

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / <input type="checkbox"/> MR	FIRST Marisa	MI Franco	OFFICE USE ONLY Date Received <i>paper Rec'd 10-7-24 5:20p.m</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME Leal	LAST Leal	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:				
	9401 Hockaday Brownsville, Texas 78520						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	559-1308					
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / <input type="checkbox"/> MR	FIRST Marisa	MI Franco				
	NICKNAME leal	LAST Leal	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE;	ZIP CODE	
	9401 Hockaday Brownsville, Texas 78520						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	5591308					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	/	/			/	/	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	BISD Board Trustee PL 6			BISD Board Trustee PL 6			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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					
	<input type="checkbox"/> GENERAL						
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

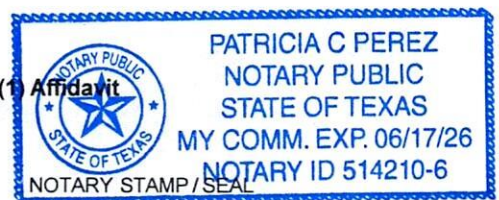
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Marisa Franco Leal</i>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,500.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,921.63</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,578.37</i>
OUTSTANDING LOAN TOTALS	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.

Marisa F. Leal
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Marisa F Leal* this the *7* day of *oct*, 20*24*, to certify which, witness my hand and seal of office.

[Signature] *Patricia C. Perez* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)

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 **Marisa Franco Leal** 3 Filer ID (Ethics Commission Filers)

4 Date 9/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salazar	7 Amount of contribution (\$) \$1,000⁰⁰
6 Contributor address; City; State; Zip Code 611 E. Loop 499 Harlingen TX 78550		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 9/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggen Blair + Sampson, LLP	Amount of contribution (\$) \$1,000⁰⁰
Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan R. Sakulenzki	Amount of contribution (\$) \$1,000⁰⁰
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Garza	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 424 Yucca Ave, McAllen TX 78501		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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 FILER NAME Marisa Franco Leal		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Garza	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 424 Yucca Ave. McAllen TX 78501		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salazar	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 611 E. Loop 499 Harlingen TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Hammes	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 345 Palo Verde Dr. Brownsville TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prime Power Services LLC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 5420 Southmost Rd. Brownsville, TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
--	--	--

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	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.

1 Total pages Schedule F1:	2 FILER NAME Marisa Franco Leal	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date 8-24-2024	5 Payee name Harbor Freight
----------------------------	---------------------------------------

6 Amount (\$) \$246.72	7 Payee address; City; State; Zip Code 1601 E. Price Rd. Brownsville TX 78520
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Campaign supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	--	--	--

Date 8-24-2024	Payee name Campaign workers
--------------------------	---------------------------------------

Amount (\$) \$450.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description contract labor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	--	--	--

Date 8-31-2024	Payee name Tractor Supply
--------------------------	-------------------------------------

Amount (\$) \$1,216.42	Payee address; City; State; Zip Code 1989 Military Rd. Brownsville TX 78520
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaign supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	--	--	--

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 | 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8-31-2024	5 Payee name Campaign Workers	
6 Amount (\$) \$ 450.00	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor	(b) Description Contract work
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL 6
		Office held BISD Board Trustee PL 6
Date 9-4-2024	Payee name CAMPAIGN WORKERS	
Amount (\$) \$ 300.00	Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description Contract work
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL 6
		Office held BISD Board Trustee PL 6
Date 9-5-2024	Payee name Gomez Bakery	
Amount (\$) \$ 123.65	Payee address;	City; State; Zip Code
	2587 Rockwell DR. Brownsville TX	78521
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL 6
		Office held BISD Board Trustee PL 6

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date 9-8-2024	5 Payee name Campaign workers
--------------------	----------------------------------

6 Amount (\$) \$89.75	7 Payee address; City; State; Zip Code Big Daddys 3570 W. Alton Exor Brownsville TX 78520
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Campaign workers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	---	---	---------------------------------------

Date 9-10-2024	Payee name H.E.B
-------------------	---------------------

Amount (\$) \$891.46	Payee address; City; State; Zip Code 1628 Central Blvd. Brownsville TX 78521
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Food/Drinks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	---	---	---------------------------------------

Date 9-14-2024	Payee name Tractor Supply
-------------------	------------------------------

Amount (\$) \$910.56	Payee address; City; State; Zip Code 901 FM 509 San Benito TX 78586
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaign supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marisa Franco Leal	Office sought BISD Board Trustee PL6	Office held BISD Board Trustee PL6
---	---	---	---------------------------------------

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	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.

1 Total pages Schedule F1:	2 FILER NAME Marisa Franco Leal	3 Filer ID (Ethics Commission Filers)
4 Date 9-20-2024	5 Payee name Sams Club	
6 Amount (\$) \$321.75	7 Payee address; City; State; Zip Code 3570 W. Alton Blvd Brownsville Tx 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Food/Drinks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Marisa Franco Leal BSD Board Trustee P16 BSD Board Trustee P16	
Date 9-22-2024	Payee name Campaign workers	
Amount (\$) \$140.75	Payee address; City; State; Zip Code Big Daddys 500 E. Morrison Rd. Ste A Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaign workers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Marisa Franco Leal BSD Board Trustee P16 BSD Board Trustee P16	
Date 9-24-2024	Payee name H.E.B	
Amount (\$) \$780.57	Payee address; City; State; Zip Code 2250 Boca Chica Blvd Brownsville Tx 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Food/Drinks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Marisa Franco Leal BSD Board Trustee P16 BSD Board Trustee P16	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED