#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Gulde explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received 6-26-2024 NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** 116 Stone crest Rd., MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE **5** CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 6-26-2024 PHONE MS / MRS / MR CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN TREASURER 116 Stonecrest Rd., Argyle, TX 76226 **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** 8 CAMPAIGN AREA CODE TREASURER PHONE (811)9 REPORT TYPE 16th day after campaign 30th day before election Runoff January 16 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 26 /2024 *3024* THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Other Description Runoff Month Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if eny) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<u> </u>					
15 C/OH NAME	ema	McDade	16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	8	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	, ,	500.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		* 8	
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAGOF REPORTING PERIOD	ST DAY (		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	* 8	
		ffirm, under penalty of perjury, that the accompanying report is true reported by me under Title 15, Election Code.	e and corre	ct and includes all information	
		J	_		
		Chan e	Mc	Jana.	
		21-4		Office helder	
!		Signature of Ca	andidate or	Officeholder	
·					
		Please complete either option below	N:		
i iodoo complete citilei option solomi					
(1) Affidavit	A STATE OF THE PARTY OF THE PAR	YVOLENE MCGARVEY Notary Public, State of Texas Comm. Expires 11-22-2025 Notary ID 131360506			
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by LEONA MCDAAC this the 26th day of Change,					
I		ness my hand and seal of office.		Ų.	
Judgeoff Harvy YouENEM 116 Grarvey Motary					
1 1 V 4010 / 1		· · · · · · · · · · · · · · · · · · ·		itle of officer administering oath	
Signature of officer administr	aing oath	Printed name of officer administering cath		me of other administering oath	
OR					
(2) Unsworn Declaration					
My name is		, and my date of birth is	s		
My address is,,,,					
(street) (city) (state) (country)					
<u></u>		• •	• • •	• • • • • • • • • • • • • • • • • • • •	
Executed in		County, State of, on theday of(mont	th)	, ∠∪ (year)	
			-	,	
		Signature of Cand	ldate/Officeh	older (Declarant)	

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Leona McDade	<u>                                     </u>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 8
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 500.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s*740.52
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	unds \$240.52
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBLE TO FILER	UTIONS 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	1 Total pages Schedule A1:				
2 FILER NAME	Leona MiDade	3 Filer ID (Ethics Commission Filers)				
4 Date 03/31/3034	Full name of contributor out-of-state PA  Paul Rula  6 Contributor address; City;  603 Old Justin Rd. Argy 6	7 Amount of contribution (\$) \$\\\4500\text{00}				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor Quit-of-state PA		Amount of contribution (\$)			
Contributor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor ☐ out-of-state PA	t ybu	Amount of contribution (\$)			
	Contributor address; City;	State; Zlp Code				
Principal occup	eation / Job title (See Instructions)	Employer (See Instru	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 Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense GllVAwards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 (Ethica Commission Filers) 4 Date City; Zip Code State: > Wyman Street (b) Description 8 Roll Labels **PURPOSE** inting Expense OF EXPENDITURE Check if travel outside of Texas Completo Schedule T. Check if Austin, TX, officehold Allyng Txpense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name City: Amount (\$) State: Zip Code Description **PURPOSE** esign Fee OF EXPENDITURE Check if travel outside of Texas, Complete Checkie T. Check if Austin Deficeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Clty; State: Zip Code 275 Wyman St. Waltham, MA 02451 (See Categories listed at the top of this schedule) Description **PURPOSE** Digns and Labels EXPENDITURE Check if travel outside of Toxas Complete Schedule T. Check if Austil, TX defeatholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/QH

# 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 Event Expense Loan Repayment/Reimbursement Office Overhend/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Foes Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel in District GifVAwards/Memorials Expenso Printing Expense Salaries/Weges/Contract Labor Candidate/Officeholder/Political Committee Travel Out Qf District Legal Services Credit Cent Payment 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) eona MiDade 4 Date 6 Payee name State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Signs Miting Expense EXPENDITURE Check if travel outside of Yexas. Company Scientife Y. (c) Check if Austin, TX Afreholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Zlp Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Checkit (ravel outside of Texas, Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officebolder name Office sought Office held Complete **QNLY** If direct expanditure to benefit C/OH 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 Austin, TX, officeholder Huing expense Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Dfficeholder/Political Committee

Event Expense Fees Food/Beverage Expense GifVAwards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political	Gitt/Awards/Memonals Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME L'EONA MCDade 3 Filer ID (Ethics Commission Filers) N/H				
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 02 21 3024	6 Payee name Vista Print				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
4123.39	275 Wyman Street Waltham, MA 02451				
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Printing Expense Koll Labels				
	(c) Check if travel outside of Texas Confecte Schedule T. Check if Austin Chec				
11	Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	N/A -				
03/13/2024	Payee name Vista Print				
Amount (\$)	Payee address; City; State; Zip Code				
4 10.83	275 Wyman Street Waltham, MA 02451				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Printing Expense Design Fee				
	Check if travel outside of Texas, Coloring Specials T. Check if Austin, 10 / fficeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OH	N/H				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political			
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME LEONA MCD ade  3 Filer ID (Fihler Commission Filers)		
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date 3(15)2624	6 Payee name Vista Print		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$320,41	275 Wyman Street		
- JOO 9 41	Waltham, MA 02451		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Printing Expense Signs and Labels		
	(c) Check if travel outside of Caxa Complete Schedule T. Check if Auton Top officeholder living expense		
11	Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH	NA		
Date	Payee name		
3/19/2024	Signs on the Cheap		
Amount (\$)	Payee address; City; State; Zip Code		
*285.89	11525 Stonehollow Dr., B220 Austin TX 78758		
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Printing Expense Signs		
HALL ENDITORS	Check if travel of total of lexas. Complete Schedule T. Check if Waltin, 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 **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 Accounting/Benking Consulting Expense Contributions/Donations Mede Candidate/Officeholder/Politi Credi Card Payment	:By  cal Committee	Event Expense Fees Food/Beverage Exp Glit/Awards/Memori Legal Services The Instruction	lals Expense	Office Ov Politing E Printing I Salaries/		Solicitation/Fundreist Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 50 50 50					***************************************	
One		Leona	Mada	ide	,	3 Filer ID (Ethice	Commission Filers)
3/19/2024	Signs on the Cheap						
6 Amount (\$240.52	7 Payee ad	dress;	hallow	$\sqrt{D}$	B 2 2 K	State;	Zip Code
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8 PURPOSE	(a) Category	(See Categories listed (	at the top of thin ect	redule)	(b) Description	т учествення при при при на настройний при на настройний дентей при при на настройний при на настройний на	والمعارضة
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	(c)	Check If travel outside of Te	Mule Company Both	edule T.	Check if Austle	TXX Hiceholder living ex	(penso
9	Candid	late / Officeholder	name	1	Office sought		Office held
Complete <u>ONLY</u> If direct expenditure to benefit <del>O/OH</del>	The second secon		N	JA			Oliva liain
Date	Payee nar	ทอ	The second secon				
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Amount (\$)	Payes add	tress;	and the second s	(A) THE LIBERT OF THE PARTY OF	City;	State;	Zip Code
Reimbursement from political contributions intended							
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OF EXPENDITURE							
Check if travel outside of Toxas Compto e Scholart. Check if Auelin, TX, officeholder living expense							
		The second secon		<i>X</i>			
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office anught Office anught							
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K. Cally	rayeo (ibi)						
Amount (\$)	Payee add	Iress;		***************************************	Сну:	State;	Zlp Code
Reimbursement from political contributions intended							
PURPOSE	Cetegory	(See Categories listed a	t the top of this sch	edulo)	Description		
OF /				ĺ			
EXPENDITURE		~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>					
		Theck if traval outside of Yes	xas, Complete Schee	dule T.	Check if Austin,	TX, officeholder living ex	heyed
Complete ONLY if direct expenditure to benefit C/OH	Candida	ste / Officeholder i	namo		Office sought	(	Dien estil
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
orms provided by Tayas Ethics Commission							

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The instruction Guide explains how to complete this form.							
	** Complete only if "Report Type" on page 1 is marked "Final Report" **							
1	C/OH N		2 Filer ID (Ethics Commission Filers)					
		Leona McDade	NIA					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
			Lung McDade					
		Sign	ature of Candidate / Officeholder					
4	FILER Com	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Cheo	only one:						
		I do not have unexpended contributions or unexpended interest or income earned	d from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from a may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended pointerest or income earned on political contributions in accordance with the required	ncome earned on political contributions to ed contributions and that I may not retain contributions longer than six years after pilitical contributions and unexpended					
	B. ASSETS							
	Check only one:							
	I do not retain assets purchased with political contributions or interest or other income from political contributions.							
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
			Signature of Candidate					
5		HOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder wifile. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	s if, after filing the last required report as					
			Signature of Officeholder					