# 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 Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Marty	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE /	Leonard  ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	DECEIVE
OFFICEHOLDER MAILING ADDRESS	1411 Shady Oaks Lane Fort Worth TX 76107		APR 0 4 2019 19
Change of Address	FOIL WORLI 1X 78107		BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 817 ) 738-2424	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Elaine LAST	SUFFIX	Date Processed
	Petrus		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3736 Country Club Circle Fort Worth TX 76107	UITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 817 ) 924-8898	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 03	Day Year 25 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  05 04 2019 Seneral	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	Director, Tarrant Regional Wa District Board	Director, Tarrant District Board	Regional Water
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
Marty Leonard				
16 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.			
	COMMITTEE TYPE	COMMITTEE NAME	*	
	GENERAL	Tarrant Water Alliance		
	SPECIFIC	COMMITTEE ADDRESS  3327 Winthrop Avenue, Suite 208 Fort Worth, Texas 76116		
	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		Vic Henderson		
3327 Winthrop Avenue, Suite 208 Fort Worth, Texas 76116			}	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1,000.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 7,500.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  \$ 10,205.54		<sup>'AY</sup> \$ 10,205.54	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 15,000.00	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.		
T. MALONEY  MY COMMISSION EXPIRES  SEPTEMBER 16, 2022  Signature of Candidate or Officeholder				
NOTARY ID: 11353000  AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said MARTY LEONARD, this the 4th day of April , 20 19, to certify which, witness my hand and seal of office.				
2 100 /				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 15,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,500.00
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 FUNDS	\$
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

		SOMEDULE AT
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER	NAME Marty Leonard	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/13/20	6 Contributor address; City; State; Zip Code	\$250.00
	3736 Country Club Cir Fort Worth TX 76109	
8 Princi	pal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Princip	pal occupation / Job title (See Instructions)  Employer (See Instructions)	etions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Princip	pal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Princip	pal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Marty Leonard			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$		
5 Date	Date 6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$ . description	
3/25/2019	3/25/2019 7 Contributor address; City; State; Zip Code		\$750.00 Website	
3327 Winthrop Ave #208 Fort Worth TX 76116  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  11 Employ			Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)  13 Contrib		13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm		15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Full name of contributor		
Contributor address; City; State; Zip Code		de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)  Con		Contribu	ibutor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	v firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ma	arty Leonard		
4 TOTAL OF U	NITEMIZED LOANS		\$ 15,000.00
5 Date of loan 3/20/2019 6 Is lender a financial Institution? Y N 12 Principal occupati	Marty Leonard	PAC (ID#:)  State; Zip Code  Worth TX 76107	9 Loan Amount (\$) 15,000.00 10 Interest rate 11 Maturity date
· · · · · ·			
14 Description of Col	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable	<u> </u>	La	
20 Principal Occupa	ttion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_		State; Zip Code	
not applicable		Employer (Oct Interview	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
25	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	

# POLITICAL EXPENDITURES MADE 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marty Leonard 4 Date 5 Payee name 03/25/2019 Tim Reeves Consulting LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code 815A Brazos St Austin TX 78701 \$7,500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Consulting Consulting Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED