

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

RECEIVED
1-27-2026
10

**FORM ACTA
PG 1**

| | | | | | | | |
|--|--|---------------------|----------------------------------|----------------|------------------------|----------|-----------------------------------|
| 1 CANDIDATE NAME Leopoldo Corona-Rojas | | 2 FILER ID # | 3 Total pages filed: 2 | | | | |
| <p>See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.</p> | | | | | | | |
| 4 CANDIDATE NAME | NEW | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | | |
| | | Mr. | Leopoldo | | | | Date Received |
| 5 CANDIDATE MAILING ADDRESS | NEW | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | Date Hand-delivered or Postmarked |
| | | | | | | | Receipt # |
| 6 CANDIDATE PHONE | NEW | AREA CODE | PHONE NUMBER | EXTENSION | Date Processed | | |
| | | | | | | | |
| 7 OFFICE HELD (if any) | NEW | | | | | | |
| 8 OFFICE SOUGHT (if known) | NEW | Mayor | | | | | |
| 9 CAMPAIGN TREASURER NAME | NEW | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX |
| | | Mr. | Glenn | Eve | Jeffers | | |
| 10 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | NEW | STREET ADDRESS; | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | | | | | | | |
| 11 CAMPAIGN TREASURER PHONE | NEW | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | | | | | | | |
| 12 CANDIDATE SIGNATURE | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Signatures</i></p> | | | | | | |
| | <p>Signature of Candidate</p> | | | | <p>15 JAN 2026</p> | | |
| | | | | | <p>Date Signed</p> | | |

GO TO PAGE 2

AMENDMENT:**CANDIDATE MODIFIED REPORTING DECLARATION****FORM ACTA****PG 2****13 CANDIDATE NAME**

Leopoldo Corona-Rojas

14 MODIFIED REPORTING DECLARATION**NEW****COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING**

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2026-2028

Year of election(s) or election cycle to which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
JK-27-2014

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | |
|--|---|----------------|---|--------------------------------------|--------------------------|--------------------------------------|--|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filer) | 2 Total pages filed: | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr + Leopoldo | | FIRST MI | OFFICE USE ONLY | | | | | |
| | NICKNAME Leo Corona | | LAST Corona-Rojas | SUFFIX | Date Received | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: | | APT / SUITE #: | CITY: | STATE: | ZIP CODE | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | | EXTENSION | | | Date Hand-delivered or Date Postmarked | | |
| | | | | | | Receipt # | Amount \$ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | | FIRST Glenn | MI | Eve | SUFFIX | Date Processed | | |
| | NICKNAME | | LAST Jeffers | | | | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: | | | CITY: | STATE: | ZIP CODE | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | | EXTENSION | | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> | January 15 | <input type="checkbox"/> | 30th day before election | <input type="checkbox"/> | Runoff | <input type="checkbox"/> | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | <input type="checkbox"/> | July 15 | <input type="checkbox"/> | 8th day before election | <input type="checkbox"/> | Exceeded Modified Reporting Limit | <input type="checkbox"/> | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month 9 | Day / 11 | Year / 25 | THROUGH | | Month 1 | Day / 15 | Year / 26 | |
| 11 ELECTION | ELECTION DATE Month / Day / Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) Mayor | | | | | |
| 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 | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | | | | |
| | COMMITTEE ADDRESS | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | |

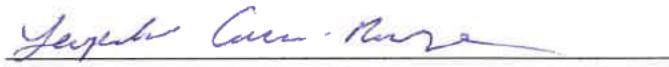
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | |
|---------------------------------------|---|
| 15 C/OH NAME Leopoldo Corona-Rojas | 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) \$ 0.00 |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00 |
| CONTRIBUTION BALANCE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES \$ 922.63 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00 |
| | 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

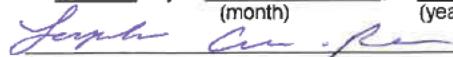
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Leopoldo Corona-Rojas, and my date of birth is _____.
My address is _____, Gatesville, Texas, 76528, Coryell.
(street) (city) (state) (zip code) (country)
Executed in Coryell County, State of Texas, on the 15 day of January, 20 26.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|---|
| 19 FILER NAME Leopoldo Corona-Rojas | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 922.63 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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
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.

| | | |
|---|---|--|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Leopoldo Corona-Rojas | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/28/2025 | 5 Payee name Webador | |
| 6 Amount (\$) 54.00 Reimbursement from political contributions intended | 7 Payee address; [REDACTED] | City; State; Zip Code [REDACTED] |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description leocorona.org Website Aug 28, 2025 - Aug 27, 2026 |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H Leopoldo Corona-Rojas Mayor | | Office sought Office held |
| Date 09/01/2025 | Payee name Becky Harmon | |
| Amount (\$) 50.00 Reimbursement from political contributions intended | Payee address; [REDACTED] | City; State; Zip Code [REDACTED] |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Hats and Shirts |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H Leopoldo Corona-Rojas Mayor | | Office sought Office held |
| Date 09/25/2025 | Payee name Amazon | |
| Amount (\$) 184.01 Reimbursement from political contributions intended | Payee address; [REDACTED] | City; State; Zip Code [REDACTED] |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Pens |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H Leopoldo Corona-Rojas Mayor | | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|-------------|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Leopoldo Corona-Rojas | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/08/2025 | 5 Payee name Amazon | | |
| 6 Amount (\$) 34.62 Reimbursement from political contributions intended | 7 Payee address; [REDACTED] | City; State; Zip Code [REDACTED] | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign Business Cards | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Leopoldo Corona-Rojas | Office sought Mayor | Office held |
| Date 10/15/2025 | Payee name Cutting Edge Graphics | | |
| Amount (\$) 600.00 Reimbursement from political contributions intended | Payee address; [REDACTED] | City; State; Zip Code [REDACTED] | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign Banners | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Leopoldo Corona-Rojas | Office sought Mayor | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | 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 | | | |