CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00067738		2 Total pages	filed: 159
3 CANDIDATE /	MS/MRS/MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Jeff C.				
NAME		0011 01			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Leach				
				710 0005	Data Lland delivered	d or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	I/SUITE#; CII	ΙΥ;	ZIP CODE	Date Hand-delivered	of Date Postillarked
MAILING	800 Glen Rose Dr.				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Allen, TX 75013				Data Data and	
					Date Processed	
					Date Imaged	
	MS / MRS / MR	FIRST		MI		
5 CAMPAIGN TREASURER				IVII		
NAME	Mr.	Dan				
	NICKNAME	LAST		SUFFIX		
		Panetti				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE):	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER	3513 Cross Bend Rd.	,,,		,	-	
ADDRESS						
(Residence or Business)						
	Plano, TX 75023					
7. 044/04/04						
7 CAMPAIGN TREASURER		NE NUMBER	EXTENSION			
PHONE	(214) 682-9248					
8 REPORT TYPE				- <i>"</i>	7	
1111 -	January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	X July 15	8th day before	election	Exceeded modified	-	ttach C/OH-FR)
				reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	т	HROUGH	06/30/202		
	01/01/2025			00/30/202	5	
				ELECTION TYPE		
10 ELECTION	ELECTION DATE) rimon (Other	
	Month Day Year 03/05/2024	× F	Primary	Runoff	Other	
	03/03/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 67		State Representa		7
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ver	sion V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 159

13 C / OH NAME	Leach, Jeff C. (The H	onorable)	14 Filer ID (00067738	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texans for Opportunity & Prosperity PAC		
		COMMITTEE ADDRESS		
		1108 Lavaca		
		Suite 110-265		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Gantt, Charles		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		1108 Lavaca		
		Suite 110-265		
		Austin, TX 78701		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$ 155,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 6,341.04
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 164,851.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 278,914.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
			norable Jeff C. Leach Candidate or Officehol	
		5		
)TARY STAMP / SEAL AB(
		aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	was Ethics Commission	www.ethics.state.tx.us		Version V3 5 1 a18ea2ca

SUBTO	TALS - C/OH	CC	FORM	
18 FILER NAME Leach, Jeff (C. (The Honorable)	19 Filer ID 00067738	(Ethics Commissio	on Filers)
20 SCHEDULE S NAME OF SC			SUBTOTAL A	AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	155,090.00
2. 🗌 S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. 🗌 S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. 🗌 S	SCHEDULE E: LOANS		\$	
5. 🗙 S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	152,968.61
6. 🗌 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. 🗌 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	11,883.07
9. 🗌 S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. 🗌 S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. 🗌 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. 🗌 S	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/159
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Leach, Jeff (C. (The Honorable)	ļ	00067738
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	06/24/2023	Aarseth, Joanne	ļ	\$50.00
	I	6 Contributor address; City; State; Zip Code	1	1
			ļ	
		Allen, TX 75013	_	
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) Retired	s)
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/30/2023	Ahlberg, Trevor L (Mr.)		\$1,000.00
	I	Contributor address; City; State; Zip Code		1
			ļ	
		Irving, TX 75038		
		ipation / Job title (See Instructions)	Employer (See Instructions)	3)
	CEO		Cottonwood Financial	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/29/2023	Arnold, Kurt	ļ	\$5,000.00
	I	Contributor address; City; State; Zip Code]	1
		Houston, TX 77007		
┢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> S)
	Attorney		Arnold Itkin	
F	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	06/20/2023	Atkinson, Steven		\$5.00
	I	Contributor address; City; State; Zip Code		1
			ļ	
L		Allen, TX 75013		
		ipation / Job title (See Instructions)	Employer (See Instructions)	3)
L	Account Dire	:ctor	Cheil	
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/30/2023	Blackridge		\$2,500.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	β)
⊢			<u> </u>	

The Instructi	ion Guide explains how to con	nplete this for	r m .	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/159	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	(The Honorable)				00067738	,
4 Date 5	Full name of contributor out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/29/2023	Bowles, Aubrey					\$25.00
6	Contributor address; City; State; Zip C	Code		1		
	Allen, TX 75013					
	tion / Job title (See Instructions)	9	Employer (See Instructions	3)		
Retired			Retired			
Date	Full name of contributor	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/30/2023	Brentwood Public Affairs					\$1,000.00
	Contributor address; City; State; Zip C			1		
	Austin, TX 78701					
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructions	s)		
Date	Full name of contributor 🛛 out-of	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/27/2023	Brigham, Anne					\$2,500.00
	Contributor address; City; State; Zip C			1		
	Austin, TX 78746					
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructions	s)		
Homemaker			Self			
Date	Full name of contributor	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/29/2023	Brisendine, Doug					\$50.00
	Contributor address; City; State; Zip C			1		
	Richardson, TX 75082					
	tion / Job title (See Instructions)		Employer (See Instructions	5)		
Analyst Legal			Toyota			
Date	Full name of contributor	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/29/2023	Broughton, Nathaniel					\$100.00
	Contributor address; City; State; Zip C	Code		1		
	Frisco, TX 75036					
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructions	3)		
Network Engine	eer		City of Frisco			

-							
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/159	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Leach, Jeff (C. (The Honorable)				00067738	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	Brown, Michael					\$25.00
	I	6 Contributor address; City; State;	; Zip Code				
Ļ	Drivel easy	Plano, TX 75023	T		<u> </u>		
8	Principal occu Data Networ	ipation / Job title (See Instructions)		9 Employer (See Instructions) CDW)		
			<u>_</u>			the state of the s	
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	#1 000 00
	06/30/2023						\$1,000.00
		Contributor address; City; State;	Zip Code				
		Dallas, TX 75201					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions))		
	Attorney			Crow Holdings			
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Clinton, Rita					\$100.00
	I	Contributor address; City; State;					
	Drive sized apor	Dallas, TX 75225		Employer (Cas Instructions	<u> </u>		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions) Retired)		
╞						Amount of Contribution (\$)	
	Date 06/30/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	00/30/2023						φ3,000.00
		Contributor address; City; State;	Zip Coue				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Chairman			Crow Holdings			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2023	Ewing IV, Finley					\$2,500.00
	Contributor address; City; State; Zip Code						
┝	Dringing occu	Dallas, TX 75209	T	Employer (See Instructions	<u> </u>		
	Principal occu COO	pation / Job title (See Instructions)		Employer (See Instructions) Ewing Auto Group)		
┝			l				

	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/159
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Leach, Jeff (C. (The Honorable)		00067738
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
	06/27/2023	Forbes, Jeffrey		\$500.00
		6 Contributor address; City; State; Zip Code		1
		1		
		Dallas, TX 75238		
8	Principal occu Construction	pation / Job title (See Instructions)	9 Employer (See Instructions Beck	3)
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	06/29/2023	Foster, Matt		\$200.00
		Contributor address; City; State; Zip Code		1
		1		
		Allen, TX 75013		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Director		ATT	
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	06/30/2023	Gallagher, Lisa		\$10,000.00
		Contributor address; City; State; Zip Code		1
		1		
		5-11 TV 75240		
		Dallas, TX 75218		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Gallagher Construction	
╞				
	Date		D#:)	Amount of Contribution (\$)
	06/27/2023			\$1,500.00
		Contributor address; City; State; Zip Code		
		1		
		Keller, TX 76248		
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Construction	Executive	SEDALCO, Inc.	
	Date	Full name of contributor out-of-state PAC (II	 D#:)	Amount of Contribution (\$)
	06/30/2023	Gibb, Catherine		\$25.00
		Contributor address; City; State; Zip Code		1
		1		
		1		
		Plano, TX 75074		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
L				

The Instruct	tion Guide explains how to cor	nplete this for	m.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/159	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	(The Honorable)				00067738	
4 Date 5	5 Full name of contributor	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/30/2023	Gilchrist, Charles					\$2,500.00
	G Contributor address; City; State; Zip (Code				
	Weatherford, TX 76087					
8 Principal occup Owner	ation / Job title (See Instructions)	9	Employer (See Instructions Gilchrist Automotive	5)		
Date	Full name of contributor	of state BAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
06/28/2023	Gioldasis, Sam	DI-State PAC (ID#)			\$2,700.00
						<i>φ</i> 2,700.00
	Contributor address; City; State; Zip (Code				
	Irving, TX 75038					
Principal occup	ation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
Contractor			Walker Engineering)		
I						
Date		of-state PAC (ID#:)		Amount of Contribution (\$)	****
06/30/2023	Grave, Gregory					\$100.00
	Contributor address; City; State; Zip (Code				
	Plano, TX 75023			Ļ		
	ation / Job title (See Instructions)		Employer (See Instructions	5)		
Dentist			Self			
Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
06/22/2023	Harrison, Clay					\$1,500.00
l l'	Contributor address; City; State; Zip (
	Dallas, TX 75214			Ĺ		
	ation / Job title (See Instructions)		Employer (See Instructions	5)		
Construction			Skiles Group LLC			
Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
06/29/2023	Hart, Carly					\$10.00
l l'	Contributor address; City; State; Zip (Code				
	Allen, TX 75013					
Principal occup	ation / Job title (See Instructions)		Employer (See Instructions	5)		
Homemaker			None			
				_		

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/159	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
_		C. (The Honorable)		00067738	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
	06/30/2023	Henry, Matthew			\$1,500.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75218			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	SVP		Oncor		
⊨	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
	06/30/2023	Hicks, Jared			\$1,000.00
		Contributor address, City, State, Zip Code			
		Haslet, TX 76052			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Construction	· · · · · · ·	SEDALCO, Inc.	5)	
╞					
	Date	— —	#:)	Amount of Contribution (\$)	# E 000 00
	06/30/2023	HillCo PAC			\$5,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701	1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
	06/30/2023	Hodges, Will			\$1,500.00
		Contributor address; City; State; Zip Code			
		Plano, TX 75025			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Executive		Cadence McShane Con	struction	
	Date	Full name of contributor Out-of-state PAC (ID#	+:)	Amount of Contribution (\$)	
	06/30/2023	HomePAC of Texas - TX Association of Builde	ers		\$2,500.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	і б)	
		,			
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/15 Rpt: 10/159 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Leach, Jeff C. (The Honorable) 00067738 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2023 Houston Associated General Contractors PAC \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77092 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2023 \$1,000.00 Howard, Jay Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Partner Hillco Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/28/2023 Hughes, Cary \$1,500.00 Contributor address; City; State; Zip Code Rockwall, TX 75032 Principal occupation / Job title (See Instructions) Employer (See Instructions) **VP** Operations Rogers O'Brien Construction Co. Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 06/27/2023 \$1,000.00 Humphrey, Randall Contributor address; City; State; Zip Code Argyle, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contractor Humphrey Associates Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2023 \$1,000.00 **IBAT PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 8/15 Rpt: 11/159	
2	FILER NAME			_	-iler ID (Ethics Commissi	on Filers)
-		C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 /	Amount of Contribution (\$)	
	06/29/2023	Itkin, Jason				\$5,000.00
		6 Contributor address; City; State; Zip Code		"		
		Houston, TX 77007				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Attorney		Arnold Itkin	-		
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	06/30/2023	Jones, Neal				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701		<u> </u>		
	-	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Attorney		Hillco			
	Date	Full name of contributor Out-of-state PAC (ID#	:)	/	Amount of Contribution (\$)	
	06/27/2023	MacDowell, Harold				\$1,500.00
		Contributor address; City; State; Zip Code]		
		Dallas TV 75240				
	Dringing ogg	Dallas, TX 75240		<u> </u>		
	CEO	ipation / Job title (See Instructions)	Employer (See Instructions TDIndustries	S)		
	Date		::)	/	Amount of Contribution (\$)	±. =00.00
	06/30/2023	Mazanec, Edward				\$1,500.00
		Contributor address; City; State; Zip Code				
		Waco TX 76710				
	Dringingl occu	Waco, TX 76710 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Accountant		Mazanec Construction	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#	:)	'	Amount of Contribution (\$)	±22.000.00
	06/30/2023	McClane Jr., Drayton (Mr.)				\$20,000.00
		Contributor address; City; State; Zip Code				
		Tample TV 76052				
	Dringing ogg	Temple, TX 76053		<u> </u>		
	CEO	ipation / Job title (See Instructions)	Employer (See Instructions McClane Advanced Tec			
				CIIIO	logies	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/159	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[C. (The Honorable)		ľ	00067738	TT lieroj
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/28/2023	McClane Jr., Drayton (Mr.)				\$250.00
	1	6 Contributor address; City; State; Zip Code		1		
	ł					
	ł	Temple, TX 76053				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	CEO		McClane Advanced Tec	chn	ologies	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2023	McClure, John				\$250.00
	1			1		
	ł					
	ł	Allen, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> S)		
	President		McClure Partners			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	06/21/2023	Mcbee, Linda			,	\$25.00
	00,	Contributor address; City; State; Zip Code		1		T = T = 1
	ļ					
	ļ					
	ļ	Plano, TX 75023				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	06/30/2023	Moak Casey PAC				\$500.00
		Contributor address; City; State; Zip Code		1		• -
	ļ					
	ļ					
	ļ	Austin, TX 78746				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> S)		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	06/27/2023	Padgett, Hayden			• •	\$100.00
	-	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Plano, TX 75025				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
	Project Mana		Blucora	-,		
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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/159	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		C. (The Honorable)				00067738	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/28/2023	Parker, Robert					\$1,000.00
		6 Contributor address; City; State					
		Commune Obvieti TV 70400					
L	Duin air al an an	Corpus Christi, TX 78469		• Enclose (Ocer hashmations			
8	Chairman	pation / Job title (See Instructions)		9 Employer (See Instructions REP Holdings	5)		
╘							
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 500.00
	06/21/2023	Patrick, Edward					\$500.00
		Contributor address; City; State	e; Zip Code				
		Plano, TX 75093					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Engineer			Self	,		
⊨	Date	Full name of contributor		Amount of Contribution (\$)			
	06/29/2023	Payne, Dale	out-of-state PAC (ID#:)			\$500.00
	00/20/2020		a: Zin Code				4000.00
		Contributor address, City, State					
		Flower Mound, TX 75022					
	Principal occu	pation / Job title (See Instructions)	5)				
	CEO			Prism electric			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Peacock, William	_				\$500.00
		Contributor address; City; State	e; Zip Code		1		
		Harlingen, TX 78553					
		pation / Job title (See Instructions)		Employer (See Instructions			
	General Con	Itractor		Peacock General Contra	act	or	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Perot Jr, Ross					\$5,000.00
		Contributor address; City; State	e; Zip Code				
∟		Dallas, TX 75219			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chairman			Hillwood Development			

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	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/159	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
		C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	Public Blueprint LLC				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Ι	Amount of Contribution (\$)	
	06/30/2023	Rees-Jones, Trevor				\$10,000.00
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75225				
	-	pation / Job title (See Instructions)	Employer (See Instructions Chief Oil & Gas	s)		
	Founder		-			
	Date	Full name of contributor out-of-state PAC	; (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Reynolds, Shannon				\$500.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78405				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ९)		
	Construction	,	B.E. Beecroft Co., Inc.	0)		
⊨	Date	Full name of contributor Out-of-state PAC		Т	Amount of Contribution (\$)	
	06/22/2023	Rogers, T.J.	(ID#)			\$1,000.00
	00,22,2020					<i>42,000.00</i>
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Construction	1	Bartlett Cocke General	Co	ntractors	
	Date	Full name of contributor out-of-state PAC	; (ID#:)	Τ	Amount of Contribution (\$)	
	06/23/2023	Rove, Karl				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Writer, consu	ultant	Karl Rove Co.			

