CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Leslie		MI C	OFFICE	USE ONLY
NAME	NICKNAME Les	LAST Hartman		SUFFIX	RECE!	VED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; Llano			78643	OCT 2 2 LLANO ELECTI ADMINIST	CO.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 423-2221			Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST Glenda		мı P	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
3	MUNICIPALITY		30111/4	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE); APT / SI			STATE;	ZIP CODE
TREASURER ADDRESS	11		Llar	10	TX	78643
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ОИ		
TREASURER PHONE	(325) 423-2221					
1000	(325)	725-2221				
9 REPORT TYPE	January 15 30th day before election Runoff			15th day aft treasurer ap (Officeholde		
	July 15	8th day before ele	CUOII	eeded Modified porting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	2 / 25 / 24 THROUGH 10 / 22 / 24					
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
3 / 5 / 24			Special	Description		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	Llano County Sheriff					
14 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL CO	OMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS						
	<u> </u>					
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Les Hartman				16 Fil	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES,	ITEMIZED POLITICAL CO LOANS, OR GUARANTES ITIONS MADE ELECTRON	S OF LOANS, OR	'HAN	\$	
	The state of the s	LITICAL CONTRIBUTION		NS)	\$	942.76
EXPENDITURE TOTALS	3. TOTAL UNI	TEMIZED POLITICAL EXP	PENDITURE.		\$	
	4. TOTAL PO	LITICAL EXPENDITUR	ES		\$	301.24
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIONS	MAINTAINED AS OF THE	LAST DAY	\$.	4,420.61
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OF THE REPORTING PER		S OF THE	\$	0.00
18 SIGNATURE I S	wood or affirm water	penalty of perjury, that th	a accompanying rought is	true and	nomost and i	neludos all information
(1) Affidavit		Please complete	either option be	low:		
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by		this	the	day of_	
20, to certify	which, witness my hand	and seal of office.				
Signature of officer administe	ering oath	Printed name of officer ad	ministering oath		Title of off	icer administering oath
OR						
(2) Unsworn Declarati	on					
My name is Les Hartr	man		, and my date of bir	th is 03/0	6/1969	
My address is			Llano	TX	78643	USA
Executed in Llano	(street) County, State	e of Texas , or	the 22nd day of Of	Mulay	(zip code) , 20 24 (year	
		(Signature of Co	andidate/Off	ficeholder (D	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Cor			mmission Filers)	
LE	es Hartman				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	942.76		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00		
4.	SCHEDULE E: LOANS	\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	301.24		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00	

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 FILER NAME Les Hartm	nan			3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#) Curtis Hartman			7 Amount of contribution (\$)				
02/28/2024	6 Contributor address;		State; Zip Code	942.76				
8 Principal occur	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Capitol Investi			Self					
Date	Full name of contributor			Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)					
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)				
		City;	State; Zip Code					
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 (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	ctions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense
Contributions/Donations Made By Travel In District Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Les Hartman 5 Payee name 4 Date 03/26/2024 Tracfone 6 Amount (\$) 7 Payee address; City; State: Zip Code 22.37 Online (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Phone Service Other EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 03/01/2024 United States Postal Service Amount (\$) Payee address: City; State: Zip Code 51.00 819 Berry Street Llano, Texas 78643 Category (See Categories listed at the top of this schedule) Description PURPOSE Other Post Office Box Rental EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/06/2024 Corner Stop/Valero Amount (\$) Payee address; City; State; Zip Code 307 West Young Street Llano, Texas 78643 84.50 Category (See Categories listed at the top of this schedule) Description PURPOSE Travel In District Fuel To Retrieve Campaign Signs OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Les Hartman 2 5 Payee name 4 Date 03/07/2024 Daley Professional Web solutions 6 Amount (\$) 7 Payee address; City: State: Zip Code 29.00 211 Cardinal Drive Montgomery, New York 12549 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Web Domain OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/11/2024 Corner Stop/Valero Amount (\$) Payee address: State: Zip Code 92.00 307 West Young Street Llano, Texas 78643 Category (See Categories listed at the top of this schedule) **PURPOSE** Travel In District Fuel to Retrieve Campaign Signs EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 03/27/2024 Tracfone Payee address: Zip Code Amount (\$) City; State: Online 22.37Category (See Categories listed at the top of this schedule) Description PURPOSE Other Phone Service OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED