

**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	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Leah	MI
	NICKNAME	LAST Hanany	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <span style="font-size: 1.5em; color: blue;">4/1/2021</span>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	1218 Stockwell Lane		
	El Paso, TX 79902		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged <span style="font-size: 1.5em; color: blue;">4/5/2021 EA</span>			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ian	MI
	NICKNAME	LAST Murphy	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2920 Stone Edge Road El Paso, Texas 79904		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	915	249-1296	
8 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)		
9 PERIOD COVERED	Month   Day   Year		THROUGH
	01/21/2021		03/22/2021
10 ELECTION	ELECTION DATE Month   Day   Year		ELECTION TYPE
	05/01/2021		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			EPISD Trustee District 1

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 7

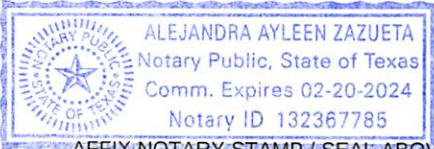
13 C / OH NAME Hanany, Leah	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	


16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	74.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,074.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	25.10
	4. TOTAL POLITICAL EXPENDITURES	\$	483.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	773.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT


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.



ALEJANDRA AYLEEN ZAZUETA  
Notary Public, State of Texas  
Comm. Expires 02-20-2024  
Notary ID 132367785

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Leah Hanany, this the 1<sup>st</sup> day of April, 2021, to certify which, witness my hand and seal of office.

  
 Signature of officer administering

Alejandra A. Zazueta

 Printed name of officer administering

Notary

 Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH**  
**COVER SHEET PG 3**  
 3 of 7

<b>18 FILER NAME</b> Hanany, Leah		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,074.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 25.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 457.99
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
<b>2</b> FILER NAME Hanany, Leah		<b>3</b> Filer ID
<b>4</b> Date 03/01/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocanegra, Crystal	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code 13009 Horizon Boulevard  Horizon City, TX 79928	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutting, Linda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 38180 South Birdie Drive  Tucson, AZ 85739	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhar, Abhishek	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2142 West Thomas Street  Chicago, IL 60622	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holaschutz, Sammy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 1001 E Baltimore  El Paso, TX 79902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Ian	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2920 Stone Edge Road  El Paso, TX 79904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/2 Rpt: 5/7

2 FILER NAME

Hanany, Leah

3 Filer ID

4 Date  
03/07/2021

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Smith, Veronica

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

26780 N Claudette St, #368

Santa Clarita, CA 91351

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/17/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Zavala, Lydia

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4644 Caples Circle

El Paso, TX 79903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/15/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Zavala-Murphy, Margarita

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

2920 Stone Edge Road

El Paso, TX 79904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

APR 11 4:33PM

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

APR 11 '21 4:33PM

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 6/7	<b>2</b> FILER NAME Hanany, Leah	<b>3</b> Filer ID
<b>4</b> Date 03/04/2021	<b>5</b> Payee name BPG Bauer Printing	
<b>6</b> Amount (\$) \$69.24	<b>7</b> Payee address; City; State; Zip Code 155 McCutcheon Ln Suites D&E El Paso, TX 79932	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Literature
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/19/2021	Payee name BPG Bauer Printing	
Amount (\$) \$108.75	Payee address; City; State; Zip Code 155 McCutcheon Ln Suites D&E El Paso, TX 79932	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Literature
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/23/2021	Payee name Texas Democratic Party	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, TX 78701	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter Access Network	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Texas voter file
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

APR 12 4:03 PM

**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: Sch: 2/2 Rpt: 7/7	<b>2</b> FILER NAME Hanany, Leah	<b>3</b> Filer ID
<b>4</b> Date 03/18/2021	<b>5</b> Payee name Texas Democratic Party	
<b>6</b> Amount (\$) \$140.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1106 Lavaca suite 100  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Voter Access Network	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas voter file
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held