

# 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

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Leslie  
Cogdill

W.

OFFICE USE ONLY

Date Received

Filed for Record  
AT 2:05 O'CLOCK PM

FEB - 5 2024

Stacey Mendoza  
County Clerk, Coleman County, Texas

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2308 Clow St. Coleman, Tx 76834

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 214-0055

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Leslie  
Cogdill

W.

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2308 Clow St. Coleman, Tx 76834

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 214-0055

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 24 THROUGH 1 / 25 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 5 / 24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

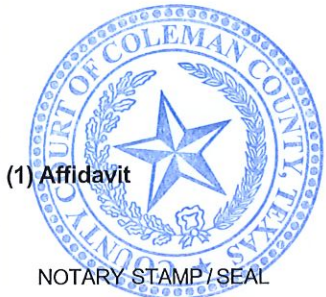
FORM C/OH  
COVER SHEET PG 2

|                         |                                                                                                                                       |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME            |                                                                                                                                       | 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) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 0                                   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 0                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 320.00                              |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 0                                   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0                                   |

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.

  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Leslie W. Cogdill this the 5<sup>th</sup> day of February, 2024, to certify which, witness my hand and seal of office.

Stacey Mendoza Signature of officer administering oath  
Stacey Mendoza Printed name of officer administering oath  
Coleman Co. Clerk 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)

# 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                        | 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.

|                                                                                                                            |                                                                                                                                                                      |                                                 |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1</b> Total pages Schedule G:                                                                                           | <b>2</b> FILER NAME<br><i>LES W. COGDILL</i>                                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br><i>1-24-2024</i>                                                                                          | <b>5</b> Payee name<br><i>SCREEN ART GRAPHICS</i>                                                                                                                    |                                                 |
| <b>6</b> Amount (\$) <i>320</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>214 S. COLORADO ST. COLEMAN TX 76834</i>                                                                         |                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Printing Exp.</i>                                                                      | <b>(b)</b> Description<br><i>ELECTION SIGNS</i> |
|                                                                                                                            | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                        | Candidate / Officeholder name<br><i>Leslie W. Cogdill</i>                                                                                                            | Office sought<br><i>Sheriff</i>                 |
|                                                                                                                            |                                                                                                                                                                      | Office held<br><i>Sheriff</i>                   |
| Date                                                                                                                       | Payee name                                                                                                                                                           |                                                 |
| Amount (\$)                                                                                                                | Payee address; City; State; Zip Code                                                                                                                                 |                                                 |
| <input type="checkbox"/> Reimbursement from political contributions intended                                               |                                                                                                                                                                      |                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)                                                                                                         | Description                                     |
|                                                                                                                            | <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                                                                                                                                        | Office sought                                   |
|                                                                                                                            |                                                                                                                                                                      | Office held                                     |
| Date                                                                                                                       | Payee name                                                                                                                                                           |                                                 |
| Amount (\$)                                                                                                                | Payee address; City; State; Zip Code                                                                                                                                 |                                                 |
| <input type="checkbox"/> Reimbursement from political contributions intended                                               |                                                                                                                                                                      |                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)                                                                                                         | Description                                     |
|                                                                                                                            | <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                                                                                                                                        | Office sought                                   |
|                                                                                                                            |                                                                                                                                                                      | Office held                                     |

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