Candidate / Officeholder name  | Office sought                                |
| <b>15</b> Date<br>02/15/2024   | <b>16</b> Payee name<br>Direct Texas   |  |
| <b>17</b> Amount (\$)<br>8,282.96<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>18</b> Payee address; City; State; Zip Code<br>1260 Elliot Knox Blvd New Braunfels TX 78130                     |  |
| <b>19</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>advertising expense                                | Description<br>mailer                        |
|  | 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/OH   | Candidate / Officeholder name<br>Doug Leacock  | Office sought<br>County Comm Pct 1           |

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