l				
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/159	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	C. (The Honorable)		00067738	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/21/2023	Scarpitta, Angelo			\$100.00
	6 Contributor address; City; State; Zip Code			
	Mckinney, TX 75070			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/26/2023	Sewell, III, Joseph Carl			\$2,500.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75220			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
President		Sewell Automotive		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)		
06/21/2023	Shapiro, Florence			\$1,000.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093			
	pation / Job title (See Instructions)	Employer (See Instructions		
Public Policy	Consultants	Shapiro Linn Strategic C	Consulting	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/27/2023	Smith, Lee			\$100.00
	Contributor address; City; State; Zip Code			
	Allen, TX 75013			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
VP		Potter		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/30/2023	Stovall, Jeremy			\$1,000.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
President		Brookstone		

	The Instru	ction Guide explains how to co	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/159	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
-		C. (The Honorable)				00067738	
4	Date	5 Full name of contributor out-c	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	TEXO PAC					\$2,500.00
		6 Contributor address; City; State; Zip					
		Dallas, TX 75229					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Temple, Robert					\$500.00
		Contributor address; City; State; Zip					
		Mckinney, TX 75071					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	EVP		Independent Financial				
	Date	Full name of contributor)		Amount of Contribution (\$)		
	06/30/2023	Texans for Lawsuit Reform PAC					\$15,000.00
		Contributor address; City; State; Zip					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🛛 out-c	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Texans for Lawsuit Reform PAC					\$10,000.00
		Contributor address; City; State; Zip					
	Duin air al a ann	Austin, TX 78701			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Data					Amount of O and a straight	
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	#F 000 00
	06/30/2023	Texas Sands PAC					\$5,000.00
		Contributor address; City; State; Zip	Code				
		Austin, TX 78701					
-	Principal occu	pation / Job title (See Instructions)	Ī	Employer (See Instructions	L;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/159	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/29/2023	Therrell, Ryan				\$250.00
		6 Contributor address; City; State; Zip Code				
L		ROUND ROCK, TX 78681				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Regional Dir	ector	The Beck Group			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	Vaughn, Thomas				\$1,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77042				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ເ</u>		
	Builder		Vaughn Construction	,		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Weekley, Richard W. (Mr.)				\$5,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77055-7211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate		Weekley Properties			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Whitman, Gayle				\$25.00
		Contributor address; City; State; Zip Code				
		Allen, TX 75013				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ز)		
	Retired		Retired	,		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Wholesale Beer Distributors of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
L		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢						
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/15 Rpt: 18/159 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leach, Jeff C. (The Honorable) 00067738 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/27/2023 \$100.00 Yarbrough, James 6 Contributor address; City; State; Zip Code Plano, TX 75025 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 1/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	05/15/2023		7-Eleven - Allen								
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode						
-	\$30.61		1004 W McDermott								
			Allen, TX 75013								
8	PURPOSE	<u> </u>			(b)	Description					
Ũ	OF	(")	Category (See Categories listed at the top of this s Travel In District	chedule)	()	-	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE							officeholder living			
						Campaign/off	ice	holder fuel c	charge		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office he	eld		
	Date		Payee name								
	01/09/2023		7-Eleven - Austin								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$34.24		917 N Lamar Blvd								
			Austin, TX 78703								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s Travel Out of District	chedule)	(b)	Description	outsid	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	expense		
						Campaign/off	ice	holder fuel c	charge		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office he	eld		
	-	_									
	Date		Payee name								
	01/10/2023		7-Eleven - Austin								
	Amount (\$)			e; Zip Co	ode						
	\$37.89		917 N Lamar Blvd								
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District					de of Texas. Com			
								officeholder living			
						Campaign/off	ice		naiye		
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou				Office he	ald		
	expenditure to benefit C/OF			Unice SUU	ignt			Once ne			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)				
	Sch: 2/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	02/27/2023		7-Eleven - Austin								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de						
	\$95.43		917 N Lamar Blvd								
			Austin, TX 78703								
8	PURPOSE	(a)			(b) Description						
Ũ	OF	(,	Category (See Categories listed at the top of this so Travel Out of District	chedule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	, TX,	, officeholder living expense				
					Campaign/of	fice	holder fuel charge				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	05/10/2023		7-Eleven - Austin								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$47.95		917 N Lamar Blvd								
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.				
	_/						, officeholder living expense				
					Campaign/on	lice	holder fuel charge				
	Complete ONIL V if direct		Condidate/Officeholder nome	Office cou	n.h.t		Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	gni		Office held				
	Data	—									
	Date 02/27/2023		Payee name 7-Eleven								
	Amount (\$)			e; Zip Co	de						
	\$58.46		8400 TX-121								
			Makingay TV 75070								
			McKinney, TX 75070								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	outoi	ide of Toylog, Complete Cohedule T				
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense				
							cholder fuel charge				
					, , ,	-	5				
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OF				-						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	nse	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
_	Sch: 3/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	· · · · ·			
4	Date	5	Payee name									
	01/05/2023		AT&T Inc									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le						
	\$120.00		208 S Akard St									
			Suite 2954									
			Dallas, TX 75202									
8	PURPOSE											
									nlete Schedule T			
	EXPENDITURE		Office Overhead/Rental Expense	se				, officeholder living				
						Campaign/of						
						1 3						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	O	ffice soug	ht		Office he	eld			
	Date		Payee name									
	01/18/2023		AT&T Inc									
_	Amount (\$)	┢	Payee address; City;	State:	Zip Co	le						
	\$503.95		208 S Akard St	,								
	\$505.55											
			Suite 2954									
			Dallas, TX 75202									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	dule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	se				ide of Texas. Com				
								, officeholder living				
						Campaign/or	nce		echnology fee			
	Complete ONIL V if direct		Condidate (Office holder name		ffing only	bt		Office be				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	ffice soug	III		Office he	eiu			
		-										
	Date		Payee name									
	02/07/2023		AT&T Inc									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$120.00		208 S Akard St									
			Suite 2954									
			Dallas, TX 75202									
	PURPOSE	(a)				(b) Description						
	OF	[^(u)	Category (See Categories listed at the top Office Overhead/Rental Expense		dule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		Once Overnead/Rental Expens	be				, officeholder living				
									nternet service			
-	Complete ONLY if direct	L(Candidate/Officeholder name	0	ffice soug	ht		Office he	eld			
	expenditure to benefit C/OI											
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor Legal Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	iyment/ rhead/l bense pense 'ages/C	Reimbursement Rental Expense		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission File	rs)
	Sch: 4/139 Rpt:		Leach, Jeff	C. (The Hond	orable)					00067738		
4	Date	5	Payee name	•								
	02/21/2023		AT&T Inc									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$454.57		208 S Akar	d St								
			Suite 2954									
			Dallas, TX	75202								
8	PURPOSE	(a)					(h) r	Description				
ľ	OF	("		See Categories listed		iedule)	ι», ι Γ	-	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	incua/ittentari			Ē	Check if Austin,	, TX,	officeholder living	g expense	
							Ō	Campaign/off	fice	holder cell a	and technology	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ïceholder name	e C	Office sou	ght			Office h	eld	
	Date		Payee name	•								
	03/06/2023		AT&T Inc									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$120.00		208 S Akar									
			Suite 2954									
			Dallas, TX	75202								
_	DUDDOOF	(-)					(1-)					
	PURPOSE OF	(a)		See Categories listed		edule)	ן (ס) ר	Description	nutsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Office Over	rhead/Rental I	Expense		F			officeholder living		
							(Campaign/off				
	Complete ONLY if direct	(Candidate/Off	iceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name	1								
	03/20/2023		AT&T Inc	, ,								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	do					
	\$421.03		208 S Akar		State,	, 20 00	uc					
	ψ+21.00											
			Suite 2954									
			Dallas, TX	75202								
	PURPOSE OF	(a)		See Categories listed		edule)	(b) [Description				
	EXPENDITURE		Office Ove	rhead/Rental I	Expense		Ļ			de of Texas. Com officeholder living	plete Schedule T.	
							L				and technology	
-	Complete ONLY if direct	Ľ	Candidate/Off	iceholder name	(Office sou	aht			Office h	eld	
	expenditure to benefit C/Oł					2.1100 0000				Childe H		
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Reimbursement Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
Sch: 5/139 Rpt:	Leach, Jeff C. (The Honorable) 00067738									
4 Date	5 Payee name									
03/30/2023	AT&T Inc									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$120.00	208 S Akard St									
	Suite 2954									
	Dallas, TX 75202									
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF Office Overhead/Rental Expense (b) Description										
EXPENDITURE	Office Overhead/Rental Expense									
	Campaign/officeholder cell and internet									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H									
Date	Payee name									
04/19/2023	AT&T Inc									
Amount (\$)	Payee address; City; State; Zip Code									
\$420.88	208 S Akard St									
\$ 120100	Suite 2954									
	Dallas, TX 75202									
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
	Campaign/officeholder cell & technology charge									
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										
Date	Payee name									
05/08/2023	AT&T Inc									
Amount (\$)	Payee address; City; State; Zip Code									
\$120.00	208 S Akard St									
	Suite 2954									
	Dallas, TX 75202									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF	Office Overhead/Rental Expense									
EXPENDITURE	Check if Austin, TX, officeholder living expense									
	Campaign/officeholder cell & technology									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/R head/R ense pense ages/Cc	eimbursement ental Expense ontract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	s)
-	Sch: 6/139 Rpt:	-	Leach, Jeff C. (The Honoral	ole)				•	00067738		-,
4	Date	5	Payee name								
	05/17/2023		AT&T Inc								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le					
	\$420.67		208 S Akard St								
			Suite 2954								
			Dallas, TX 75202								
_											
8	PURPOSE OF	(a)	Category (See Categories listed at th		nedule)	(b) D	escription				
	EXPENDITURE		Office Overhead/Rental Exp	bense		⊢			de of Texas. Com officeholder living		
						Ľ	1		-	technology	
						C	ampaign/om			eteennology	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	() Office sou	Iht			Office he	eld	
	Date		Payee name								
	05/31/2023		AT&T Inc								
	Amount (\$)		Payee address; City;	State	; Zip Co	le					
	\$120.00		208 S Akard St								
			Suite 2954								
			Dallas, TX 75202								
	PURPOSE	(a)	Category (See Categories listed at th	o top of this coh	andulo)	(b) D	escription				
	OF	ľ	Office Overhead/Rental Exp		ieuuie)	Γ	-	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Ē	Check if Austin,	ΤX,	officeholder living	expense	
						С	ampaign/off	ice	holder cell &	& technology	
	Complete ONLY if direct	. (Candidate/Officeholder name	(Office sou	jht			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								_
	06/20/2023		AT&T Inc								
					7. 0						
	Amount (\$)		Payee address; City;	State	; Zip Co	e					
	\$387.13		208 S Akard St								
			Suite 2954								
			Dallas, TX 75202								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b) D	escription				
	OF	Ľ	Office Overhead/Rental Exp		icuaic)	Г		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Ē	Check if Austin,	ΤX,	officeholder living	expense	
						С	ampaign/offi	ice	holder cell &	& technology	
	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	jht			Office he	eld	
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymer rhead bense pens ages	ht/Reinbursement i/Rental Expense e /Contract Labor		Travel in Distrie Travel Out of D	Equipme ct District	Expense ent & Related Expense vry not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	ics Commission Filers)
-	Sch: 7/139 Rpt:	-		C. (The Hono	rable)				ľ	00067738	•	,
4	Date	5	Payee name	- (
-	06/27/2023		AT&T Inc									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$120.00		208 S Akaro	d St								
			Suite 2954									
			Dallas, TX 7	75202								
8	PURPOSE	(a)		ee Categories listed a			(h)	Description				
-	OF			head/Rental E		iedule)	(~)		outsi	de of Texas. Co	mplete S	chedule T.
	EXPENDITURE				, poneo			Check if Austin	, TX,	officeholder livir	ng exper	se
								Campaign/of	fice	holder cell	& tec	hnology fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	Date		Payee name									
	06/05/2023		AT&T Inc									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$86.60		208 S Akard									
			Suite 2954									
			Dallas, TX 75202									
	BUBBAAS					ı	<i>a</i> >					
	PURPOSE OF	(a)		ee Categories listed a		edule)	(D)	Description	outei	de of Texas. Co	mnlata S	chedule T
	EXPENDITURE		Office Over	head/Rental E	xpense					officeholder livir		
								Campaign/of	fice	holder tech	nolog	y fee
	Complete ONLY if direct	(Candidate/Offi	ceholder name	(Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Η										
-	Date	—	Payee name									
	06/02/2023		Aldrete, Die	00								
	Amount (\$)		Payee addres	-	State	; Zip Co	do					
	\$500.00			/ Wood Drive	State,	, zip co	ac					
	\$300.00											
			San Antonic	o, TX 78216								
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contract	Labor					de of Texas. Co		
										officeholder livir	ng expen	ISE
								Staff bonus e	expe	ense		
										-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
		-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Travel in District Travel Out of District	pment & Related Expense							
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (E	Ethics Commission Filers)							
	Sch: 8/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738					
4	Date	5	Payee name									
	04/25/2023		Allen Chamber of Commerce									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
-	\$425.00		210 W. McDermott	, _,								
			Allen, TX 75013									
_	BUBBOCE				(h) -							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	oute	ide of Texas. Complet	e Schedule T				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee			, officeholder living exp					
					Chamber me	mb	ership					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	01/04/2023		Aloft Austin									
	Amount (\$)		Payee address; City; State;	; Zip Co	de							
	\$112.78		109 E 7th St									
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	X Check if Austin	, тх	ide of Texas. Complete , officeholder living exp Pholder lodging	pense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght	Office held						
	Date		Payee name									
	01/09/2023		Aloft Austin									
	Amount (\$)	\vdash	Payee address; City; State;	; Zip Co	de							
	\$240.91		109 E 7th St									
			Austin, TX 78701									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	Unte	ide of Texas. Complet	e Schedule T				
	EXPENDITURE		Travel Out of District		X Check if Austin	, тх	, officeholder living exp holder lodging	pense				
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght		Office held					
	expenditure to benefit C/OF				-							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	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	Filer ID (Ethics Commission Filers)									
	Sch: 9/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738					
4	Date	5	Payee name										
	01/10/2023		Aloft Austin										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$32.06	06 109 E 7th St											
			Austin, TX 78701										
8	PURPOSE	(a)			(h)	Description							
ľ	OF	(a)	Category (See Categories listed at the top of this sch Travel Out of District	nedule)	(0)		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE		Travel Out of District					officeholder living expense					
						Campaign/of	fice	holder lodging					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH													
	Date		Payee name										
	01/17/2023		Aloft Austin										
	Amount (\$)		Payee address; City; State	; Zip Co	de								
	\$97.73		109 E 7th St										
			Austin, TX 78701										
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description							
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.					
							heck if Austin, TX, officeholder living expense 1paign/officeholder lodging						
						Campaign/on	nce	inolder lodging					
	Complete ONIL V if direct	L	Candidate/Officeholder name	Office cou	abt			Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	t Office held								
		i –											
	Date		Payee name										
	03/10/2023		Aloft Austin										
	Amount (\$)			; Zip Co	de								
	\$27.62		109 E 7th St										
			Austin, TX 78701										
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description							
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.					
								officeholder living expense					
						weeting to di	scu	iss Campaign/officeholder duties					
					Ļ								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held					
		-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)								
	Sch: 10/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738								
4	Date 03/27/2023	5 Payee name Aloft Austin									
6	Amount (\$) \$129.04	Payee address; City; State; Zip Code 109 E 7th St Austin, TX 78701 Austin, TX 78701									
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense Meeting to discuss Campaign/officeholder 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/04/2023	Aloft Austin									
Amount (\$) Payee address; City; State; Zip Code \$6.41 109 E 7th St											
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date 05/30/2023	Payee name Aloft Austin									
	Amount (\$) \$42.72	Payee address; City; State; Zip Code 109 E 7th St									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense By - Gift/Awards/Memorials Expense Printing Expense Printing Expense							ising Expense lipment & Related Expense ict ategory not listed above)			
1	Total pages Schedule F1:						3	Filer ID (Ethics Commission Filers)				
-	Sch: 11/139 Rpt:		h, Jeff C. (The Honorable	e)			ľ	00067738	(
4	Date 01/05/2023	5 Paye Ama	e name zon									
6	Amount (\$)	7 Pave	e address; City;	State:	Zip Cod	9						
	\$137.47	410	410 Terry Ave N Seattle, WA 98109									
8	PURPOSE OF EXPENDITURE		 a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies for Capitol office 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	nt		Office held	d			
	Date	Paye	e name									
	01/09/2023	Ama	zon									
	Amount (\$) Payee address; City; State; Zip Code \$18.39 410 Terry Ave N 10 Terry Ave N 10 Terry Ave N											
		Seat	tle, WA 98109									
	PURPOSE OF EXPENDITURE						ı, ТХ,	utside of Texas. Complete Schedule T. TX, officeholder living expense S for Capitol office				
	Complete ONLY if direct expenditure to benefit C/OF	Candic	ate/Officeholder name	C	Office soug	nt		Office held	t			
	Date	Paye	e name									
	01/24/2023	Ama	zon									
	Amount (\$)	Paye	e address; City;	State;	Zip Cod	9						
	\$30.25	410	Ferry Ave N									
		Seat	tle, WA 98109									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder office supplies for C office							xpense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	nt		Office held	d			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)								
	Sch: 12/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738								
4	Date 03/22/2023	5 Payee name Amazon									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$31.27	410 Terry Ave N Seattle, WA 98109									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF OF EXPENDITURE Office Overhead/Rental Expense Office Supplies for Capitol office											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/04/2023	Amazon									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$64.98	410 Terry Ave N Seattle, WA 98109									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for Capitol office 									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H									
	Date	Payee name									
	04/25/2023	Amazon									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$34.03	410 Terry Ave N									
		Seattle, WA 98109									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for Capitol office											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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:	FILER NAME	Filer ID (Ethics Commission Filers)								
	Sch: 13/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738								
4	Date 05/11/2023	Payee name Amazon									
_											
6	Amount (\$) \$304.18	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder office supplies 									
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Payee name									
	02/07/2023	Amazon									
	Amount (\$) Payee address; City; State; Zip Code \$432.99 410 Terry Ave N Seattle, WA 98109										
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office furniture for District office									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/03/2023	Amazon									
	Amount (\$) \$122.96	Payee address; City; State; Zip Code 410 Terry Ave N									
		Seattle, WA 98109									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder office supplies											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							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	ILER NAME	Filer ID	(Ethics Commission Filer	s)							
	Sch: 14/139 Rpt:		each, Jeff C. (The Hond	orable)				00067738					
4	Date	5	Payee name										
	01/03/2023	/	Amazon										
6	Amount (\$)	7 1	Payee address; City; State; Zip Code										
	\$97.44	7.44 410 Terry Ave N											
			Seattle, WA 98109										
8	PURPOSE	(a) (Category (See Categories listed	at the tap of this cab	odulo)	b) Description							
-	OF		Office Overhead/Rental		edule)		outsi	ide of Texas. Cor	nplete Schedule T.				
	EXPENDITURE							, officeholder livin					
						Campaign/of	fice	eholder offic	e supplies				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office soug	ht		Office h	eld				
	Date	l I	Payee name										
	01/04/2023	,	Amazon										
	Amount (\$)	1	Payee address; City;	State;	Zip Co	le							
	\$54.00		10 Terry Ave N										
			Seattle, WA 98109										
	PURPOSE OF		Category (See Categories listed		edule)	b) Description							
	EXPENDITURE		Office Overhead/Rental	Expense					nplete Schedule T.				
						Check if Austin, TX, officeholder living expense							
						Campaignio			o oupphoo				
	Complete ONLY if direct		andidate/Officeholder name	· (Office sour	ht		Office h	eld				
	expenditure to benefit C/OF							Office II					
	Data	<u> </u>								_			
	Date 01/04/2023	I	Payee name										
			Amazon										
	Amount (\$)	I	Payee address; City;	State;	Zip Coo	le							
	\$13.86	4	110 Terry Ave N										
			Seattle, WA 98109										
	PURPOSE	(a) (Category (See Categories listed	at the top of this sch	edule)	b) Description							
	OF EXPENDITURE		Office Overhead/Rental						nplete Schedule T.				
								, officeholder livin					
						Campaign/of	IICE	enoluer offic	e supplies				
	0	<u> </u>											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office h	eld				
		-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		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	Filer ID (Ethics Commission File	ers)								
	Sch: 15/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738					
4	Date	5	Payee name										
	01/09/2023		Apple Store - Online										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$919.05	19.05 1 Infinite Loop											
			Cupertino, CA 95014										
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description							
	OF	ľ	Office Overhead/Rental Expense	senedule)			outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense					
						Campaign/off	fice	holder technology purchase					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held					
	Date		Payee name										
	02/06/2023		Apple Store - Online										
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode								
	\$75.76		1 Infinite Loop										
			Cupertino, CA 95014										
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.					
	EXPENDITORE							officeholder living expense					
						Campaign/off	fice	holder technology fee					
				Office con				Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held											
	Data	_											
	Date 01/17/2023		Payee name Apple Store - Online										
	Amount (\$)			te; Zip Co	bde								
	\$1,458.13		1 Infinite Loop										
			Cupertino, CA 95014										
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.					
								officeholder living expense					
						campaign/off	lice	holder technology purchase					
	Complete ONU V Stallaget	L	Condidate/Office halder as a	Office				Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held					

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Travel in Distri Travel Out of D	ipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3 Filer ID (Ethics Commission Filers)				
	Sch: 16/139 Rpt:		Leach, Jeff	C. (The Ho	norable)					00067738	3		
4	Date	5	Payee name										
	01/06/2023		At Home - A	t Home - Austin									
6	Amount (\$)	7	Payee addre	Payee address; City; State; Zip Code									
	\$324.72		5151 US 290										
			Austin, TX	78735									
8	PURPOSE OF	(a)			ted at the top of this s	chedule)	(b)	Description					
	EXPENDITURE		Office Over	head/Renta	al Expense					de of Texas. Co			
						Check if Austin, TX, officeholder living expense Furniture, decor, office supplies for Capitol office.							
								i uniture, uet	,	, once sup	piic	s for Capitor office.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder naı	me	Office sou	ight			Office I	helc	1	
	Date		Payee name										
	01/05/2023		Atkinson, J	ulie (Ms.)									
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	de						
	\$1,000.00		1508 Cool	Springs Driv	ve								
			Allen, TX 7	5013									
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa							de of Texas. Co			
								Check if Austin,			ing e	kpense	
								Campaign sta	ап и	wages			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholder naı	me	Office sou	ight	t Office held					
	Date		Payee name										
	02/07/2023		Atkinson, J										
	Amount (\$)	\vdash	Payee addre		Stat	e; Zip Co	ode						
	\$1,000.00		1508 Cool			-, _,							
			Allen, TX 7	5013									
	PURPOSE OF	(a)		-	ted at the top of this se	chedule)	(b)	Description					
	EXPENDITURE		Salaries/Wa	ages/Contra	act Labor			Check if travel of Check if Austin,		de of Texas. Co	•		
								Campaign sta			ing e	(pense	
								1	-	0 -			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder naı	me	Office sou	ight			Office I	held	l	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)									
	Sch: 17/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738									
4	Date 03/06/2023	Payee name Atkinson, Julie (Ms.)										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,000.00	1508 Cool Springs Drive										
		Allen, TX 75013										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff wages												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	03/30/2023	Atkinson, Julie (Ms.)										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,000.00	1508 Cool Springs Drive Allen, TX 75013										
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff wages 										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	05/08/2023	Atkinson, Julie (Ms.)										
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code1508 Cool Springs Drive										
		Allen, TX 75013										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff wages									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								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	2 FILER NAME 3 F							(Ethics Comr	nission Filers)			
	Sch: 18/139 Rpt:		Leach, Jeff C. (The	e Honorable)					00067738					
4	Date	5	Payee name											
	05/31/2023		Atkinson, Julie (Ms	Atkinson, Julie (Ms.)										
6	Amount (\$)	7	Payee address;	Payee address; City; State; Zip Code										
	\$1,000.00		1508 Cool Springs Drive											
			Allen, TX 75013											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign staff wages														
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office sou	ight			Office he	eld				
	Date		Payee name											
	06/27/2023		Atkinson, Julie (Ms	5.)										
	Amount (\$)		Payee address;	City; Sta	te; Zip Co	de								
	\$1,000.00													
			Allen, TX 75013											
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Catego} Salaries/Wages/Co		schedule)	(b)		, TX,	officeholder living	e of Texas. Complete Schedule T. fficeholder living expense ages				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office sou	ight			Office he	eld				
	Date		Payee name											
	02/13/2023		Austin Airport Foo	d & Beverage Cou	ırt									
	Amount (\$) \$107.69		Payee address; 3600 Presidential		te; Zip Co	de								
			Austin, TX 78719											
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Catego} Food/Beverage Ex		schedule)			, TX,	le of Texas. Com officeholder living npaign/office	expense				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office sou	ght			Office he	eld				

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labo	nse or	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			3	Filer ID (Ethics Commission Filers)
	Sch: 19/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738
4	Date	5	Payee name				
	02/15/2023		Austin Airport Food & Beverage Court				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$86.45		3600 Presidential Blvd				
			Austin, TX 78719				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descriptio	n	
	OF EXPENDITURE		Food/Beverage Expense	,	Check if	travel outs	side of Texas. Complete Schedule T.
	EXPENDITORE						k, officeholder living expense
					Meal dur	ing Ca	mpaign/officeholder travel
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	03/10/2023		Austin Airport Food & Beverage Court				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$86.45		3600 Presidential Blvd	•			
			Austin, TX 78719				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descriptio		
	EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T. K, officeholder living expense
							mpaign/officeholder travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held
	Date	—	Payee name				
	03/13/2023		Austin Airport Food & Beverage Court				
	Amount (\$)			; Zip Co	do		
	\$40.21		3600 Presidential Blvd	, ziρ co	ue		
	+=						
			Austin, TX 78719				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descriptio		side of Toyon, Complete Schoolule T
	EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T. K, officeholder living expense
							ampaign/officeholder travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	e
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Fil	ers)
	Sch: 20/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738	
4	Date	5	Payee name					
	03/27/2023		Austin Airport Food & Beverage Court					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$4.16		3600 Presidential Blvd					
			Austin, TX 78719					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					Meal during (Car	mpaign/officeholder travel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	03/30/2023		Austin Airport Food & Beverage Court					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$57.18		3600 Presidential Blvd	p 00				
	\$57.10							
			Austin, TX 78719					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense mpaign/officeholder travel	
					wear during (Jai	mpaign/onicenoider traver	
							Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	grit		Office held	
	•	-						
	Date		Payee name					
	05/05/2023		Austin Airport Food & Beverage Court					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$20.10		3600 Presidential Blvd					
			Austin, TX 78719					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					weal during (Jar	mpaign/officeholder travel	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	jht		Office held	
	expenditure to benefit C/OI	1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)				
	Sch: 21/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name			-					
	06/07/2023		Austin Airport Food & Beverage Court								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$55.00		3600 Presidential Blvd								
			Austin, TX 78719								
8	PURPOSE	(a)			(b) Description						
ľ	OF	``	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		outs	side of Texas. Complete Schedule T.				
	EXPENDITURE		rood/Develage Expense		Check if Austin	I, TX	k, officeholder living expense				
					Meal during (Car	mpaign/officeholder travel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held				
	expenditure to benefit C/OI										
	Date		Payee name								
	03/27/2023		Austin Airport Food & Beverage Court								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$25.94		3600 Presidential Blvd								
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense	,			side of Texas. Complete Schedule T.				
	EXPENDITORE						k, officeholder living expense				
					Meal during (Car	mpaign/officeholder travel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Int		Office held				
	·	-									
	Date		Payee name								
	03/30/2023		Austin Country Club								
	Amount (\$)			Zip Co	le						
	\$92.01		4408 Long Champ Dr								
			Austin, TX 78746								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.				
							K, officeholder living expense				
					meeting to di	500	ace sumpling momentate duties				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name O	office soug	iht		Office held				
	expenditure to benefit C/Oł				···-		C				
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp	Office C Polling Printing Salaries	Verhea Expens Exper Wage	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 22/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	03/24/2023		Austin Country Club								
6	Amount (\$)	7	Payee address; City;	State; Zip (Code						
-	\$179.27		4408 Long Champ Dr	, p							
			5 1								
			Austin, TX 78746								
8	PURPOSE				(h)	Description					
0	OF	(a)	Category (See Categories listed at the top of Event Expense	this schedule)			outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense		
						Food/bev for	eve	ent with offic	eholder staff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	bught			Office he	eld		
	Date		Payee name								
	06/05/2023		Betancourt, Caden								
	Amount (\$)		Payee address; City;	State; Zip C	Code						
	\$500.00		4845 W 1st St								
			Greeley, CO 80634								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description	outoi	de of Texas. Com	alata Cabadula T		
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living			
						Staff bonus e					
	Complete ONLY if direct	(andidate/Officeholder name	Office so	bught			Office he	ld		
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/09/2023		Brannon, Kevin (Mr.)								
	Amount (\$)	\vdash	Payee address; City;	State; Zip C	Code						
	\$3,000.00		1911 Lorraine Avenue	· •							
			Allen, TX 75002								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description		do of Tours O	alata Cabadula T		
	EXPENDITURE		Salaries/Wages/Contract Labor		1			de of Texas. Comp officeholder living			
					1	Campaign co			- F		
								-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	bught			Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorial Legal Services The Instruction G	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Rei 'head/Ren ense pense ages/Cont	mbursement tal Expense ract Labor		Transportation Travel in Distric Travel Out of D		-
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Com	mission Filers)
	Sch: 23/139 Rpt:		Leach, Jeff	C. (The Honora	able)					00067738		
4	Date	5	Payee name	9					•			
	06/27/2023		Brannon, K	Cevin (Mr.)								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	le					
	\$1,500.00		1911 Lorra	ine Avenue								
			Allen, TX 7	5002								
8	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Des	scription				
	OF EXPENDITURE		Consulting			,		Check if travel of	outsi	de of Texas. Cor	nplete Schedule T	
	EXPENDITORE									officeholder livir	ig expense	
							Ca	mpaign co	nsı	ulting fee		
										011		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	(Office sou	jht			Office h	ield	
	Date		Payee name)								
	05/24/2023		Brannon, K	Cevin (Mr.)								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le					
	\$2,500.00		1911 Lorra	ine Avenue								
			Allen, TX 7	5002								
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Des	scription				
	OF EXPENDITURE		Consulting								nplete Schedule T	
										officeholder livir	ig expense	
							Ca	mpaign co	nsı	ulting fee		
	Complete ONL V if direct		Sandidata/Of	Final dar nome						Office k		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/On	ficeholder name	(Office sou	JIIL			Office h	leiu	
	Date		Payoo namo	<u>, </u>								
	05/09/2023		Payee name Brannon, k									
			Payee addre		Stato	; Zip Co	10					
	Amount (\$) \$1,500.00			ess; City; ine Avenue	Slale	, Zip Cu	le					
	φ1,500.00		1911 LUIIA	ine Avenue								
			Allen, TX 7	5002								
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Des	scription				
	OF EXPENDITURE		Consulting								nplete Schedule T	
	EXPENDITORE									officeholder livir	ig expense	
							Ca	mpaign co	nsı	ulting fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Of	ficeholder name	C	Office sou	Int			Office h	ield	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorial Legal Services The Instruction G	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Rein head/Renta ense pense ages/Contr	nbursement al Expense act Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAM	Ε					3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/139 Rpt:		Leach, Jeff	C. (The Honora	able)					00067738		
4	Date	5	Payee name	2								
	04/21/2023		Brannon, K	evin (Mr.)								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	le					
	\$1,500.00		1911 Lorra	ine Avenue								
			Allen, TX 7	5002								
8	PURPOSE	(a)	Category (s	See Categories listed at	the ton of this sch	edule)	(b) Des	cription				_
			Consulting			cuuic)	_	•	outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE									officeholder living	g expense	
							Car	npaign co	nsı	ulting fee		
										011		_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ïceholder name	C	Office sou	jht			Office he	eld	
	Date		Payee name	•								
	03/02/2023		Brannon, K	evin (Mr.)								
