

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: 30		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Leland</div> <div>MI F.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Lacy</div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">JAN 18 2022</div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 516 W. Twohig Ave.</div> <div>APT / SUITE #;</div> <div>CITY; San Angelo, TX</div> <div>STATE; TX</div> <div>ZIP CODE 76903</div> </div>	<div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; color: lightgray; font-style: italic;">type text here</div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>			
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (325)</div> <div>PHONE NUMBER 212-5613</div> <div>EXTENSION</div> </div>	<div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; color: lightgray; font-style: italic;">type text here</div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>			
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Casey</div> <div>MI A.</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Poynor</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; color: lightgray; font-style: italic;">type text here</div> </div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 705 W. Ratliff Road</div> <div>APT / SUITE #;</div> <div>CITY; San Angelo</div> <div>STATE; TX</div> <div>ZIP CODE 76904</div> </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (325)</div> <div>PHONE NUMBER 226-3906</div> <div>EXTENSION</div> </div>				
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	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 26 / 2021 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2021 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 03 / 01 / 2022 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Court at Law #2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> </div>				
<input type="checkbox"/> Additional Pages	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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 Leland F. Lacy		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)	\$ 339.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,600
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 44.04
	4. TOTAL POLITICAL EXPENDITURES	\$27,602.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,336.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

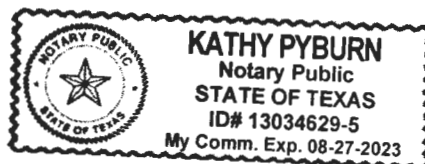
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Leland Lacy this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

Kathy Pyburn
Signature of officer administering oath 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****19 FILER NAME**

Leland F. Lacy

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,600
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,600.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 40,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,558.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 15
2 FILER NAME Leland F. Leland		3 Filer ID (Ethics Commission Filers)
4 Date 07/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Lacy 6 Contributor address; City; State; Zip Code 2817 Briargrove San Angelo, TX 76904	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Lacy Contributor address; City; State; Zip Code 3932 Arroyo del Sll Schertz, TX 78154	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Lacy Contributor address; City; State; Zip Code 7814 57th Street Lubbock, TX 79407	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill McCall Contributor address; City; State; Zip Code 4904 Brooks Drive Waco, TX 76710	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 07/22/2021	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Richard McCall</div><div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; 4904 Brooks Drive</div><div>City; Waco, TX</div><div>State; TX</div><div>Zip Code 76710</div></div>	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Vicki Lacy</div><div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 2817 Briargrove</div><div>City; San Angelo, TX</div><div>State; TX</div><div>Zip Code 76904</div></div>	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Edward Olson</div><div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 5734 Columbine Ln.</div><div>City; San Angelo, TX</div><div>State; TX</div><div>Zip Code 76904</div></div>	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Larry Patterson</div><div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 5170 Ironwood Ct.</div><div>City; San Angelo, TX</div><div>State; TX</div><div>Zip Code 76904</div></div>	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2021	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Woods</div><div>7 Amount of contribution (\$) \$500.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; City; State; Zip Code 3912 Thistle Lane Fort Worth, TX 76109</div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/27/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth & Binnie Dierschke</div><div>Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code 3022 Southland Blvd San Angelo, TX 76904</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling & Jessica Fryar</div><div>Amount of contribution (\$) \$300.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code 6725 Harvest Ln. San Angelo, TX 76957</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike & Amy Baird</div><div>Amount of contribution (\$) \$500.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code PO Box 191 San Angelo, TX 76957</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Wood 6 Contributor address; City; State; Zip Code 6014 Kingsbridge Dr San Angelo, TX 76901	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Raymond Contributor address; City; State; Zip Code 202 W Beauregard Ave Ste. A San Angelo, TX 76903	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Montgomery Contributor address; City; State; Zip Code PO Box 246 Wall, TX 76957	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Smith Contributor address; City; State; Zip Code 4117 College Hills Blvd. San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
Leland F. Lacy**3** Filer ID (Ethics Commission Filers)**4** Date

10/29/2021**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Walter & Deborah McCullough**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code
PO Box 709 Mertzon, TX 76941

