

# 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: <span style="font-size: 1.5em;">8</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="margin-left: 20px;">Mr.</span> FIRST <span style="margin-left: 20px;">Leif</span> MI <span style="margin-left: 20px;">J</span> <hr/> NICKNAME LAST <span style="margin-left: 20px;">Kertis</span> SUFFIX		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div>  <div style="font-size: 1.2em;">APR 03 2025</div>  CITY SECRETARY'S CITY OF AMARILLO  Date Hand-delivered or Date Postmarked  <div style="border: 1px solid black; padding: 2px;">           Receipt #      Amount \$             Date Processed <span style="font-size: 1.2em;">4/3/25</span>            Date Imaged <span style="font-size: 1.5em; color: blue;">#5295497</span> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 1.2em;">7608 Stuyevesant Ave Amarillo, TX 79121</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="font-size: 1.2em;">( 214 ) 868-1376</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="margin-left: 20px;">Mr</span> FIRST <span style="margin-left: 20px;">Bradley</span> MI <span style="margin-left: 20px;">S</span> <hr/> NICKNAME LAST <span style="margin-left: 20px;">Carry</span> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 1.2em;">4608 Greenwich Pl, Amarillo, TX 79121</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="font-size: 1.2em;">( 806 ) 674-9988</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" 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 <div style="font-size: 1.2em;">02 / 01 / 2025      THROUGH      04 / 03 / 2025</div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year  <div style="font-size: 1.2em;">05 / 03 / 2025</div> </div> <div style="flex: 1;">           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>		
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">NA</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Amarillo City Council Place 4</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <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

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)

\$ 1,000

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,103.10

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 639.75


OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 2,139.75

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 Leif Kertis this the 3rd day of April,  
2025, to certify which, witness my hand and seal of office.

Donna Sue Savage  
Signature of officer administering oath

Donna Sue Savage  
Printed name of officer administering oath

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)

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

<b>19 FILER NAME</b>  Leif Kertis		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 2500
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 360.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1897
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <b>Leif Kertis</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/14/25</b>		5 Full name of contributor <b>Leo Wrobel</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$)  <b>300</b>	
		6 Contributor address; City; State; Zip Code <b>100 Ovilla Oaks Dr Ovilla TX 75154</b>			
8 Principal occupation / Job title (See Instructions) <b>Owner</b>			9 Employer (See Instructions) <b>Telesentient</b>		
Date <b>03/20/25</b>		Full name of contributor <b>Martha Cannon</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  <b>100</b>	
		Contributor address; City; State; Zip Code <b>5447 Somerset Amarillo TX 79109</b>			
Principal occupation / Job title (See Instructions) <b>Unknown</b>			Employer (See Instructions) <b>Unknown</b>		
Date <b>03/29/25</b>		Full name of contributor <b>James Schenck</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  <b>100</b>	
		Contributor address; City; State; Zip Code <b>6216 Gainsborough Amarillo TX 79106</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/01/25</b>		Full name of contributor <b>Michael Fisher</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  <b>500</b>	
		Contributor address; City; State; Zip Code <b>9306 SW 34th Amarillo TX 79121</b>			
Principal occupation / Job title (See Instructions) <b>Owner</b>			Employer (See Instructions) <b>Unknown</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Leif Kertis</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2500
5 Date of loan <b>02/15/2025</b>	7 Name of lender <b>Self</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <b>2500</b>
6 Is lender a financial Institution?  <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	8 Lender address; City; State; Zip Code  <b>7608 Stuyvesant</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>None</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		13 Employer (See Instructions) <b>Kertis Sports</b>
14 Description of Collateral  <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <b>None</b>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 F1:	2 FILER NAME <b>Leif Kertis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/10/25</b>	5 Payee name <b>Tony Dimas</b>	
6 Amount (\$) <b>\$280</b>	7 Payee address; City; State; Zip Code <b>3615 Sw 45th Amarillo TX 79119</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Website hosting expense</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/21/25</b>	Payee name <b>Vista Print</b>	
Amount (\$)	Payee address; City; State; Zip Code <b>Unknown</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	<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 <b>03/21/25</b>	Payee name <b>C&amp;B Marketing</b>	
Amount (\$) <b>897</b>	Payee address; City; State; Zip Code <b>2400 Sw 6th Amarillo TX 79106</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign signage</b>
	<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		

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F2:	<b>2</b> FILER NAME <div style="text-align: center;">Leif Kertis</div>		<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ 1897			
<b>5</b> Date 04/03/2025	<b>6</b> Payee name <div style="text-align: center;">C&amp;B Marketing</div>						
<b>7</b> Amount (\$) <div style="text-align: center;">1897</div>	<b>8</b> Payee address; <div style="text-align: center;">2400 Sw 6th</div>		City; <div style="text-align: center;">Amarillo</div>	State; <div style="text-align: center;">TX</div>			
		Zip Code <div style="text-align: center;">79106</div>					
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political						
<b>10</b> <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>		<b>(b)</b> Description <div style="text-align: center;">Campaign Signage</div>				
	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
<b>Date</b>	<b>Payee name</b>						
<b>Amount (\$)</b>	<b>Payee address;</b>		City;	State; Zip Code			
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>				
	<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 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 F1:	2 FILER NAME <b>Leif Kertis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2025</b>	5 Payee name <b>PakaSak</b>	
6 Amount (\$) <b>\$72.25</b>	7 Payee address; City; State; Zip Code <b>4200 Soncy Amarillo TX 79119</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel inside district</b>	(b) Description <b>fuel expense for driving personal vehicle for campaign.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/01/2025</b>	Payee name <b>Amarillo National Bank</b>		
Amount (\$)	Payee address; City; State; Zip Code <b>410 S. Taylor Amarillo TX 79101</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Monthly Bank Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	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) <b>Printing Expense</b>	Description <b>Campaign signage</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED