CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages fill 30 | ed: |
|---|----------------------------------|----------------------------|--|--|-----------------------|
| 3 CANDIDATE / OFFICEHOLDER | ms / mrs / mr Mr. | FIRST Leland | мі F. | | USE ONLY |
| NAME | NICKNAME | LAST Lacy | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; 516 W. Twoh | APT / SUITE #; nig Ave. | CITY; STATE; ZIP CODE San Angelo, TX 76903 | JAN 1 | l 8 2022 |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (325)212 | PHONE NUMBER | EXTENSION | Date Hand-delivered | or Date Postmarked |
| 6 CAMPAIGN TREASURER | ms/mrs/mr Mr. | FIRST | мі А. | | ypentsthere |
| NAME | NICKNAME | LAST | SUFFIX | Date Processed | |
| | NICRNAME | Poynor | oor nx | Date Imaged | |
| 7 CAMPAIGN | STREET ADDRESS (| | SUITE #; CITY; | STATE; | ZIP CODE |
| TREASURER ADDRESS | 705 W. Rat | liff Road | San Angelo | ТХ | 76904 |
| (Residence or Business) | | | ean sugere | | |
| 8 CAMPAIGN TREASURER | AREA CODE | PHONE NUMBER | EXTENSION | | |
| PHONE | (325) 22 | 6-3906 | | | |
| 9 REPORT TYPE | January 15 | 30th day before | e election Runoff | 15th day af treasurer a (Officeholde | |
| | July 15 | 8th day before | election Exceeded Modified Reporting Limit | Final Repor | rl (Attach C/OH - FR) |
| 10 PERIOD | Month | Day Year | Month | Day Year | r |
| COVERED | 07 / | 26 / 2021 | THROUGH 12 | / 31 / 20 | 21 |
| 11 ELECTION | ELECTION DA | | | E | |
| | Month Day | Year Primar | Description | | |
| | 03 / 01 | /2022 Gener | al Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if know | n) | |
| | | | County Court at La | w #2 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITUR | NS ACCEPTED OR POLITICAL EXPENDITURES I RES MAY HAVE BEEN MADE WITHOUT THE CAN QUIRED TO REPORT THIS INFORMATION ONLY IF | IDIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| COMMITTEE(3) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN T | REASURER NAME | | |
| | | COMMITTEE CAMPAIGN 1 | REASURER ADDRESS | | |
| | | | | | |
| | | GO TO | D 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 CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO | ES OF LOANS, OR | \$ 339.00 |
| | 2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C | | \$ 19,600 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EX | PENDITURE. | \$ 44.04 |
| | 4. TOTAL POLITICAL EXPENDITUR | ES | \$27,602.58 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD | MAINTAINED AS OF THE LAS | ^{t day} \$ 32,336.42 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE | | тне \$ 40,000.00 |
| | wear, or affirm, under penalty of perjury, that the quired to be reported by me under Title 15, Electic | | and correct and includes all information |
| | | 11 | 1.1 |
| | | Ý. | 19 |
| | | Signature of Car | ndicate or Officeholder |
| | | | |
| | | | |
| | | | |
| | Please complete | e either option below | |
| | | | |
| (1) Affidavit | KATHY PYBURN Notary Public STATE OF TEXAS ID# 13034629-5 My Comm. Exp. 08-27-2023 | | |
| NOTARY STAMP/SEA | | \cap | 0 |
| Sworn to and subscribed | before me by Ledand I | acy this the | 18 day of anuary. |
| 20 22_, to certify | which, witness myhand and seal of office. | 0 | \int |
| Signature of officer administer | | dministering oath | Title of officer administering oath |
| | OR | | |
| (2) Unsworn Declarati | on | | |
| (-,,, | | | |
| My name is | | , and my date of birth is | |
| | | | |
| | (street) | | itate) (zip code) (country) |
| Executed in | County, State of, o | on the day of (month |), 20) (year) |
| | | Signature of Candic | ate/Officeholder (Declarant) |
| | | <u> </u> | ~ ~/ |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME | 20 Filer ID (Ethics Co | mmission Filers) |
|--|------------------------|-------------------------|
| Leland F. Lacy | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | ^{\$} 19,600 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | 3 | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$3,600.00 |
| 4. SCHEDULE E: LOANS | | \$40,000.00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C | CONTRIBUTIONS | ^{\$} 27,558.54 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA | L CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F | UNDS | \$ |
| 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 CONTRIB TO FILER | BUTIONS RETURNED | \$ |
| | | |
| | | |
| | | |

SCHEDULE A1

| Leland F. Leland 5 Full name of contributor □ out-of-state PAC (ID#) 7 Amount of control 7/22/2021 5 Full name of contributor address; City; State; Zip Code \$1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) \$1,000.00 0ate Full name of contributor □ out-of-state PAC (ID#) Amount of control Date Full name of contributor address; City; State; Zip Code 07/22/2021 Contributor address; City; State; Zip Code 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor □ out-of-state PAC (ID#) Amount of control Date Full name of contributor □ out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor □ out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor □ out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor □ out-of-state PAC (ID#) Amount of co | ges Schedule A1: | rm. 1 Tota 15 | to complete this | Instruction Guide explains how | The |
|---|----------------------------|-----------------------------|------------------|---------------------------------------|-------------------|
| 7/22/2021 Wilson Lacy \$1,000.00 8 Contributor address; City; State; Zip Code 2817 Briargrove San Angelo, TX 76904 \$1,000.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contributor 07/22/2021 Contributor address; City; State; Zip Code 07/22/2021 Contributor address; City; State; Zip Code 9 Employer (See Instructions) \$500.00 9 Employer (See Instructions) \$500.00 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor city; State; Zip Code 07/22/2021 Full name of contributor city; State; Zip Code \$500.00 Date Full name of contributor out-of-state PAC (ID# | (Ethics Commission Filers) | 3 File | | Leland F. Leland | 2 FILER NAME |
| 6 Contributor address; City; State; Zip Code \$1,000.00 2817 Briargrove San Angelo, TX 76904 \$1,000.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# | t of contribution (\$) | | _ | Wilson Lacy | 4 Date |
| B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor □ out-of-state PAC (ID#) Amount of control Date Full name of contributor address; City; State; Zip Code 07/22/2021 Contributor address; City; State; Zip Code 07/22/2021 Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#) Amount of control Date Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor Lubbock, TX 79407 \$500.00 Date Full name of contributor out-of-state PAC (ID#) Amount of control Date Full name of contributor out-of-state PAC (ID#) Amount of control 07/22/2021 Full name of contributor out-of-state PAC (ID#) Amount of contro |).00 | \$1 | | | 7/22/2021 |
| Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor contributor 07/22/2021 Contributor address; City; State; Zip Code \$500.00 3932 Arroyo del SII Schertz, TX 78154 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor 07/22/2021 Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor 07/22/2021 Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor 07/22/2021 Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor 07/22/2021 Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor 0ate Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor address; City; State; Zip Code \$1,000.00 Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contributor address; City; State; Zip Code \$1,000.00 07/22/2021 | | , TX 76904 | San Ange | 2817 Briargrove | |
| 07/22/2021 Blake Lacy City: State: Zip Code \$500.00 3932 Arroyo del SII Schertz, TX 78154 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Tyler Lacy Contributor address: City: State: Zip Code 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co \$500.00 Date Full structions) Employer (See Instructions) \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Gontributor address; City; State; Zip Code \$1,000.00 \$1,000.00< | | Employer (See Instructions) | | pation / Job title (See Instructions) | 8 Principal occup |
| 07/22/2021 Contributor address; City; State; Zip Code \$500.00 3932 Arroyo del SII Schertz, TX 78154 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor City; State; Zip Code 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor City; State; Zip Code 07/22/2021 Full name of contributor Lubbock, TX 79407 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Full name of contributor out-of-state PAC (ID#:) Amount of co <td>t of contribution (\$)</td> <td>#:) An</td> <td>out-of-state PAC</td> <td></td> <td>Date</td> | t of contribution (\$) | #:) An | out-of-state PAC | | Date |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 07/22/2021 Tyler Lacy Amount of co 07/22/2021 Contributor address; City; State; Zip Code 7814 57th Street Lubbock, TX 79407 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Jill McCall Contributor address; City; State; Zip Code \$1,000.00 4904 Brooks Drive Waco, TX 76710 \$1,000.00 \$1,000.00 \$1,000.00 |).00 | State: Zin Code | | ····· | 07/22/2021 |
| Date Full name of contributor □ out-of-state PAC (ID#:) Amount of co 07/22/2021 Tyler Lacy Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of co Date Full name of contributor | | X 78154 | Schertz | 3932 Arroyo del SII | |
| 07/22/2021 Tyler Lacy Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Jill McCall Contributor address; City; State; Zip Code 4904 Brooks Drive Waco, TX 76710 \$1,000.00 | | Employer (See Instructions) | | ation / Job title (See Instructions) | Principal occup |
| 07/22/2021 Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Jill McCall Contributor address; City; State; Zip Code 4904 Brooks Drive Waco, TX 76710 \$1,000.00 | t of contribution (\$) | #:) An | out-of-state PAC | Full name of contributor | Date |
| Contributor address; City; State; Zip Code \$500.00 7814 57th Street Lubbock, TX 79407 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of co Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Jill McCall City; State; Zip Code \$1,000.00 4904 Brooks Drive Waco, TX 76710 Yaco, TX 76710 Yaco, TX 76710 Yaco, TX 76710 Yaco, TX 76710 | | | | Tyler Lacy | 07/22/2021 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 07/22/2021 Jill McCall Amount of co 07/22/2021 Contributor address; City; State; Zip Code 4904 Brooks Drive Waco, TX 76710 \$1,000.00 |).00 | | - | | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of co 07/22/2021 Jill McCall Contributor address; City; State; Zip Code \$1,000.00 4904 Brooks Drive Waco, TX 76710 Waco, TX 76710 State; S | | TX 79407 | Lubboc | 7814 57th Street | |
| 07/22/2021 Jill McCall City; State; Zip Code \$1,000.00 4904 Brooks Drive Waco, TX 76710 \$1,000.00 | | Employer (See Instructions) | | hation / Job title (See Instructions) | Principal occup |
| 07/22/2021 Contributor address; City; State; Zip Code \$1,000.00 4904 Brooks Drive Waco, TX 76710 | nt of contribution (\$) | #:) An | out-of-state PAC | Full name of contributor | Date |
| 4904 Brooks Drive Waco, TX 76710 | | | | Jill McCall | |
| | 00.00 | State; Zip Code \$1 | City; | Contributor address; | 07/22/2021 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | 76710 | Waco, T | 4904 Brooks Drive | |
| | | Employer (See Instructions) | | pation / Job title (See Instructions) | Principal occup |
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| | ARY POLITICAL C | | | SCHEDULE A1 |
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| If the reques | sted information is not applical | | nciude this page in the | героп. |
| The | Instruction Guide explains how | to complete thi | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| L | eland F. Lacy | | | |
| 4 Date 07/22/2021 | 5 Full name of contributor Richard McCall | out-of-state PA | \C (ID#:) | 7 Amount of contribution (\$) |
| 07/22/2021 | 6 Contributor address; | City; | State; Zip Code | \$1,000.00 |
| | 4904 Brooks Drive | Waco, | TX 76710 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | stions) |
| Date | Full name of contributor Vicki Lacy | 🗌 out-of-state PA | \C (ID#:) | Amount of contribution (\$) |
| 07/22/2021 | Contributor address; | | State; Zip Code | \$1,000.00 |
| | 2817 Briargrove | San An | gelo, TX 76904 | · · · · · · · · · · · · · · · · · · · |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | ctions) |
| Date | Full name of contributor | 🗌 out-of-state PA | AC (ID#:) | Amount of contribution (\$) |
| 09/02/2021 | Edward Olson Contributor address; | City; | State; Zip Code | \$200.00 |
| | 5734 Columbine Ln. | San An | gelo, TX 76904 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | stions) |
| Date | Full name of contributor | 🗌 out-of-state PA | AC (ID#:) | Amount of contribution (\$) |
| 09/02/2021 | Contributor address; | City; | State; Zip Code | \$200.00 |
| | 5170 Ironwood Ct. | San Ai | ngelo, TX 76904 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDIT If contributor is out-of-state PAC | | OF THIS SCHEDULE AS I | |

| | ARY POLITICAL CO | | | SCHEDULE A1 |
|----------------------|--|-------------------|---|--|
| | | | | 1 Total pages Schedule A1: |
| The | Instruction Guide explains how to | complete thi | s form. | |
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | eland F. Lacy | | | |
| 4 Date 08/01/2021 | 5 Full name of contributor Wilson Woods |] out-of-state PA | C (ID#:) | 7 Amount of contribution (\$) |
| | 6 Contributor address; | City; | State; Zip Code | \$500.00 |
| | 3912 Thistle Lane | Fort W | Vorth, TX 76109 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor |] out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| | Kenneth & Binnie Diersc | hke | | |
| 09/27/2021 | Contributor address; | City; | State; Zip Code | \$250.00 |
| | 3022 Southland Blvd | San An | gelo,TX 76904 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | |]out-of-state PA | .c (ID#:) | Amount of contribution (\$) |
| 09/30/2021 | Sterling & Jessica Fryar | | | |
| | Contributor address; | City; | State; Zip Code | \$300.00 |
| | 6725 Harvestr Ln. | San An | igelo, TX 76957 | |
| Principal occu | bation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor |] out-of-state PA | \C (ID#:) | Amount of contribution (\$) |
| 09/30/2021 | Contributor address; | City; | State; Zip Code | \$500.00 |
| | PO Box 191 | San Ang | elo, TX 76957 | <i><i><i><i>Q</i>QQQQQQQQQQQ</i></i></i> |
| Principal occu | bation / Job title (See Instructions) | | Employer (See Instruc | tions) |
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| · | | | OF THIS SCHEDULE AS N ruction guide for additional | |

| | ARY POLITICAL CONTRIBU | | SCHEDULE A1 | |
|---------------------------|---|-------------------------|---------------------------------------|--|
| If the reques | ted information is not applicable, DO NOT inc | lude 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 | | (ID#:) | 7 Amount of contribution (\$) | |
| 10/11/2021 | Ron Wood 6 Contributor address; City; 6014 Kingsbridge Dr San Ang | - | \$250.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | |
| Date | Brian Raymond | (ID#:) | Amount of contribution (\$) | |
| 10/21/2021 | Contributor address; City; 202 W Beauregard Ave Ste. A San A | State; Zip Code | \$500.00 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date | Full name of contributor 🛛 out-of-state PAC Ryan Montgomery | (ID#:) | Amount of contribution (\$) | |
| 10/27/2021 | Contributor address; City; | State; Zip Code | \$100.00 | |
| PO Box 246 Wall, TX 76957 | | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) | |
| Date | Full name of contributor 🛛 out-of-state PAC Tim Smith | (ID#:) | Amount of contribution (\$) | |
| 10/28/2021 | Contributor address; City; | State; Zip Code | \$100.00 | |
| Dringing | 4117 College Hills Blvd. San Angelo | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru | | | |

| MONET | ARY POLITICAL CONTRIBU | JTIONS | SCHEDULE A1 |
|------------------|--|--------------------------------|---------------------------------------|
| If the reques | ted information is not applicable, DO NOT ir | nclude this page in the | report. |
| The | Instruction Guide explains how to complete thi | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Leland F. Lacy | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Walter & Deborah McCullough | C (ID#:) | 7 Amount of contribution (\$) |
| 10/29/2021 | 6 Contributor address; City; | State; Zip Code | \$100.00 |
| | PO Box 709 Mertzon, | TX 76941 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 11/01/2021 | Tim & Judy Turner Contributor address; City; PO Box 2182 San Angelo, 1 | State; Zip Code TX 76902 | \$100.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |
| Date | | .C (ID#:) | Amount of contribution (\$) |
| 11/01/2021 | Contributor address; City; | State; Zip Code | \$300.00 |
| | 1111 Ridgeburg CT Houston | n, TX 77077-1950 | |
| Principal occu | bation / Job title (See Instructions) | Employer (See Instruct | iions) |
| Date | Full name of contributor 🔲 out-of-state PA | .C (ID#:) | Amount of contribution (\$) |
| 10/01/2021 | Contributor address; City; | State; Zip Code | \$1,000.00 |
| | 173 Heritage Hollow Cove Dripping | g Springs, TX 78620 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | lions) |
| | | | |
| | | | |
| | | | |
| | | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS N | EEDED |
| | If contributor is out-of-state PAC, please see Inst | ruction guide for additional r | reporting requirements. |

| Leland F. Lacy 5 Full name of contributor out-of-state PAC (ID# | Leland F. Lacy 5 Full name of contributor out-of-state PAC (ID# | The | Instruction Guide explains how | to complete th | is form. | 1 Total pages Schedule A1: |
|---|--|------------------|---------------------------------------|-----------------|--------------------------|---------------------------------------|
| i Date 5 Full name of contributor □ out-of-state PAC (ID# | i Date 5 Full name of contributor out-of-state PAC (ID# | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| 11/06/2021 Sabrina & Dwain Grider. 6 Contributor address; City: State; Zip Code 3406 Shadyhill Dr San Angelo, TX 76904 \$100.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Principal occupation / Job title (See Instruc | 11/06/2021 Sabrina & Dwain Grider. G contributor address: G contributor address: G contributor address: G contributor address: G contributor address: City: State: Zip Code State: Zip Code | | . Lacy | | | |
| 11/06/2021 6 Contributor address; City: State; Zip Code \$100.00 3406 Shadyhill Dr San Angelo, TX 76904 9 Employer (See Instructions) 9 Employer (See Instructions) 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor address; City: State: Zip Code 1/08/2021 Full name of contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Treva & Mike Boyd Out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Full name of contributor City: State; Zip Code \$200.00 0ate Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Imployer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) Imount of contribution (| 11/06/2021 6 Contributor address; City: State: Zip Code \$100.00 3406 Shadyhill Dr San Angelo, TX 76904 Imployer (See Instructions) 9 Employer (See Instructions) 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID# | 4 Date | 5 Full name of contributor | out-of-state P/ | AC (ID#:) | 7 Amount of contribution (\$) |
| 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (D# | 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor □ out-of-state PAC (ID# | 11/06/2021 | | | | \$100.00 |
| Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Kristie Reed \$100.00 2002 Contributor address; City; State; Zip Code 4002 Wellington St San Angelo, TX 76904 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 11/08/2021 Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Date Full name of contributor out-of-state PAC (ID# | Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Kristie Reed \$100.00 Contributor address; City; State; Zip Code 4002 Wellington St San Angelo, TX 76904 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Date Full name of contributor out-of-state PAC (ID#: | | 3406 Shadyhill Dr | San Ang | elo, TX 76904 | |
| Line Kristie Reed Amount of contribution (s) 11/08/2021 Kristie Reed State: Zip Code A002 Wellington St San Angelo, TX 76904 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (s) Date Full name of contributor out-of-state PAC (ID#: | Line Kristie Reed Amount of contribution (s) 11/08/2021 Kristie Reed \$100.00 Verticipal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Date Full name of contributor out-of-state PAC (ID#: | 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| 11/08/2021 Contributor address; City; State; Zip Code \$100.00 4002 Wellington St San Angelo, TX 76904 Employer (See Instructions) Full name of contributor amount of contribution (\$) Date Full name of contributor address; Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Contributor address; City; State; Zip Code 04517 Green Oaks Dr Christoval, TX 76935 \$200.00 Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor City; State; Zip Code 0 6517 Green Oaks Dr Christoval, TX 76935 Amount of contributor Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor | 11/08/2021 Contributor address; City; State; Zip Code \$100.00 4002 Wellington St San Angelo, TX 76904 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Contributor address; City: State; Zip Code 011/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) S245 WEstway Dr.< | Date | | out-of-state P/ | AC (ID#:) | Amount of contribution (\$) |
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| Treva & Mike Boyd Treva & Mike Boyd 11/08/2021 Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor State; Zip Code \$100.00 | Treva & Mike Boyd Treva & Mike Boyd 11/08/2021 Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor Out-of-state; Zip Code 11/08/2021 Full name of contributor State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Contributor address; City; State; Zip Code \$200.00 6517 Green Oaks Dr Christoval, TX 76935 Employer (See Instructions) \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Linda & Allen Carpenter City; State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Full name of contributor City; State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Date | | out-of-state P/ | AC (ID#:) | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2021 Amount of contribution (\$) Linda & Allen Carpenter City; State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/08/2021 Linda & Allen Carpenter Amount of contribution (\$) Contributor address; City; State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | 11/08/2021 | Contributor address; | City; | State; Zip Code | \$200.00 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Linda & Allen Carpenter City; State; Zip Code 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Date Full name of contributor Image: out-of-state PAC (ID#:) Amount of contribution (\$) 11/08/2021 Linda & Allen Carpenter Contributor address; City; State; Zip Code \$100.00 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | | 6517 Green Oaks Dr | Christ | oval, TX 76935 | |
| 11/08/2021 Linda & Allen Carpenter City; State; Zip Code \$100.00 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | 11/08/2021 Linda & Allen Carpenter City; State; Zip Code \$100.00 5245 WEstway Dr. San Angelo, TX 76904 \$100.00 | Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | ions) |
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| | | Principal occup | bation / Job title (See Instructions) | | Employer (See Instruct | tions) |
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| MONET | ARY POLITICAL CONTRIBUT | IONS | SCHEDULE A1 |
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| If the reques | ted information is not applicable, DO NOT inclu | ude this page in the r | report. |
| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Lela | nd F. Lacy | | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (IE | D#:) | 7 Amount of contribution (\$) |
| | Linda & Wayne Well | | |
| 11/03/2021 | 6 Contributor address; City; | State; Zip Code | \$100.00 |
| | 3307 Chatterton Dr San Ange | lo, TX 79904 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instructi | ions) |
| Date | Full name of contributor Out-of-state PAC (IE | D#:) | Amount of contribution (\$) |
| | Lacy & Lane Allison | | |
| 11/08/2021 | | State; Zip Code | \$250.00 |
| | 2534 W. Avenue K San Angelo | o, TX 76901 | φ200.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of contribution (\$) |
| 11/09/2021 | Lacy & Jon Bailey | | |
| 11/09/2021 | | State; Zip Code | \$500.00 |
| | 1609 Stonetrail Dr. San Angelo | o, TX 76904 | \$300.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor [] out-of-state PAC (ID Elisabeth Noelke |)#:) | Amount of contribution (\$) |
| 11/09/2021 | Contributor address; City; | State; Zip Code | \$100.00 |
| | PO Box 529 Mertzon, TX 769 | 941 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
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| | If contributor is out-of-state PAC, please see Instruct | | |

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| 4 Date 5 Fu Jef 11/09/2021 6 Co P(8 Principal occupation / | nd F. Lacy III name of contributor If Chandler If Chandler Intributor address; D Box 5091 Job title (See Instructions) | ^{city;} San Ang | (ID#:) State; Zip Code gelo, TX 76902 | 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$1,000.00 |
|---|--|--|---|--|
| 4 Date 5 Fu Jef 11/09/2021 6 Co 8 Principal occupation | ull name of contributor ff Chandler ontributor address; D Box 5091 | ^{city;} San Ang | State; Zip Code | |
| 11/09/2021 Jef 6 Co 6 Co P(8 Principal occupation of | ff Chandler ontributor address; O Box 5091 | ^{city;} San Ang | State; Zip Code | |
| B Principal occupation | ontributor address; O Box 5091 | ^{City;} San Ang | State; Zip Code | \$1,000.00 |
| B Principal occupation | | ······································ | ielo, TX 76902 | |
| | / Job title (See Instructions) | T | ,, | |
| Date Fu | | | 9 Employer (See Instruc | tions) |
| | Il name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| | bert Lacy | | | |
| | ontributor address; Box 201 | City; | State; Zip Code , TX 76934 | \$100.00 |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date Fu | Ill name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| Da | ana & Jay Dickens | | | |
| | ontributor address; | | State; Zip Code | \$300.00 |
| | 17 Columbine Ln | San Ang | elo, TX 76904 | |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruc | tions) |
| | ull name of contributor nny & Justus Love | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 11/09/2021 | ontributor address; | City | State: 71- Cada | |
| | | City; | State; Zip Code | \$200.00 |
| | 9 John Curry Rd | Christova | I, TX 76935 | |
| Principal occupation / | Job title (See Instructions) | | Employer (See Instruc | tions) |

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SCHEDULE A1

| 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 | 5 Full name of contributor | out-of-state PAC | ; (ID#:) | 7 Amount of contribution (\$) |
| | Joe William Ross | | | |
| 11/09/2021 | 6 Contributor address; | City; | State; Zip Code | \$250.00 |
| | PO Box 5376 | San Ange | elo, TX 76902 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| | Sarah & Douglas Wild | е | | |
| 11/09/2021 | Contributor address; | City; | State; Zip Code | \$100.00 |
| | 3134 Old Eola Rd | San Ang | elo, TX 76905 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor Mary Ann & David Wh | _ | C (ID#:) | Amount of contribution (\$) |
| 11/09/2021 | Contributor address; | City; | State; Zip Code | |
| | PO Box 62026 | San Ange | elo,TX 76906 | \$100.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| | Judy & Lance Lacy | | | |
| 11/10/2021 | Contributor address; | City; | State; Zip Code | \$250.00 |
| | 5118 Knickerbocker Rd | Sai | n Angelo, TX 76904 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
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| | If contributor is out-of-state PAC | | | |

SCHEDULE A1

| The | Instruction Guide explains how to complete this for | rm. | 1 Total pages Schedule A1: 15 | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Leland F | Lacy | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID | #:) | 7 Amount of contribution (\$) | | |
| 11/18/2021 | David Lupton 6 Contributor address; City; S | State; Zip Code | \$250.00 | | |
| | 2106 Club Lake Court San Angelo | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruct | ions) | | |
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| | | | | | |
| Date | Full name of contributor Out-of-state PAC (ID) | #:) | Amount of contribution (\$) | | |
| 10/07/2021 | Nevel Patrick Haley | | ¢250.00 | | |
| | Contributor address; City; | State; Zip Code | \$250.00 | | |
| | 0016 Coder Brooks Dr. North Diobland | | | | |
| Principal occur | 9016 Cedar Breaks Dr. North Richland | Employer (See Instruct | ione) | | |
| Fincipal occup | | Employer (See Instruct | | | |
| | | | | | |
| Date | Full name of contributor Out-of-state PAC (ID | #:) | Amount of contribution (\$) | | |
| | Scott Allison | | | | |
| 11/18/2021 | Contributor address; City; S | State; Zip Code | \$500.00 | | |
| 1151 Knickerbocker Rd San Angelo, TX 76903 | | | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
| | | | | | |
| Date | Full name of contributor 🛛 out-of-state PAC (ID | #:) | Amount of contribution (\$) | | |
| | JW Johnson | | | | |
| 10/07/0001 | | State; Zip Code | \$1,000.00 | | |
| 12/07/2021 | 125 S Inving St Son Angel | TY 76002 | | | |
| | 125 S. Irving St San Angelo | | | | |
| Principal occup | pation / Job title (See Instructions) | tions) | | | |
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SCHEDULE A1

| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: 15 | |
|------------------|---|---------------------------------------|-------------------------------|
| 2 FILER NAME | _eland F. Lacy | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | Tom Davidson | ID#:) | 7 Amount of contribution (\$) |
| 12/20/2021 | 6 Contributor address; City; 36 E. Twohig Ave San Ange | \$500.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | tions) | |
| Date | Full name of contributor 🗌 out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 12/07/2021 | Contributor address; City; 114 Loch Lomond San Angelo, TX 7 | State; Zip Code '6901 | \$100.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 12/23/2021 | Contributor address; City; 2319 W. Avenue K. San Angelo, 1 | State; Zip Code | \$250.00 |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 12/15/2021 | Kayle Waldrep Contributor address; City; 2024 Saddleside San Ang | State; Zip Code jelo, TX 76904 | \$200.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
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| | ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru | | |

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 | | | | | | | |
|---|--|--|--|--|--|--|--|
| If the reques | 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 | eland F. Lacy | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) 7 Amount of contribution (\$) | | | | | |
| 09/30/2021 | Lauren & Marco Mavromaras 6 Contributor address; City; State; Zip Code 2198 Copper Rock Rd San Angelo, TX 76904 | \$500.00 | | | | | |
| | pation / Job title (See Instructions) 9 Employer (See In | nstructions) | | | | | |
| Date | Full name of contributor |) Amount of contribution (\$) | | | | | |
| 10/04/2021 | Leslee & Rodney Fleming Contributor address; City; State; Zip Code | \$100.00 | | | | | |
| Principal occur | 6705 Grand Canal Ct San Angelo, TX 76904 Dation / Job title (See Instructions) Employer (See Instructions) | nstructions) | | | | | |
| | | | | | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | | | |
| 10/04/2021 | Blake Leggett Contributor address; City; State; Zip Code | \$250.00 | | | | | |
| | 16642 Koonce Ln Christoval, TX 76935 | · · · · | | | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See In | nstructions) | | | | | |
| Date | Full name of contributor Casey & Berkely Puckett |) Amount of contribution (\$) | | | | | |
| 09/30/2021 | Contributor address; City; State; Zip Code | \$200.00 | | | | | |
| | PO Box 186 Wall, TX 76957 | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | |
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| · · · · · · · · · · · · | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | | | | | | |
| | If contributor is out-of-state PAC, please see Instruction guide for additi | | | | | | |

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| 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 | 5 Full name of contributor | out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | | |
| 09/30/2021 | 6 Contributor address; | City; | State; Zip Code | \$100.00 | | |
| | 8249 Waterloo | Wal, TX 7 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | lions) | | |
| Date | _ |] out-of-state PAC | (ID#:) | Amount of contribution (\$) | | |
| 11/02/2021 | Contributor address; 1446 Sun Valley Ln | city; San Ang | State; Zip Code gelo,TX 76904 | \$100.00 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| Date | | out-of-state PAC | (ID#:) | Amount of contribution (\$) | | |
| 11/08/2021 | Evelyn Ashley ^{Contributor} address: 1709 Parkview Dr. | City; | State; Zip Code 210, TX 76904 | \$100.00 | | |
| Principal occur | pation / Job title (See Instructions) | | Employer (See Instruc | tions) | | |
| | | | | | | |
| Date | Full name of contributor | out-of-state PAC | (ID#:) | Amount of contribution (\$) | | |
| 11/09/2021 | Contributor address; | City; | State; Zip Code | \$100.00 | | |
| 2058 Rocky Point Trail San Angelo, TX 76905 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. | | | | | | |

| MONET | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---------------------------|--|---------------------------------------|
| If the reques | sted information is not applicable, DO NOT include this page in the | e 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 | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 10/01/2021 | 6 Contributor address; City; State; Zip Code 15748 E. Englert Rd. Eola, TX 76937 | \$250.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instru | ctions) |
| Date | Full name of contributor 🛛 out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 12/23/2021 | Contributor address; City; State; Zip Code | \$250.00 |
| Principal occup | 5118 Knickerbocker Rd. Sana Angelo, TX 76904 Dation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 12/23/2021 | Contributor address; City; State; Zip Code | \$250.00 |
| Principal occuj | 5118 Knickerbocker Rd San Angelo, TX 76904 pation / Job title (See Instructions) Employer (See Instructions) | ictions) |
| Date | Full name of contributor 🛛 out-of-state PAC (ID#:) Brett & Julie Schniers | Amount of contribution (\$) |
| 11/14/2021 | Contributor address; City; State; Zip Code PO Box 350 Wall, TX 76904 | \$500.00 |
| Principal occuj | pation / Job title (See Instructions) Employer (See Instru | lictions) |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona | |

SCHEDULE A1

| The | Instruction Guide explains how to complete this fe | orm. | 1 Total pages Schedule A1: | | | |
|---|---|--------------------------|--|--|--|--|
| 2 FILER NAME Leland F | . Lacy | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (II | D#:) | 7 Amount of contribution (\$) | | | |
| 40/40/0004 | Laer Real Estate Group | | | | | |
| 12/12/2021 | 6 Contributor address; City; | State; Zip Code | \$200.00 | | | |
| | 3103 Southwest Blvd. San Angelo, T | x 76904 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instructio | ns) | | | |
| Date | Full name of contributor 🔲 out-of-state PAC (II Valerie Priess | D#:) | Amount of contribution (\$) | | | |
| 12/10/2021 | Contributor address; City; | State; Zip Code | \$250.00 | | | |
| | 808 Humble Rd San Angelo, TX 769 | 03 | | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructio | ns) | | | |
| Date | Full name of contributor Dout-of-state PAC (I | D#:) | Amount of contribution (\$) | | | |
| 12/09/2021 | Contributor address; City; | State; Zip Code | \$250.00 | | | |
| 5118 Knickerbocker Rd. San Angelo, TX 76904 | | | | | | |
| Principal occup | vation / Job title (See Instructions) | Employer (See Instructio | ns) | | | |
| Date | Full name of contributor 🗌 out-of-state PAC (I | D#:) | Amount of contribution (\$) | | | |
| | Contributor address; City; | State; Zip Code | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc | | | | | |

PLEDGED CONTRIBUTIONS

SCHEDULE B

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedu | le B: 1 | |
|---|---|------------------|---|--|--|
| ² FILER NAME Leland F. Lacy | | | 3 Filer ID (Ethics Co | mmission Filers) | |
| 4 TOTAL OF | UNITEMIZED PLEDGES | | \$ | | |
| 5 Date 6 Full name of pledgor out-of-state PAC (ID#:) Gaye Pelzel 7 Pledgor address; City; State; Zip Code 2202 CR 347, Miles, TX 76861 | | | 8 Amount of Pledge \$ \$1,000.00 Check if travel outsid | 9 In-kind contribution description le of Texas. Complete Schedule T. | |
| 10 Principal occu | pation / Job title (See Instructions) | 11 Employer (See | Instructions) | | |
| Date 12/31/21 | Full name of pledgor out-of-state PAC (ID#: Louis Perez. Pledgor address; City; Sta 4746 Royal Troon DR. San Angelo, 7 | ate; Zip Code | Amount of Pledge \$ | In-kind contribution description le of Texas. Complete Schedule T. | |
| Principal occup | ation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date 12/31/2021 | | ate; Zip Code | Amount of Pledge \$ \$ \$1,000.00 | In-kind contribution description | |
| Principal occu | 802 Mulberry Abilene, | Employer (See | | e of Texas. Complete Schedule T. | |
| | | | | | |
| Date | Full name of pledgor out-of-state PAC (ID#: Chad Inderman |) | Amount of Pledge \$ | In-kind contribution description | |
| 12/31/2021 | Pledgor address; City; State P.O. Box 731 Lubbock, TX 79 | · | \$1,000.00 | e of Texas. Complete Schedule T. | |
| 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. | | | | | |
| | contractor is out-or-state PAO, piedse see liist | auton guide ior | additional reporting | reguirementa, | |

SCHEDULE E

| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: 1 |
|--|--|---|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Leland F. Lacy | | | |
| 4 TOTAL OF UN | IITEMIZED LOANS | | \$ |
| 5 Date of Ioan 07/26/2021 | Leland and Laura Lacy | PAC (ID#:) | 9 Loan Amount (\$) \$20;000d America |
| 6 Is lender a financial Institution? | 8 Lender address; City; ⊺ype text here | State; Zip Code | 10 Interest rate 0.00% |
| y _N X | 516 W. Twohig San Angeo, T | X 76903 | 11 Maturity date 12/31/2022 |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Coll | ateral | 15 Check if personal fun account (See Instruct | ids were deposited into political tions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | L | 19 Amount Guaranteed (\$) |
| 🔽 not applicable | 18 Guarantor address; City; | State; Zip Code | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Leland and Laura Lacy | PAC (ID#:) | Loan Amount (\$) \$20,000 |
| ls lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate 0.00% |
| _{Υ Ν} Χ | 516 2. Twohig San Angelo | , TX 76903 | Maturity date 12/31/2022 |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Coll | ateral | Check if personal fun | ids were deposited into political |
| 🔽 none | | account (See Instruct | |
| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed (\$) | |
| | Guarantor address; City; | State; Zip Code | |
| 🗹 not applicable | | | |
| Principal Occupati | on (See Instructions) | Employer (See Instructions) | |
| lf le | ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins | IES OF THIS SCHEDULE AS NE | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| 1 Total pages Schedule F1: 2 FILER NAME 10 Leland F. Lacy 4 Date 5 Payee name 07/26/2021 Sixty Sage Photography | | | | 3 Filer ID (Eth | iics Commission Filers) | |
|---|--|---|---|--|---|--|
| 6 Amount (\$) | 7 Payee address; | | | City; | State; | Zip Code |
| \$453.88 | 14 S Madison St. | | | San Ange | elo T | FX 76901 |
| 8 PURPOSE OF EXPENDITURE | | | | (b) Description Photography for advertising | | |
| | (c) | Check if travel outside of Texas. Complete Sche | dule T. | Check if Austi | in, TX, officeholder liv | ving expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | date / Officeholder name | Of | fice sought | | Office held |
| Date | Payee n | ame | · · · · · · · · · · · · · · · · · · · | | | |
| 09/01/2021 | | First Financial Bank | | | | |
| Amount (\$) \$5.00 | Payee a | ^{ddress;} Box 701 | | City; | ^{State;} ne, TX | Zip Code 79604 |
| | | DOXIOI | | ADIICI | 10, IA | 10004 |
| | | y (See Categories listed at the top of this sche | edule) De | escription | | 1 0004 |
| PURPOSE OF EXPENDITURE | | · · · · · · · · · · · · · · · · · · · | | | | 1 3004 |
| OF | Categor | · · · · · · · · · · · · · · · · · · · | Pap | escription | | |
| OF | Categor Fees | y (See Categories listed at the top of this sche being the sche sche being the sche being the | dule T. | escription | nent Fee | |
| OF EXPENDITURE Complete <u>ONLY</u> if direct | Categor Fees | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name | dule T. | escription er Statem | nent Fee | ving expense |
| OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/Of | Categor Fees | y (See Categories listed at the top of this sche Check if travel outside of Texas, Complete Sche date / Officeholder name | dule T. | escription er Statem | nent Fee | ving expense |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date | Categor Fees Candio | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name name | dule T. | escription er Statem | nent Fee | ving expense |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 09/03/2021 | Categor Fees Candio Payee n Allyn Me Payee a | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name name | dule T. | escription per Statem | in, TX, officeholder liv | ving expense Office held |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 09/03/2021 Amount (\$) \$2,250.00 | Categor Fees Candio Payee n Allyn Me Payee a 3838 | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name name edia ddress; | dule T. Control of the second | City; | in, TX, officeholder liv | ving expense Office held Zip Code |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 09/03/2021 Amount (\$) | Categor Fees Candio Payee n Allyn Me Payee a 3838 | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name ame edia ddress; Oak Lawn Avenue, Suit | e 400 | City; Dallas, | in, TX, officeholder liv | ving expense Office held Zip Code |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 09/03/2021 Amount (\$) \$2,250.00 PURPOSE OF | Categor Fees Candio Payee n Allyn Me Payee a 3838 Categor | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name ame edia ddress; Oak Lawn Avenue, Suit | e 400 | City; Dallas, Description | nent Fee in, TX, officeholder liv State; TX | ving expense Office held Zip Code 75219 |
| OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 09/03/2021 Amount (\$) \$2,250.00 PURPOSE OF | Categor Fees Candio Payee n Allyn Me Payee a 3838 Categor Advertis | y (See Categories listed at the top of this sche Check if travel outside of Texas. Complete Sche date / Officeholder name aame edia ddress; Oak Lawn Avenue, Suit y (See Categories listed at the top of this sche ing | e 400 dule TOff e 400 dule) De Sc dule T | City; Dallas, Description | nent Fee in, TX, officeholder liv State; TX & Website | ving expense Office held Zip Code 75219 |

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|-------------------------------------|-------------|------------|--------------|
| | EXDENDITIOE | CATEGODIES | EOD BOX 8/a) |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | | | |
|---|---|--|--|--|--|
| 1 Total pages Schedule F1: | | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | Leland F. Lacy | | | | |
| 09/03/2021 | 5 Payee name First Financial Bank | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | | |
| \$23.80 | PO Box 701 | Abilene | TX 79604 | | |
| 8 | (a) Category (See Categories listed at the top of this s | chedule) (b) Description | | | |
| PURPOSE OF | | | | | |
| EXPENDITURE | Fees | Chec | KS | | |
| | (c) Check if travel outside of Texas, Complete Scl | | Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sough | Confice held | | |
| Date | Payee name | | | | |
| 09/14/2021 | Allyn Media | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | |
| \$6,201.31 | 3838 Oak Lawn Avenue, S | Suite 400 Da | llas, TX 75219 | | |
| BUBBOSE | Category (See Categories listed at the top of this sc | hedule) Description | | | |
| PURPOSE OF | Advertising | Dillboom | - Ciana | | |
| EXPENDITURE | <u>`</u> | | _ | | |
| Complete ONLY if direct | Check if Iravel outside of Texas. Complete Sch Candidate / Officeholder name | Office sought | Austin, TX, officeholder living expense Office held | | |
| expenditure to benefit C/OF | | | | | |
| Date | Payee name | | | | |
| 09/14/2021 | United States Postal Servic | e | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | |
| \$58.00 | 1 N Abe St | San Ai | ngelo TX 76902 | | |
| | Category (See Categories listed at the top of this scl | hedule) Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | Postag | e | | |
| | Check if travel outside of Texas. Complete Sch | edule T. Check if A | Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sough | t Office held | | |
| | ATTACH ADDITIONAL COPIES (| OF THIS SCHEDULE AS N | NEEDED | | |

SCHEDULE F1

| EXPENDITUR | ECATEGO | DIES EOD | BOX 8(a) |
|------------|---------|----------|----------|

| | EXPENDITURE CATEG | ORIES | -OR BOX 8(a) | | |
|---|--|---|--------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | · · · · · · · · · · · · · · · · · · · | Office Over Polling Exp Printing Ex | | Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego | oment & Related Expense |
| ordan dara r dymoni | The Instruction Guide explains | s how to c | omplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Leland F. Lacy | | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee name | | | | |
| 09/15/2021 | United States Postal Servic | е | | | : |
| 6 Amount (\$) | 7 Payee address; | | City; | State; | Zip Code |
| \$58.00 | 1 N Abe St | | San Ange | elo T | X 76902 |
| 8 | (a) Category (See Categories listed at the top of this s | chedule) | (b) Description | | |
| PURPOSE | | | | | |
| OF | Advertision Evenence | | Destant | | |
| EXPENDITURE | Advertising Expense | | Postage |) | dan ar i shi ya ƙwalla sa ƙasar sa ana s |
| | (c) Check if travel outside of Texas. Complete Sc | hedule T. | Check if Austi | in, TX, officeholder living |) expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | | Office sought | | Office held |
| Date | Payee name | | | | |
| 09/17/2021 | Pinkie's | | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$416.17 | 1415 South Bryant Blvd. | S | San Angelo | ТХ | 76903 |
| DUDDOSE | Category (See Categories listed at the top of this so | hedule) | Description | | |
| PURPOSE OF | | | _ | | |
| EXPENDITURE | Food & Beverage Expense | 9 | Beverages | s for event | |
| | Check if travel outside of Texas. Complete Sc | hedule T. | Check if Austi | in, TX, officeholder living |) expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | | Office held |
| Date | Payee name | | | | |
| 09/26/2021 | United States Postal Service | e | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$58.00 | 1 N Abe St | | San Ang | gelo - | FX 76902 |
| | Category (See Categories listed at the top of this so | hedule) | Description | | |
| PURPOSE | | | | | |
| | Advertising Expense | | Postage | | |
| | Check if travel outside of Texas. Complete Sci | nedule T. | Check if Austir | n, 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 S | SCHEDULE AS NEE | EDED | |
| | | | | | |

