#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** MR. LEONARD M. NAME Date Received NICKNAME LAST SUFFIX "MATT" SEBESTA JR. 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE POB 1893 OFFICEHOLDER ANGLETON, TX 77516-1893 A CO., TE **MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (979 848-6443 PHONE Receipt # Amount \$ FIRST MI MS / MRS / MR 6 CAMPAIGN TREASURER MONICA MRS. M. **Date Processed** NAME LAST SUFFIX NICKNAME Date Imaged **SEBESTA** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN **TREASURER** 1231 RABB RD. ANGLETON, TX 77515 **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 235-0927 ( 979 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year Month Year COVERED 30 <sup>24</sup> 6 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description Special General 26 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE BRAZORIA COUNTY JUDGE BRAZORIA COUNTY JUDGE 14 NOTICE FROM 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 POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	SEBESTA, LEONARI	)	14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditor. These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		*		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 835.77
	4. TOTAL POLITIC		\$ 19,994.43	
CONTRIBUTION BALANCE	REPORTING PE			\$ 236,697.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Frection Code.	ty of perjury, that the acco all information required to	ompanying report is be reported by me
](*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	M. HUDMAN Notary Public-State of T Notary ID #1286390 Commission Exp. APRIL 12,	3-5 2025	of Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid L.m." Sebesta, 5r. ertify which, witness my hand and seal of office.	, this the <b>\5</b> **	day
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

## FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 25 19 Filer ID **18 FILER NAME** SEBESTA, LEONARD 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 19,994.43 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS Х \$ 5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12, TO FILER

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Denations Made By Candidate/Officeholder/Political Credit Card Payment	-	
	- man and a segment	The Instruction Guide explains how to complete the	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID
	Sch: 1/22 Rpt: 4/25	SEBESTA, LEONARD	
4	Date	Payee name	
	01/25/2024	Actions Inc of Brazoria County	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	1524 E Mulberry Suite #135	
		Angleton, TX 77515	
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Carialatter Cinceriolación Cintical Committee	Check if Austin, TX, officeholder living expense
		Fla	ımingo Bingo Sponsorship
			0.6 1-13
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held
	1		
	Date	Payee name	
	02/28/2024	Adult Education Center of Pearland	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	2246 N Washington Ave	
		Pearland, TX 77581	
	PURPOSE		scription
	OF EXPENDITURE	Contributions/Donations water by	Check if Austin TV officeholder living expanse
		Carididate/Ciliconolacin Cilical Committee	Check if Austin, TX, officeholder living expense nk Hat Sponsorship
		r-11	iii i iai opolisoromp
<u> </u>	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	and sought	
<b> </b>	Data	Payer pame	
	Date 06/26/2024	Payee name Alvin Blue Santa	
<b>L</b>			
	Amount (\$)	Payee address; City; State; Zip Code POB 33	
	\$200,00	FOD 33	
		Ab.in TV 27540	
L		Alvin, TX 77512	
l	PURPOSE OF		scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			onsorship
			•
$\vdash$	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
$\vdash$			
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#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 2/22 Rpt: 5/25	SEBESTA, LEONARD	
4	Date	5 Payee name	
	06/26/2024	Alvin Rotary Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$250.00	POB 1345	
		Alvin, TX 77512	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LA LIBITORE	Candidate/Officeholder/Political Committee	
		Novemberfest Car Show T-Shirt sponsorship	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
**********	Date	T David name	
	03/15/2024	Payee name Alvin-Manvel Area Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	105 W Willis St	
		Alvin, TX 77511	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Annual Dues	
<u> </u>			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	02/25/2024	American Legion Post #501	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$174.00	POB 525	
		Danbury, TX 77534	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By  Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Fundraiser Sponsorship	
L			
·	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
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#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide expl		(pens	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
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	Sch: 3/22 Rpt: 6/25	SEBESTA	, LEONARD						
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	06/26/2024	Bay Area	Council Boy Scouts of A	merica					
6	Amount (\$)	7 Payee addı	ress; City; S	itate; Zip Co	de				
	\$300,00	3020 53rd	St						
		Galveston	, TX 77551						
8	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description		(III)	
	OF EXPENDITURE	Contributi	ons/Donations Made By					de of Texas. Complete Schedule T.	
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-	Date	Payee nam	ie.	iviigavaite-rativ — t-,					· · · · · · · · · · · · · · · · · · ·
	01/10/2024	1 1	rls Club of Brazoria Cour	nty					
$\vdash$	Amount (\$)	Payee add		State; Zip Co	de				
	\$500.00	1 1	nnology Dr Suite #2120						
		A, TX 775	15						
H	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Contributi	ons/Donations Made By			Check if travel		de of Texas, Complete Schedule T.	
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						Annual Gala	Shr	nisorsnih	
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	04/11/2024	Payee nam Brazoria (	Chamber of Commerce						
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	Ψ.0.00								
		Brazoria,	TX 77422						
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İ	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	gnt			Office held	
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## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee L	Sift/Awards/Memorial egal Services The Instruction G	·		'ages/	/Contract Labor	Travel Out of District OTHER (enter a category not list	ed above)
1	Total pages Schedule F1:	2	FILER NAME					3	B Filer ID	
	Sch: 4/22 Rpt: 7/25		SEBESTA, L	.EONARD		E				
4	1	5	Payee name							
	06/05/2024	L	Brazoria Cha	amber of Com	merce					-
6	(1)		Payee address	s; City;	State	; Zip Co	de			
	\$150.00		POB 992							
			Brazoria, TX	77422						
8	PURPOSE OF	(a)		e Categories listed at		redule)	(b)	Description	teido of Toyan Co1-/- C / 1 / "	r
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	Date	Т	Payee name	y <del>u</del>						
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#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Cor	nmittee	Gift/Awards/Memo Legal Services The Instructio			kpens Jages	Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2	FILER NAME	=				3	Filer ID	
	Sch: 5/22 Rpt: 8/25		SEBESTA,							
4		5	Payee name							
	01/04/2024		Brazoria Co	ounty Republ	ican Party					
6	Amount (\$)	7	Payee addre	•		e; Zip Co	de			
	\$1,000.00		135 Spanis	h Oak Circle						
			Lake Jacks	on, TX 7756	6					
8	PURPOSE OF	(a)	•	ee Categories liste	d at the top of this scl	hedule)	(b)	Description	uside of Toyas Complete Schodule T	
	EXPENDITURE		Fees						tside of Texas. Complete Schedule T. TX, officeholder living expense	
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9	Complete ONLY if direct		Candidate/Offi	iceholder nam	e	Office sou	ght		Office held	
	expenditure to benefit C/O	1		Production of the Control of the Con						
	Date		Payee name							
	01/18/2024	L	Brazoria He	eritage Found	dation					
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de			
	\$500.00		POB 1728							
			Brazoria, T	X 77422						
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE			ns/Donations	Made By Political Comn	nittos		<del></del>	uside of Texas. Complete Schedule T. FX, officeholder living expense	
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	Complete ONLY if direct		Candidate/Offi	iceholder nam	e	Office sou	ght		Office held	<del></del>
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Г	Date		Payee name							
	04/11/2024		Brazoria He	eritage Found	dation					
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de			
	\$100.00		POB 1728							
			Brazoria, T	X 77422						
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Fees					<u> </u>	stside of Texas. Complete Schedule T. FX, officeholder living expense	
l								Annual Dues	w ongenione many expense	
	Complete ONLY if direct		Candidate/Offi	iceholder nam	e	Office sou	ght		Office held	
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#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed above) Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME SEBESTA, LEONARD Sch: 6/22 Rpt: 9/25 Payee name 4 Date Brazoria Heritage Foundation 05/17/2024 State; Zip Code City; Payee address; Amount (\$) **POB 1728** \$250.00 Brazoria, TX 77422 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Santa Ana Ball sponsorship Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Brazoria Lions Club 05/17/2024 State: Zip Code City; Payee address; Amount (\$) POB 1145 \$100.00 Brazoria, TX 77422 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate/Officeholder/Political Committee Celebrate America sponsorship Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Brazos Place** 01/08/2024 State; Zip Code City: Payee address; Amount (\$) **POB 474** \$250.00 A, TX 77516 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate/Officeholder/Political Committee Sober Bowl Sponsorship Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political		nmittee	Gift/Awards/Memorials E Legal Services	xpense	Printing Ex Salaries/W		se s/Contract Labor	OTHER (enter a category not	listed above)
	Credit Card Payment			The Instruction Gui	de explains h	iow to cat	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME					3	3 Filer ID	
	Sch: 7/22 Rpt: 10/25		SEBESTA, I	LEONARD						
4	Date	5	Payee name							
	01/25/2024		Brazosport i	Rotary Club						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de			
	\$250.00		POB 71							
		I								
			Lake Jackso	on, TX 77566						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	dule)	(b)	Description		
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			Lake Jackso	on, TX 77566						
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			Pearland, T	X 77584						
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gilt/Awards/Memorials Expense Printing Expense Travel Out of District ommittee 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: Sch: 8/22 Rpt: 11/25	2	FILER NAME SEBESTA, LEONARD 3 Filer ID	
4	Date 02/28/2024		Payee name Danbury Little League	
6	Amount (\$) \$300.00	7	Payee address; City; State; Zip Code POB 766	
			Danbury, TX 77534	
8	PURPOSE OF EXPENDITURE	(a)	(b) Description  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banner Sponsorship - 2024 Season	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
	Date 03/15/2024		Payee name District 2-S4 Lions Charities - BBLC	
	Amount (\$) \$175.00		Payee address; City; State; Zip Code POB 244	
			Clute, TX 77531	
	PURPOSE OF EXPENDITURE	(a	A) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense 2024 Flag Sponsorship	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
	Date 03/25/2024		Payee name Exchange Club of Angleton	
	Amount (\$) \$100.00		Payee address; City; State; Zip Code POB 1196	
			Angleton, TX 77516	
	PURPOSE OF EXPENDITURE	(a	A) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Hole Sponsorship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
		-+ la :	ics Commission www.ethics.state.tx.us Version V4.1.0.d37	8aha
7-0	orms provided by Texas E		ICS COTHITISSION WWW.CHIICS.STATE.IX.US VEISION V4.T.O.US //	Jund

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Sarvises Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariac/Wagae/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
OTHER (anter a category not listed above)

Contributions/ Donations Made By -Gendidate/Officeholder/Political Generates Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: FILER NAME Sch: 9/22 Rpt: 12/25 SEBESTA, LEONARD 4 Date Payee name Forever Parks Foundation of Pearland 01/25/2024 Payee address; City; State; Zip Code 6 Amount (\$) \$250,00 4141 Balley Rd Pearland, TX 77584 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Kevin Cole Benefit Golf Tournament Sponsorship Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name Friends of Danbury Civic Club 02/20/2024 Payee address; City; State; Zip Code Amount (\$) \$300.00 **POB 296** Danbury, TX 77534 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Red White & Blue Sponsorship Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/28/2024 Friends of the River San Bernard Payee address; City; State; Zip Code Amount (\$) \$100,00 **POB 93** Brazoria, TX 77422 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

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## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, _ 1 Committee	Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guid	pense l		ense .ges/	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	e)
1.	Total pages Schedule F1:	2 FILER NAM	E					3	Filer ID	· ·
	Sch: 10/22 Rpt: 13/25	SEBESTA	, LEONARD							
4	Date	5 Payee nam	e							
	01/19/2024	Grapevine	Gifts							
6	Amount (\$)	7 Payee addr	ess; City;	State:	Zip Cod	e				
	\$129.90	125 Hwy 3	332 W							
L		Lake Jack	son, TX 77566							
8	PURPOSE		See Categories listed at the		lule) (	b)	Description			
	OF EXPENDITURE		ons/Donations Made		.		Li		le of Texas. Complete Schedule T. officeholder living expense	
l		Candidate	/Officeholder/Politic	ai Cuinmit	iee		Auction Items			
					-		_			
9	Complete ONLY if direct	Candidate/O	fficeholder name	Of	fice soug	ht			Office held	
	expenditure to benefit C/O	H			•					
	Date	Payee nam	e							
	02/10/2024	Grapevine								
H	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	le				
	\$243.56	125 Hwy 3		·	•					
		Lake Jack	son, TX 77566							
H	PURPOSE	(a) Category	See Categories listed at the	top of this sched	<sub>dule)</sub> (	(b)	Description			
	OF EXPENDITURE		ls/Memorials Exper		•		<u>  </u>		de of Texas. Complete Schedule T.	
	-/15 mita/11 VIIIm						Check if Austin, Auction Items		officeholder living expense	
							, addon (come	•		
-	Complete ONLY if direct	Candidate/O	fficeholder name	Of	fice soug	ht			Office held	
	expenditure to benefit C/O			0.						
H	Date	Payee nam	a							
	03/18/2024	Grapevine								
$\vdash$	Amount (\$)	Payee addr		State:	Zip Cod	le.				
	\$326.37	125 Hwy 3	-	ouic,	p 000					
	Ψ020.01									
		Lake Jack	son, TX 77566							
$\vdash$	PURPOSE				14	(h)	Description			
	OF		(See Categories listed at the Is/Memorials Exper		dule)	(~)		outsic	de of Texas. Complete Schedule T.	
	EXPENDITURE	Silvavvare	COMOTION CAPE				Check if Austin,	, TX,	officeholder living expense	
					ļ		Auction Items	3		
L				<u>.</u>						
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Of	fice soug	jht			Office held	
_										
L				u otblog ot					Vorsian V4.1.0	1075 1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment						
<u> </u>	T-4-1						
1	Total pages Schedule F1: Sch: 11/22 Rpt: 14/25	SEBESTA, LEONARD					
4	Date	5 Payee name					
	04/02/2024	Grapevine Gifts					
6	Amount (\$) \$82.81	7 Payee address; City; State; Zip Code 125 Hwy 332 W					
		Lake Jackson, TX 77566	***************************************				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes Complete Schedule T					
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Ì	Auction Items					
	l	, additi nami					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
1	04/22/2024	Grapevine Gifts					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$584.55	125 Hwy 332 W					
	i i						
		Lake Jackson, TX 77566					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trains subside of Taxas Complete Schedule T					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas, Complete Schedule T.  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	1	Auction Items					
l							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH					
	Date	Payee name					
1	04/25/2024	HIKE for Mental Health					
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code					
l	\$125.00						
	Ψ120.00						
		Friendswood, TX 77546					
آ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Candidate/Officeholder/Political Committee					
1		TIINE SPONSOISHIP					
<u> </u>	Complete ONLY If direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate Office for the first of the first					
L							
سيبا	was arounded by Tayles C	Chica Commission Name other state type Version V4.1.0 d378	) ahai				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Exp

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 12/22 Rpt: 15/25	SEBESTA, LEONARD
4	Date	5 Payee name
	02/10/2024	Hobby Lobby #112
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$284.13	125 Hwy 332 W
		Lake Jackson, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Framing Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Рауее пате
	04/25/2024	Junior Achievement of Brazoria County
T	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	225-B Parking Way
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
l		Candidate/Officeholder/Political Committee
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	01/25/2024	Our Lady Queen of Peace Catholic School
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1600 Hwy 2004
		Richwood, TX 77531
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee Golf Tournament Hole Sponsorship
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
H		
_		Version V/ 1.0 d278ab

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	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 F1:	2 FILER NAME 3 Filer ID
	Sch: 13/22 Rpt: 16/25	SEBESTA, LEONARD
4		5 Payee name
	02/19/2024	Palms Floral Designs
6	***	7 Payee address; City; State; Zip Code
	\$378.87	2300 E Mulberry St
		Angleton TV 77515
_	Di ina	Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Clift/Awards/Mamorials Evnansa  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	and the state of t	Flower Arrangements for Boone & Rogers funerals
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/18/2024	Palms Floral Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$371.28	2300 E Mulberry St
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Funeral flowers: Pearson & Berry funerals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н
	Date	Payee name
	05/16/2024	Palms Floral Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.74	2300 E Mulberry St
	İ	†
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	ļ	Office Professionals Day & Blaha funeral flowers
	Ì	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
Т		
	rme provided by Tevas F	thics Commission www.ethics state txus Version V4.1.0.d378aba

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking Event Expense

Fees Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constainty Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		xpens Vages	e /Contract Labor	Tra	avel Out of District FHER (enter a category not listed a	ubove)
	· · · · · · · · · · · · · · · · · · ·		The Instruction Guide expla	ins now to co	mpie	te this form.	T		
1		2 FILER NAM					3 Fi	ler ID	
	Sch: 14/22 Rpt: 17/25	SEBESTA	, LEONARD						
4	Date	5 Payee name	3						
	05/29/2024	Palms Flor	al Designs						
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	de				
	\$227.31	2300 E Mu	lberry St						
			•						
		Angleton,	TX 77515						
_	DIDDOOF				765	Description	<del></del>		
8	PURPOSE OF	E .	See Categories listed at the top of thi	s schedule)	(0)	Description  Check if travel	outside (	of Texas. Complete Schedule T.	
	EXPENDITURE	GIT/Award	s/Memorials Expense			<u></u>		iceholder living expense	
						Wreath for C	larend	ce Sasser funeral	
		ļ							
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office held	
ľ	expenditure to benefit C/OI				•				
⊨	-	<u> </u>							
	Date	Payee name							
L	01/18/2024		Area Republican Club						
	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	ode				
	\$350.00	POB 711							
ĺ		Pearland,	TX 77588						
┢	PURPOSE	(a) Category	See Categories listed at the top of th	is schedule)	(b)	Description			
	OF	Contribution	ons/Donations Made By					of Texas, Complete Schedule T.	
	EXPENDITURE	Candidate	/Officeholder/Political Co	mmittee				iceholder living expense	
						Souper Satu	ruay s	Sponsorsnip	
L		<u> </u>			L				
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught			Office held	
L	expenditure to benefit C/O	П							
Г	Date	Payee nam	е						
	06/21/2024	Pearland (	Chamber of Commerce						
H	Amount (\$)	Payee addr	ess; City; S	tate; Zip C	ode				
ļ	\$210.00	6117 Broa	·						
l	<del></del> -								
		Pearland,	TV 77501						
L					Las				
	PURPOSE OF	1	See Categories listed at the top of th	is schedule)	(a)	Description	l outside	of Texas. Complete Schedule T.	
l	EXPENDITURE	Fees				<u></u>		ficeholder living expense	
l						Annual Dues		- '	
1					1				
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	l Jaht			Office held	
	expenditure to benefit C/O		inconduct name	J	<del></del>				
<u> </u>									
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1									

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				pense ages/C	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 ELEDNA					3 Filer ID			
1	· -					ľ	3 Filet ID			
	Sch: 15/22 Rpt: 18/25		A, LEONARD							
4	Date	5 Payee nam	ne							
	04/18/2024	Pearland	Neighborhood Center							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	de					
	\$150.00	2335 N T	exas Ave							
		Pearland.	TX 77581							
8	BUDDOOF				/h) =					
8	PURPOSE OF	1	(See Categories listed at the top of		(U) L	Description	utside of Texas. Complete Schedule T.			
	EXPENDITURE		ons/Donations Made B e/Officeholder/Political (		<b>-</b>	<u></u>	TX, officeholder living expense			
		Canadak	JOHNOCHOIGEN GIRLOGI	Johnstoce			sign sponsorship			
							•			
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	aht		Office held			
ľ	expenditure to benefit C/OI		indenotaer name	0.11100 000	a					
_		<u> </u>								
	Date	Payee nan								
	01/31/2024	Quick Go	Storage							
Г	Amount (\$)	Payee add	ress; City;	State; Zip Co	de					
	\$97.00	5507 Sun	nmer Elm Ct							
		Houston.	TX 77059							
H	BUBBOOK				/b) r	N				
	PURPOSE OF		(See Categories listed at the top o	f this schedule)	עט) ב	Description  Check if travel o	utside of Texas, Complete Schedule T.			
	EXPENDITURE	Fees			F	<u></u>	TX, officeholder living expense			
					5	 Storage				
┝	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	aht		Office held			
ĺ	expenditure to benefit C/O				<b>.</b>					
_		I								
	Date	Payee nan								
	02/26/2024	Quick Go	Storage							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	de					
	\$97.00	5507 Sun	nmer Elm Ct							
		Houston,	TX 77059							
_	PURPOSE				(b) c	Description				
	OF	Fees	(See Categories listed at the top o	f this schedule)	(ο, [		utside of Texas, Complete Schedule T.			
	EXPENDITURE	rees			F	<del></del>	TX, officeholder living expense			
					5	Storage				
$\vdash$	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ght		Office held			
	expenditure to benefit C/O				<b>J</b>					
$\vdash$										
L										
-	rmo provided by Toyon E	thing Campuia	01000 110100	thice etata ty i			Version V// 1.0	42700000		

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Fees Fond/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Vages	ISE Travel Out of District SE/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID
	Sch: 16/22 Rpt: 19/25		SEBESTA,	LEONARD			•	
4	Date	5	Payee name					
	03/21/2024		Quick Go S	torage				
6	Amount (\$)	7	Payee addre		State	Zip Co	ode	
	\$97.00		5507 Summ	ner Elm Ct				
			Houston, T	X 77059				
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	dule)	(b)	Description
	EXPENDITURE		Fees					Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
								Storage
								-
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ıght	Office held
	expenditure to benefit C/O	H						
	Date		Payee name					
	04/25/2024		Quick Go S	torage				
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	
	\$97.00		5507 Sumn	ner Elm Ct				
Ī		Ī						
			Houston, T	X 77059				•
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	dule)	(b)	) Description
	OF EXPENDITURE		Fees				1	Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
								Storage
l								-
	Complete ONLY if direct		Candidate/Offi	iceholder name	О	ffice sou	ught	t Office held
	expenditure to benefit C/OI	Н						
	Date		Payee name			,		
	05/30/2024		Quick Go S	itorage				
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	
	\$97.00		5507 Sumn	ner Elm Ct				
			Houston, T	X 77059				
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	dule)	(b)	) Description
	OF EXPENDITURE		Fees					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	•							Storage
-	Complete ONLY if direct	L	Candidate/Offi	iceholder name	O	ffice sou	<u>L</u> ught	t Office held
	expenditure to benefit C/OI				_		5	
$\vdash$								
Eo.	rms provided by Texas F	thic	e Commicci	on was	w ethics s	tate ty i	10	Version V4.1.0.d378aba0

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpense Vages/	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not (	listed above)
1	Total pages Schodule E4.	2 EH ED MANA				, 100111	3 Filer ID	
1	Total pages Schedule F1: Sch: 17/22 Rpt: 20/25		, LEONARD					
4	Date	5 Payee name	∌					
	06/26/2024	Quick Go S	Storage					
6	Amount (\$)	7 Payee addre	ess; City; Stat	te; Zip Co	de			
	\$97.00	5507 Sumi	mer Elm Ct					
		Houston, T	TX 77059					·
8	PURPOSE	(a) Category (s	See Categories listed at the top of this s	chedule)	(b)	Description		l me
	OF EXPENDITURE	Fees			ļ		outside of Texas. Complete Schedul , TX, officeholder living expense	e (.
						Storage	, where are a superior	
						J		
9	Complete ONLY if direct	Candidate/Of	fficeholder name	Office sou	ıght		Office held	
	expenditure to benefit C/O	4						
	Date	Payee name	e				,	
	03/21/2024	1 1	· Women - Texas Gulf Coa	st				
┢	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	ode			
	\$150.00	117 Hwy 3	- ·	•				
ĺ		Í						
		Lake Jacks	son, TX 77566					
	PURPOSE OF	•	See Categories listed at the top of this s	schedule)	(b)	Description	subside of Toyon, Commission Color and	fo T
	EXPENDITURE		ons/Donations Made By /Officeholder/Political Com	mittee			outside of Texas, Complete Schedul , TX, officeholder living expense	RC 1.
		Canuluate	, Onlocholder/Follidal Coll.	minuce		Donation	• ,	
_	Complete ONLY if direct		fficeholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OI	Н						
F	Date	Payee name	e					
İ	01/18/2024	1 -	ıb of Angleton Charitable F	oundation	ı, İnd	c.		
<u> </u>	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	ode			
	\$250.00	POB 673	-	•				
	I							
		Angleton,	TX 77516					
$\vdash$	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b)	Description		
	OF EXPENDITURE	Contribution	ons/Donations Made By			Check if travel	outside of Texas. Complete Schedu	le T.
ŀ	EAPENDITURE	Candidate	/Officeholder/Political Com	ımittee		<del>  </del>	, TX, officeholder living expense	
						Silver Sponso	orship for Banquet	
L	Complete ONUNCE	Candidate	fficeholder name	Office sou	luk.		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		moendider harrie	Omce SOL	agril		Onice field	
<u> </u>								
Ļ		4-1		- otot - t · ·			Varaina	V4 1 0 d279aba4
Fn	rms provided by Texas E	tnics Commiss	sion www.ethics	ร.รเลเต.เX.เ	15		version	V4.1.0.d378aba0

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed ab	iove)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	l i	
	Sch: 18/22 Rpt: 21/25	SEBESTA, LEONARD	
4	Date	5 Payee name	
	01/25/2024	Salvation Army of Brazoria County	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1618 N Ave J	
		Freeport, TX 77541	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Contributions/Donations Made By  Check if Austin, TX, officeholder living expense	
		Candidate/Officeroider/Political Committee   Light State   Sunny Hop Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	01/25/2024	St Anthony's Catholic Church	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	POB 299	
		Danbury, TX 77534	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	CAL FIRM OVE	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Raffle Sponsorship	
l		Trains opensorally	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	=	
H	Date	Pavee name	
	05/06/2024	St Anthony's Catholic Church	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,915.89	POB 299	
	+		
		Danbury, TX 77534	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Spring Bazaar	
L		Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	Out and a control of the control of	
L			
L		Wersign V/ 1	0 d270ahai

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide	Salaries/	Expens Wages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed abov	/e)
1.	Total pages Schedule F1:	2 FILER NAM					3 Filer ID	
	Sch: 19/22 Rpt: 22/25		LEONARD					
4	Date	5 Payee name	•					
	03/28/2024	Sweeny Ch	namber of Commerc	e				
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$50.00	POB 393						
		Sweeny, T.	X 77480					
8	PURPOSE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees					outside of Texas. Complete Schedule T.	
						Annual Dues	, TX, officeholder living expense	
						Annual Dues		
_			C I	C#	uedi i		Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt		Office held	
	CAPATION OF DESIGN OF OF	•						
	Date	Payee name	)					
	03/15/2024	Texas Port	Ministry					
Г	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$250.00	1103 Cher	ry St					
		Freeport, T	X 77541					
	PURPOSE		See Categories listed at the top		(b)	Description		
	OF EXPENDITURE		ns/Donations Made				outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Candidate/	Officeholder/Politica	ii Committee		Donation	, I.A. omicerones averg expense	
				•		Donation		
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht		Office held	
	expenditure to benefit C/OI		nocholaci (tarile	011100 00	ug.n		000	
	Date	Payee name	2					
	03/21/2024	ł ´	Iub of Brazoria Coun	nty				
$\vdash$	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$250.00	POB 1596	,					
	Ψ230.00	1 00 1000						
		Lake Jacks	son, TX 77566					
<u> </u>	PURPOSE				(6)	Description		
	OF		See Categories listed at the top ins/Donations Made		(~)		outside of Texas, Complete Schedule T.	
	EXPENDITURE		/Officeholder/Politica			<del>  </del>	, TX, officeholder living expense	
						Donation		
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught		Office held	
	expenditure to benefit C/O	Н						
-								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 20/22 Rpt: 23/25 SEBESTA, LEONARD Date Payee name 03/15/2024 The Gathering Place Amount (\$) Payee address; City; State; Zip Code \$250.00 POB 2050 Angleton, TX 77516 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Brain Fair Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2024 The Pregnancy Help Center Amount (\$) Payee address; City; State; Zip Code \$250.00 327 Garland Drive Lake Jackson, TX 77566 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee 2024 Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/25/2024 United Way of Brazoria County State; Zip Code Amount (\$) Payee address; City; \$200.00 POB 1959 Angleton, TX 77516 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee 2024 Golf Tournament Hole Sponsorship Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Control Covernation Countries Committee Food/Beverage Expense Polling Expense Travel in 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 nagas Cabadula F1:	
1	Total pages Schedule F1:	_ ::
	Sch: 21/22 Rpt: 24/25	SEBESTA, LEONARD
4	Date	5 Payee name
	02/25/2024	VOW22
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	POB 1390
		Lake Jackson, TX 77566
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense 2024 Hike Sponsorship
		Edit ( into oponocione
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.25	1001 Loop 274
	,	
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check If Austin, TX, officeholder living expense  Cards & Gift cards for Staff Birthdays
	:	Cards & One Cards for Stan Directory's
	Community ONI V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/15/2024	West Columbia Rotary
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	POB 943
		West Columbia, TX 77486
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		2024 Shrimp Boil Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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
OTHER (enter a category not listed above)

	Credit Card Payment	COI	The Instruction Guide explains how to co	•	ete this form.	THER (enter a category not listed above)	
1.	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	
	Sch: 22/22 Rpt: 25/25		SEBESTA, LEONARD				
4	Date	5	Payee name				
	03/28/2024		West Pearland Republican Women				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	·		
	\$10.00		8325 Broadway Suite 202 POB 27				
			Pearland, TX 77581				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees			utside of Texas. Complete Schedule T.	
					Annual Dues	TX, officeholder living expense	
					Ailliadi Daes		
9	Complete ONLY if direct	L	Candidate/Officeholder name Office sou	iaht		Office held	
,	expenditure to benefit C/OI		Andidate/Onice loader hand	agiit		Omoc ricia	
_	Date	_	Payee name		·		
	06/28/2024		West Pearland Republican Women				
L		┡	-				
	Amount (\$)		Payee address; City; State; Zip Co	bue			
İ	\$1,000.00	l	8325 Broadway Suite 202 POB 27				
ŀ							
L			Pearland, TX 77581				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	oticle of Transaction Commission Coloredole Tr	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		_	utside of Texas. Complete Schedule T. TX, officeholder living expense	
			Candidate/Officerolide//Folitical Committee			able Sponsorship	
$\vdash$	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught		Office held	
	expenditure to benefit C/O	H					
l							