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/01/2021

Tim & Judy Turner

Contributor address; City; State; Zip Code

PO Box 2182 San Angelo, TX 76902

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/01/2021

Tommy Ledbetter

Contributor address; City; State; Zip Code

1111 Ridgeburg CT Houston, TX 77077-1950

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10/01/2021

Haley Rose

Contributor address; City; State; Zip Code

173 Heritage Hollow Cove Dripping Springs, TX 78620

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina & Dwain Grider 6 Contributor address; City; State; Zip Code 3406 Shadyhill Dr San Angelo, TX 76904	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristie Reed Contributor address; City; State; Zip Code 4002 Wellington St San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treva & Mike Boyd Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda & Allen Carpenter Contributor address; City; State; Zip Code 5245 Westway Dr. San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda & Wayne Well 6 Contributor address; City; State; Zip Code 3307 Chatterton Dr San Angelo, TX 79904	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy & Lane Allison Contributor address; City; State; Zip Code 2534 W. Avenue K San Angelo, TX 76901	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy & Jon Bailey Contributor address; City; State; Zip Code 1609 Stonetrail Dr. San Angelo, TX 76904	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisabeth Noelke Contributor address; City; State; Zip Code PO Box 529 Mertzon, TX 76941	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/09/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Chandler 6 Contributor address; City; State; Zip Code PO Box 5091 San Angelo, TX 76902	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Lacy Contributor address; City; State; Zip Code PO Box 201 Carlsbad, TX 76934	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana & Jay Dickens Contributor address; City; State; Zip Code 5517 Columbine Ln San Angelo, TX 76904	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny & Justus Love Contributor address; City; State; Zip Code 6399 John Curry Rd Christoval, TX 76935	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Leland F.Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/09/2021	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe William Ross</div><div>7 Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; PO Box 5376</div><div>City; State; Zip Code San Angelo, TX 76902</div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Douglas Wilde</div><div>Amount of contribution (\$) \$100.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 3134 Old Eola Rd</div><div>City; State; Zip Code San Angelo, TX 76905</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann & David White</div><div>Amount of contribution (\$) \$100.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; PO Box 62026</div><div>City; State; Zip Code San Angelo, TX 76906</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy & Lance Lacy</div><div>Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 5118 Knickerbocker Rd</div><div>City; State; Zip Code San Angelo, TX 76904</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 15
2 FILER NAME Leland F.Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Lupton 6 Contributor address; City; State; Zip Code 2106 Club Lake Court San Angelo, TX 76904	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevel Patrick Haley Contributor address; City; State; Zip Code 9016 Cedar Breaks Dr. North Richland Hills, TX 76182	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Allison Contributor address; City; State; Zip Code 1151 Knickerbocker Rd San Angelo, TX 76903	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JW Johnson Contributor address; City; State; Zip Code 125 S. Irving St San Angelo, TX 76903	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 15
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Davidson 6 Contributor address; City; State; Zip Code 36 E. Twohig Ave San Angelo, TX 76903	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvin Hale Contributor address; City; State; Zip Code 114 Loch Lomond San Angelo, TX 76901	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Parker Contributor address; City; State; Zip Code 2319 W. Avenue K. San Angelo, TX 76901	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayle Waldrep Contributor address; City; State; Zip Code 2024 Saddleside San Angelo, TX 76904	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren & Marco Mavromaras 6 Contributor address; City; State; Zip Code 2198 Copper Rock Rd San Angelo, TX 76904	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslee & Rodney Fleming Contributor address; City; State; Zip Code 6705 Grand Canal Ct San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Leggett Contributor address; City; State; Zip Code 16642 Koonce Ln Christoval, TX 76935	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey & Berkely Puckett Contributor address; City; State; Zip Code PO Box 186 Wall, TX 76957	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Coffman 6 Contributor address; City; State; Zip Code 8249 Waterloo Wal, TX 76957	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Ellison Contributor address; City; State; Zip Code 1446 Sun Valley Ln San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Ashley Contributor address; City; State; Zip Code 1709 Parkview Dr. San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devin Koehler Contributor address; City; State; Zip Code 2058 Rocky Point Trail San Angelo, TX 76905	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2021	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Leggett</div><div>7 Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; City; State; Zip Code 15748 E. Englert Rd. Eola, TX 76937</div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/23/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance & Judy Lacy</div><div>Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code 5118 Knickerbocker Rd. Sana Angelo, TX 76904</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance & Judy Lacy</div><div>Amount of contribution (\$) \$250.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code 5118 Knickerbocker Rd San Angelo, TX 76904</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2021	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett & Julie Schniers</div><div>Amount of contribution (\$) \$500.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code PO Box 350 Wall, TX 76904</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