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 B Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Office Over Polling Exp Printing Exp Salaries/Wa | ense ages/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
|---|-------------|---|---|---------------------------------------|--|-------------------------|
| 1 Total pages Schedule F1: | | _{аме} d F. Lacy | | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee na | | | | [| |
| 09/28/2021 | Party | / City | | | | |
| 6 Amount (\$) | 7 Payee ad | ddress; | | City; | State; | Zip Code |
| \$26.63 | 4151 | Sunset Dr. | 5 | San Angelo | ТХ | 76904 |
| 8 | (a) Categor | y (See Categories listed at the top of this | schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Event | Expense | | Event decor & | & supplies | |
| | (c) | Check if travel outside of Texas. Complete Se | chedule T. | Check if Aust | in, TX, officeholder livin | g expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | late / Officeholder name | | Office sought | | Office held |
| Date | Payee na | ame | | · · · · · · · · · · · · · · · · · · · | | |
| 09/29/2021 | Allyr | n Media | | | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code |
| \$4,500 | 3838 | Oak Lawn Avenue, Su | uite 400 | Dallas, | ТХ | 75219 |
| PURPOSE | Category | / (See Categories listed at the top of this s | chedule) | Description | | |
| OF EXPENDITURE | Adve | rtising | | Website | developmen | t |
| | | Check if travel outside of Texas. Complete Se | chedule T. | | in, TX, officeholder livin | |
| Complete <u>QNLY</u> if direct | | ate / Officeholder name | | Office sought | | Office held |
| expenditure to benefit C/OF | 4 | | | | | |
| Date | Payee n | ame | | | | |
| 09/30/2021 | The | Plated Dish | | | | |
| Amount (\$) | Payee ad | ddress; | | City; | State; | Zip Code |
| \$232.74 | 2005 | Knickerbocker Rd. | | San Ang | elo TX | 76905 |
| | Category | (See Categories listed at the top of this set is the top of this set is the top of this set is the top of the set is the top of top of the set is the top of t | chedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food | & Beverage Expense | | Ev | vent catering | |
| | | Check if travel outside of Texas. Complete So | chedule T. | Check if Austi | n, TX, officeholder living | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate / Officeholder name | | Office sought | | Office held |
| | | | | | | |
| | AT | TACH ADDITIONAL COPIES | OF THIS S | CHEDULE AS NEE | EDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | Solicitation/Fund Transportation E Travel In Distric Travel Out Of D Other (enter a ca | Equipme t istrict | nt & Reli | ated Expense |
|---|------------------------------------|--|---|-------------------------------|--|-------------------------|-----------|--------------|
| 1 Total pages Schedule F1: | | _{аме} J F. Lacy | | | 3 Filer ID (E | thics C | ommiss | sion Filers) |
| 4 _{Date} 09/30/2021 | 5 Payee na | | | | I | | | |
| 6 Amount (\$) | 7 Payee a | ddress; | | City; | State; | | Zip C | ode |
| \$2,821.79 | 3838 0 | Dak Lawn Avenue, Sເ | Dallas, | ТХ | | 75 | 219 | |
| 8 | (a) Catego | y (See Categories listed at the top of th | is schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Adver | tising | | Printing E | xpense | | | |
| | (c) | Check if travel outside of Texas. Complete | Schedule T. | Check if Austi | in, TX, officeholder | living ex | pense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name H | | | Office sought | | Of | fice he | əld |
| Date | Payee na | ame | | | | | | |
| 10/01/2021 | First | Financial Bank | | | | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | | Zip C | ode |
| \$5.00 | PO | Box 701 | | Abilene | 9 | Т | Х | 79604 |
| | Categor | / (See Categories listed at the top of this | schedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Fe | es | | Paper Statem | nent Fee | | | |
| | | Check if travel outside of Texas. Complete | Schedule T. | Check if Austi | in, TX, officeholder | living ex | pense | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OF | | late / Officeholder name | | Office sought | | OI | fice he | eld |
| Date | Payee n | ame | | | | | | |
| 10/01/2021 | Mar | ket Street | | | | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | | Zip C | ode |
| \$150.48 | 3121 : | Sunset Dr. | | San Ange | elo | ТΧ | 769 | 04 |
| | Category | (See Categories listed at the top of this | schedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Foo | d & Beverage Expen | se | Food for eve | ent | | | |
| | | Check if travel outside of Texas. Complete | Schedule T. | Check if Austin | n, TX, officeholder l | iving ex | pense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ate / Officeholder name | | Office sought | | 0 | ffice h | eld |
| | AT | TACH ADDITIONAL COPIES | S OF THIS | SCHEDULE AS NEE | DED | | | |

Forms provided by Texas Ethics Commission

SCHEDULE F1

| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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) |
| Credit Cald 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 | 5 Payee name | | |
| 10/18/2021 | Papel | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$378.88 | 2413 Sherwood Way | San Ange | elo TX 76901 |
| 8 | (a) Category (See Categories listed at the top of this so | chedule) (b) Description | |
| PURPOSE OF EXPENDITURE | Printing Expense | Advertis | sing cards |
| | (c) Check if travel outside of Texas. Complete Sch | nedule T. Check if Aus | tin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/19/2021 | United States Postal Servio | ce | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$58.00 | 1 N Abe St | San An | gelo TX 76902 |
| | Category (See Categories listed at the top of this sci | hedule) Description | |
| PURPOSE OF EXPENDITURE | advertising Expense | Postag | е |
| | Check if travel outside of Texas. Complete Sch | nedule T. Check if Aus | tin, TX, officeholder living expense |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/29/21 | Circle S Corn Maze | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$100.00 | 7305 Bean Rd. | Wall | TX 76957 |
| | Category (See Categories listed at the top of this scl | hedule) Description | |
| PURPOSE OF EXPENDITURE | Advertising | Radio Ad | |
| | Check if travel outside of Texas. Complete Sch | nedule T. Check if Aus | tin, TX, officeholder living expense |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED |

SCHEDULE F1

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

| | EXF | PENDITURE CATEO | JORIES FC | JR BOX 8(a) | | | |
|---|--|---------------------------------------|---|-------------------|--|--------------|---------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | y Gift/Award | erage Expense ds/Memorials Expense | Office Overhe Polling Exper Printing Expe | | Solicitation/Fundra Transportation Eq Travel In District Travel Out Of Dis Other (enter a cate | uipment & Re | ated Expense |
| Credit Card Payment | The ins | struction Guide explain | s how to con | nplete this form. | | | |
| 1 Total pages Schedule F1: | ² FILER NAME Leland F. Lac | су | | | 3 Filer ID (Eth | tics Commis | ssion Filers) |
| 4 Date | 5 Payee name | | | I | | | |
| 11/01/2021 | Allyn Media | | | | | | |
| 6 Amount (\$) | 7 Payee address; | | | City; | State; | Zip C | Code |
| \$1,000.00 | 3838 Oak La | awn Avenue, Su | uite 400 | Dallas, | тх | 7 | 75219 |
| 8 | (a) Category (See Cate | egories listed at the top of this | schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | | | Social Me | edia | | |
| | (C) Check if trave | el outside of Texas. Complete So | chedule T, | Check if Austin | n, TX, officeholder liv | ving expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Offic | eholder name | | Office sought | | Office h | eld |
| Date | Payee name | | | | | | |
| 11/01/2021 | First Financ | cial Bank | | | | | |
| Amount (\$) | Payee address; | | | City; | State; | Zip (| Code |
| \$5.00 | PO Box 701 | | | Abilene | | тх 7 | 79604 |
| | Category (See Categ | gories listed at the top of this s | chedule) | Description | | | |
| PURPOSE OF | | | | | | | |
| EXPENDITURE | Fees | | | Paper Stateme | ent Fee | | |
| | Check if trav | rel outside of Texas. Complete So | chedule T. | Check if Austin | n, TX, officeholder liv | ving expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Office | eholder name | | Office sought | | Office h | eld |
| Date | Payee name | | | | | | |
| 11/03/2021 | United Stat | tes Postal Servi | се | | | | |
| Amount (\$) | Payee address; | | | City; | State; | Zip (| Code |
| \$58.00 | 1 N Abe St | | | San Ange | lo | TX 7 | 6902 |
| | Category (See Category | ories listed at the top of this so | chedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertisin | g | | Postag | е | | |
| | Check if trave | el outside of Texas. Complete Sc | hedule T. | Check if Austin | , TX, officeholder liv | ing expense | |
| Complete ONLY if direct | Candidate LOG | - | | | | Office h | ald |
| expenditure to benefit C/OH | | ceholder name | | Office sought | | Oncer | |

Forms provided by Texas Ethics Commission

SCHEDULE F1

| EYDEN | IDITIIDE | CATEGO | DIES E | OR BO | Y 8/9) |
|-------|----------|--------|--------|-------|--------|

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Exp | Office Over Polling Exp pense Printing Ex Salaries/W | yment/Reimbursement head/Rental Expense vense pense ages/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
|---|---|---|---|--|-------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commission Filers) |
| | Leland F. Lacy | | | · · · · · · · · · · · · · · · · · · · | |
| 4 Date | 5 Payee name | | | | |
| 11/03/2021 | David Weaver/The Mo | onk Art Galler | | | |
| 6 Amount (\$) | 7 Payee address; | | City; | State; | Zip Code |
| \$300.00 | 118 S Chadbourne St | t | San Ang | elo TX | 76903 |
| 8 | (a) Category (See Categories listed at the | top of this schedule) | (b) Description | | |
| PURPOSE | | | | | |
| OF EXPENDITURE | Event Expense | | Room re | ental & depos | sit |
| | (c) Check if travel outside of Texas. | Complete Schedule T. | Check if Austin | n, TX, officeholder livin | g expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name |) | Office sought | | Office held |
| Date | Payee name | | | | |
| 11/00/2021 | Devid M/s every/This M/s | | | | |
| 11/09/2021 | David Weaver/The Mo | onk Art Galler | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$301.68 | 118 S Chadbourne St San Angelo TX | | 76903 | | |
| | Category (See Categories listed at the | top of this schedule) | Description | | |
| PURPOSE OF | | | | | |
| EXPENDITURE | Food/Beverage Expe | ense | Event C | atering | |
| | Check if travel outside of Texas. | Complete Schedule T. | Check if Austin | n, TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | | Office sought | | Office held |
| Date | Payee name | | | | |
| 11/10/2021 | Jessica Kindrick | | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$30.00 | 118 S. Chadbourne St | | San Ange | lo, TX | 76903 |
| | Category (See Categories listed at the I | op of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage Exp | ense | Event Bar-ten | ding | |
| | Check if travel outside of Texas. | Complete Schedule T. | Check if Austin | n, TX, officeholder living | g expense |
| Complete ONLY if direct | Candidate / Officeholder name | e | Office sought | | Office held |
| expenditure to benefit C/OF | ł | | | | |
| | ATTACH ADDITIONAL C | OPIES OF THIS | SCHEDULE AS NEE | DED | |

SCHEDULE F1

| EXPENDITURE | CATEGORIES | FORBOX | 1618 |
|-------------|------------|--------|------|

| | EXPENDITURE CATEGO | DRIES FOR BOX 8(a) | |
|---|---|---|---|
| Accounting/Banking Fees Office Ov Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| | 1 | now to complete this form. | · · · · · · · · · · · · · · · · · · · |
| 1 Total pages Schedule F1: | ² FILER NAME Leland F. Lacy | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 11/23/2021 | Republican Party | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$1,500 | 2525 Johnson St Suite A | San Ang | elo TX 76904 |
| 8 | (a) Category (See Categories listed at the top of this sch | nedule) (b) Description | |
| PURPOSE | | | |
| OF | Fees | Filing Fe | e |
| | (C) Check if travel outside of Texas. Complete Sche | adule T. Check if Aust | tin, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | - | J. J | |
| D-4- | | · · · · · · · · · · · · · · · · · · · | |
| Date | Payee name | | |
| 12/17/2021 | Lamar | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$5,580 | 3503 Arden Rd. | San Ange | elo TX 76901 |
| | Category (See Categories listed at the top of this sche | edule) Description | |
| PURPOSE | | | |
| | Advertising | Billboard Sign | าร |
| | Check if travel outside of Texas. Complete Sche | edule T. Check if Aust | tin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| | | | |
| 12/20/21 | Allyn Media | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$640.19 | 3838 Oak Lawn Avenue, Suite | 400 Dallas, | TX 75219 |
| | Category (See Categories listed at the top of this sche | edule) Description | |
| PURPOSE | | , , | |
| OF EXPENDITURE | Advertising | Social M | ledia/Website |
| | | | · · · · · · · · · · · · · · · · · · · |
| | Check if travel outside of Texas. Complete Scher | dule T. Check if Austi | in, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct | Check if travel outside of Texas. Complete Scher Candidate / Officeholder name | dule T. Check if Austi | Office held |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | | |
| | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

| If the requested information is not applicable, | DO NOT include this page in the report. |
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EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | , | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
|---|--|---|---|
| 1 Total pages Schedule F1: | ² FILER NAME Leland F. Lacy | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | J |
| 9/17/2021 | Papel | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$340.99 | 2413 Sherwood Way | San Ange | elo TX 76901 |
| 8 | (a) Category (See Categories listed at the top of this | schedule) (b) Description | |
| PURPOSE | | | |
| OF EXPENDITURE | Advertising | Pamplet | S |
| | (c) Check if travel outside of Texas. Complete S | chedule T. Check if Aust | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/01/2021 | First Financial Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$5.00 | PO Box 701 | Abilene | TX 79604 |
| | Category (See Categories listed at the top of this s | chedule) Description | |
| PURPOSE OF EXPENDITURE | Fees | Paper Statem | ent Fee |
| | Check if travel outside of Texas. Complete So | chedule T. Check if Aust | in, TX, officeholder living expense |
| Complete <u>ONLY</u> 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 so | chedule) Description | |
| | Check if travel outside of Texas. Complete Sc | hedule T. Check if Austi | n, 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 | | | |
| | | | |