

**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <u>Mrs.</u>	FIRST <u>LES</u>
	NICKNAME	LAST <u>HARTMAN</u>
3 CANDIDATE / OFFICEHOLDER ADDRESS	MI <u>C</u>	SUFFIX
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>LLANO TX 78643</u>	
<input type="checkbox"/> change of address		
4 REPORT TYPE	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Final Disposition
5 PERIOD COVERED	Month Day Year <u>02/24/2024</u> THROUGH	Month Day Year / /
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <u>4,420.61</u>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ _____

**OFFICE USE ONLY**

Date Received: **RECEIVED**

**OCT 22 2024**

LLANO CO. ELECTIONS ADMINISTRATOR

Date Hand-delivered or Date Postmarked

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

7 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.

*Les Hartman*  
Signature of Candidate/Officeholder

**Please complete either option below:**

(1) Affidavit

NOTARY STAMP / SEAL

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

OR

(2) Unsworn Declaration

My name is LES HARTMAN and my date of birth is 03/06/1969

My address is \_\_\_\_\_ LLANO TX 78643 USA

(street) (city) (state) (zip code) (country)

Executed in LLANO County, State of TEXAS, on the 22 day of October, 20 24

(month) (year)

*Les Hartman*  
Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

8 C/OH NAME <b>LES HARTMAN</b>		9 Filer ID (Ethics Commission Filers)
10 Date <b>10/24/24</b>	11 Payee name <b>LES HARTMAN</b>	13 Amount (\$) <b>750.00</b>
12 Payee address; City; State; Zip Code <b>LLANO TX 78643</b>		
14 Purpose of expenditure (See instructions regarding type of information required.) <b>TRAVEL FEE REIMBURSEMENT</b>		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date <b>10/22/24</b>	Payee name <b>COWBOY CHRISTMAS FOR KIDS</b>	Amount (\$) <b>1,835.<del>30</del><sup>31</sup> (LH)</b>
Payee address; City; State; Zip Code <b>LLANO TX 78643</b>		
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION</b>		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date <b>10/22/24</b>	Payee name <b>AUGES BAND MEMORIAL FUND</b>	Amount (\$) <b>1,835.30</b>
Payee address; City; State; Zip Code <b>LLANO, TX 78643</b>		
Purpose of expenditure (See instructions regarding type of information required.) <b>DONATION</b>		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		

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