Leland F. Lacy

3 Filer ID (Ethics Commission Filers)**4** Date

12/12/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Laer Real Estate Group

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

3103 Southwest Blvd. San Angelo, TX 76904

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Valerie Priess

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

808 Humble Rd San Angelo, TX 76903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lance & Judy Lacy

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

5118 Knickerbocker Rd. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**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 B: <div style="text-align: center; font-size: 1.2em;">1</div>	
2 FILER NAME <div style="text-align: center;">Leland F. Lacy</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <div style="text-align: center;">12/31/21</div>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Gaye Pelzel</div> 7 Pledgor address; City; State; Zip Code <div style="text-align: center;">2202 CR 347, Miles, TX 76861</div>	8 Amount of Pledge \$ <div style="text-align: center;">\$1,000.00</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <div style="text-align: center;">12/31/21</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Louis Perez</div> Pledgor address; City; State; Zip Code <div style="text-align: center;">4746 Royal Troon DR. San Angelo, TX 76861</div>	Amount of Pledge \$ <div style="text-align: center;">\$600.00</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center;">12/31/2021</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Cade Browning</div> Pledgor address; City; State; Zip Code <div style="text-align: center;">802 Mulberry Abilene, TX 76901</div>	Amount of Pledge \$ <div style="text-align: center;">\$1,000.00</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center;">12/31/2021</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Chad Inderman</div> Pledgor address; City; State; Zip Code <div style="text-align: center;">P.O. Box 731 Lubbock, TX 79408</div>	Amount of Pledge \$ <div style="text-align: center;">\$1,000.00</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 1
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/26/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland and Laura Lacy	9 Loan Amount (\$) \$20,000.00
6 Is lender a financial Institution? Y N X	8 Lender address; City; State; Zip Code Type text here 516 W. Twohig San Angeo, TX 76903	10 Interest rate 0.00%
		11 Maturity date 12/31/2022
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	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#: _____) Leland and Laura Lacy	Loan Amount (\$) \$20,000
Is lender a financial Institution? Y N X	Lender address; City; State; Zip Code 516 2. Twohig San Angelo, TX 76903	Interest rate 0.00%
		Maturity date 12/31/2022
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 10	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2021	5 Payee name Sixty Sage Photography	
6 Amount (\$) \$453.88	7 Payee address; City; State; Zip Code 14 S Madison St. San Angelo TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Photography for advertising
	(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		
Date 09/01/2021	Payee name First Financial Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code PO Box 701 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Paper Statement Fee
	<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		
Date 09/03/2021	Payee name Allyn Media	
Amount (\$) \$2,250.00	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media & Website
	<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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/2021		5 Payee name First Financial Bank			
6 Amount (\$) \$23.80		7 Payee address; PO Box 701		City; Abilene	State; TX Zip Code 79604
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Checks		
	(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 09/14/2021		Payee name Allyn Media			
Amount (\$) \$6,201.31		Payee address; 3838 Oak Lawn Avenue, Suite 400		City; Dallas,	State; TX Zip Code 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Billboard Signs		
	<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 09/14/2021		Payee name United States Postal Service			
Amount (\$) \$58.00		Payee address; 1 N Abe St		City; San Angelo	State; TX Zip Code 76902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Postage		
	<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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 09/15/2021	5 Payee name United States Postal Service			
6 Amount (\$) \$58.00	7 Payee address; 1 N Abe St		City; San Angelo	State; TX Zip Code 76902
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Postage	
	(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 09/17/2021	Payee name Pinkie's			
Amount (\$) \$416.17	Payee address; 1415 South Bryant Blvd.		City; San Angelo	State; TX Zip Code 76903
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense		Description Beverages for event	
	<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 09/26/2021	Payee name United States Postal Service			
Amount (\$) \$58.00	Payee address; 1 N Abe St		City; San Angelo	State; TX Zip Code 76902
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Postage	
	<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				

