

# 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<br>MS. Leslie A<br><hr/> NICKNAME LAST SUFFIX<br>Woolley  | <b>OFFICE USE ONLY</b><br><div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>FILED FOR RECORD</b><br/>                 JAN 16 2025<br/>                 Kari French, Walker County, Texas<br/>                 by <i>[Signature]</i> Deputy             </div> |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 8102 Huntsville Tx 77340  |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE PHONE NUMBER EXTENSION<br>(936 ) 661-4420  | Date Hand-delivered or Date Postmarked  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI<br>Mr. Thomas E<br><hr/> NICKNAME LAST SUFFIX<br>Tommy Woolley Jr.  | Receipt # Amount \$   | Date Processed       |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         |  | STATE; ZIP CODE<br>Texas 77318  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>( 936 ) 520-0123   |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE   | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED   | Month Day Year Month Day Year<br>7 / 1 / 24 THROUGH 12 / 31 / 24   |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION   | <div style="display: flex;"> <div style="flex: 1;">                 ELECTION DATE<br/>                 Month Day Year<br/>                 11 / 8 / 22             </div> <div style="flex: 1;">                 ELECTION TYPE<br/> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special             </div> </div>  |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 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.  |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| Additional Pages  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>   |   |                      | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE  | COMMITTEE NAME   |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                    | COMMITTEE ADDRESS  |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                   | COMMITTEE CAMPAIGN TREASURER NAME  |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |

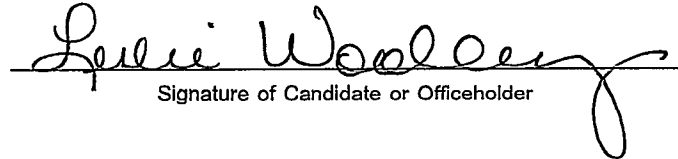
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |          |
|---------------------------------------|---|---|----------|
| <b>15 C/OH NAME</b><br>Leslie Woolley |   | <b>16 Filer ID (Ethics Commission Filers)</b> |          |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  | 0.00     |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  | 0.00     |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  | 0.00     |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$  | 0.00     |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  | 1,238.25 |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  | 0.00     |

**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:

**(1) Affidavit**

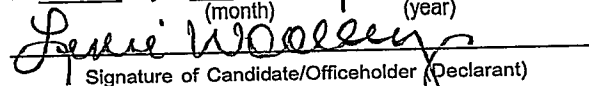
NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is LESLIE WOOLLEY, and my date of birth is 12 / 08 / 1965.  
My address is PO Box 8102 (107 Enfield Ct), Huntsville, Tx, 77340, USA.  
(street) (city) (state) (zip code) (country)  
Executed in WALKER County, State of TEXAS, on the 15 day of January, 2025.  
(month) (year)  
  
Signature of Candidate/Officeholder (Declarant)