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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 09/28/2021		5 Payee name Party City			
6 Amount (\$) \$26.63		7 Payee address; City; State; Zip Code 4151 Sunset Dr. San Angelo TX 76904			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event decor & supplies		
	(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					
Date 09/29/2021		Payee name Allyn Media			
Amount (\$) \$4,500		Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website development		
	<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					
Date 09/30/2021		Payee name The Plated Dish			
Amount (\$) \$232.74		Payee address; City; State; Zip Code 2005 Knickerbocker Rd. San Angelo TX 76905			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense		Description Event catering		
	<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					
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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/2021		5 Payee name Allyn Media			
6 Amount (\$) \$2,821.79		7 Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Printing Expense		
	(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					
Date 10/01/2021		Payee name First Financial Bank			
Amount (\$) \$5.00		Payee address; City; State; Zip Code PO Box 701 Abilene TX 79604			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Paper Statement Fee		
	<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					
Date 10/01/2021		Payee name Market Street			
Amount (\$) \$150.48		Payee address; City; State; Zip Code 3121 Sunset Dr. San Angelo TX 76904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense		Description Food for event		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:		2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 10/18/2021		5 Payee name Papal			
6 Amount (\$) \$378.88		7 Payee address; City; State; Zip Code 2413 Sherwood Way San Angelo TX 76901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Advertising cards		
	(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 10/19/2021		Payee name United States Postal Service			
Amount (\$) \$58.00		Payee address; City; State; Zip Code 1 N Abe St San Angelo TX 76902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising Expense		Description Postage		
	<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 10/29/21		Payee name Circle S Corn Maze			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 7305 Bean Rd. Wall TX 76957			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Radio Ad		
	<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					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/2021	5 Payee name Allyn Media			
6 Amount (\$) \$1,000.00	7 Payee address; 3838 Oak Lawn Avenue, Suite 400		City; Dallas,	State; TX
			Zip Code 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Social Media	
	(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 11/01/2021	Payee name First Financial Bank			
Amount (\$) \$5.00	Payee address; PO Box 701		City; Abilene	State; TX
			Zip Code 79604	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Paper Statement Fee	
	<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 11/03/2021	Payee name United States Postal Service			
Amount (\$) \$58.00	Payee address; 1 N Abe St		City; San Angelo	State; TX
			Zip Code 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Postage	
	<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				
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 11/03/2021		5 Payee name David Weaver/The Monk Art Gallery			
6 Amount (\$) \$300.00		7 Payee address; 118 S Chadbourne St		City; San Angelo TX	State; TX Zip Code 76903
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Room rental & deposit		
	(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 11/09/2021		Payee name David Weaver/The Monk Art Gallery			
Amount (\$) \$301.68		Payee address; 118 S Chadbourne St		City; San Angelo TX	State; TX Zip Code 76903
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Event Catering		
	<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 11/10/2021		Payee name Jessica Kindrick			
Amount (\$) \$30.00		Payee address; 118 S. Chadbourne St		City; San Angelo, TX	State; TX Zip Code 76903
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Event Bar-tending		
	<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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 11/23/2021		5 Payee name Republican Party			
6 Amount (\$) \$1,500		7 Payee address; 2525 Johnson St Suite A		City; San Angelo	State; TX Zip Code 76904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee		
	(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 12/17/2021		Payee name Lamar			
Amount (\$) \$5,580		Payee address; 3503 Arden Rd.		City; San Angelo	State; TX Zip Code 76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Billboard Signs		
	<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 12/20/21		Payee name Allyn Media			
Amount (\$) \$640.19		Payee address; 3838 Oak Lawn Avenue, Suite 400		City; Dallas,	State; TX Zip Code 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media/Website		
	<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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 9/17/2021		5 Payee name Papel			
6 Amount (\$) \$340.99		7 Payee address; City; State; Zip Code 2413 Sherwood Way San Angelo TX 76901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pamphlets		
	(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					
Date 12/01/2021		Payee name First Financial Bank			
Amount (\$) \$5.00		Payee address; City; State; Zip Code PO Box 701 Abilene TX 79604			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Paper Statement Fee		
	<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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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					
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