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	le					
	\$1,500.00		1911 Lorra	ine Avenue								
			Allen, TX 7	5002								
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b) Des	•				
	EXPENDITURE		Consulting	Expense						de of Texas. Com officeholder living	nplete Schedule T.	
								npaign co			Jevhense	
							000	paigir ee				
	Complete ONLY if direct		Candidate/Off	iceholder name	(Dffice sou	jht			Office he	eld	-
	expenditure to benefit C/OI	Н										
	Date		Payee name	•								╡
	02/06/2023		Brannon, K									
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	le					
	\$1,500.00			ine Avenue								
			Allen, TX 7	5002								
	PURPOSE OF			See Categories listed at	the top of this sch	edule)	(b) Des	•				
	EXPENDITURE		Consulting	Expense						de of Texas. Com officeholder living	plete Schedule T.	
								npaign co			Jevhense	
							ear	,g 00				
-	Complete ONLY if direct	L	Candidate/Off	iceholder name	C	Dffice sou	jht			Office he	eld	\neg
	expenditure to benefit C/OI	Н				·						
												┥

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense			
1	Total pages Schedule F1:	2			·	3	Filer ID	(Ethics Commission Filers)			
	Sch: 25/139 Rpt:	-	Leach, Jeff C. (The Honorable)				00067738	(
4	Date 01/09/2023	5	Payee name Buc-ee's - Temple								
6	Amount (\$) \$6.03	7	Payee address; City; State; 4155 N General Bruce Dr Temple, TX 76501	Zip Co	le						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	Check if Austin	, TX	ide of Texas. Comple , officeholder living e Pholder fuel ch	xpense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held	1			
	Date		Payee name								
	01/13/2023		Buc-ee's - Temple								
	Amount (\$) \$47.11		Payee address; City; State; 4155 N General Bruce Dr Temple, TX 76501	Zip Co	le						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	dule)	Check if Austin	, TX,	ide of Texas. Comple , officeholder living e :holder fuel ch	xpense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held	1			
	Date		Payee name								
	01/13/2023		Buc-ee's - Temple								
	Amount (\$) \$14.43		Payee address; City; State; 4155 N General Bruce Dr	Zip Co	le						
			Temple, TX 76501								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	dule)	Check if Austin	, тх	ide of Texas. Comple , officeholder living e :holder fuel ch	xpense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held	1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.						quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 26/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	02/28/2023		Buc-ee's - Temple								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$57.54		4155 N General Bruce Dr								
			Temple, TX 76501								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	(b) Description						
	OF	ľ	Travel Out of District	euule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE						, officeholder living				
					Campaign/of	fice	eholder fuel c	harge			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office he	ld			
	Date		Payee name								
	04/07/2023		Buc-ee's - Temple								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$59.99		4155 N General Bruce Dr	1							
	\$00100										
			Temple, TX 76501								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE				Check if Austin	, ТХ	, officeholder living	expense			
					Campaign/of	fice	eholder fuel c	harge			
	Complete ONLY if direct	(Candidate/Officeholder name O	office sou	Jht		Office he	ld			
	expenditure to benefit C/OF	H									
	Date		Payee name								
	06/15/2023		Buc-ee's - Temple								
			•	Zip Co	10						
	Amount (\$) \$63.32		Payee address; City; State; 4155 N General Bruce Dr	∠ıµ C0							
	Φ 0 3.32		4155 N General Bluce DI								
			Tomple TV 76501								
			Temple, TX 76501								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Tours - O	alata Cabadula T			
	EXPENDITURE		Travel Out of District				ide of Texas. Comp , officeholder living				
					Campaign/of						
					pog. # 01			- -			
<u> </u>	Complete ONLY if direct	Ľ	Candidate/Officeholder name O	office sou	uht		Office he	ld			
	expenditure to benefit C/OF			AUCE SOU	jin		Unice he	au			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Eve Fee Foo Gift nmittee Leg	ent Expense	xpense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/139 Rpt:		Leach, Jeff C.	(The Honorab	le)				00067738		
4	Date	5	Payee name								
	05/01/2023		Cabela's - Alle	n							
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Coc	le				
	\$104.08		1 Cabela Dr								
			Allen, TX 7500)2							
8	PURPOSE	(a)	Category (See C	Setenories listed at the	top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Gift/Awards/Me			educ)	Check if travel		ide of Texas. Com	•	
	EXPENDITURE			-					, officeholder living	expense	
							Gift for staff ı	mer	nber		
Ļ		L									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	iolder name		Office soug	.ht		Office he	eld	
	Date	Γ	Payee name								
	03/21/2023		Capital Grille A	Austin							
	Amount (\$)	⊢	Payee address;	City;	State;	; Zip Coc	le				
	\$208.05		117 W 4th Stre	eet							
			Austin, TX 787	701							
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Food/Beverage	e Expense					ide of Texas. Com	•	
									, officeholder living	n/officeholder duties	
								1300	155 Campaig		
	Complete <u>ONLY</u> if direct		Candidate/Officeh	older name	C	Office soug	ıht		Office he	hld	
	expenditure to benefit C/OF				-	Jinos 222.5	Int		Onice an		
-	Date	\square	Payee name								
	01/09/2023		Capital One A	uto							
-	Amount (\$)		Payee address;	City;	State:	; Zip Coc					
	\$3,587.04		PO Box 60511		C,	, L ip Sc.					
	+=,										
			City of Industry	y, CA 91716							
	PURPOSE OF		Category (See C			iedule)	(b) Description			· · · · <u>-</u>	
	EXPENDITURE		Transportation	Equipment &	Related				ide of Texas. Com , officeholder living		
			Expense							transportation	
							(apportioned			uanoportation	
	Complete ONLY if direct		Candidate/Officeh	older name		Office soug	uht		Office he	hly الا	
	expenditure to benefit C/OF		Januidato, Cinec.		-	Jinee cours	Int		Onioo		

				EXPENDITU	RE CATEGO	RIES FOR	BC	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (Ils Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics (Commission Filers)
	Sch: 28/139 Rpt:			C. (The Honor	able)					00067738		
4	Date 06/27/2023	5	Payee name Capital One	Visa								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$5,051.30		1680 Capita McLean, VA									
8	PURPOSE	(a)	Category (so	e Categories listed a	t the top of this sch	odulo)	(b)	Description				
	OF EXPENDITURE		Credit Card		t the top of this sch	ieuuie)	(-)		, тх, f <mark>or (</mark>) expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	06/27/2023		Capital One	Visa								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$2,720.00		1680 Capita									
			McLean, VA									
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Credit Card	e Categories listed a Payment	t the top of this sch	nedule)	(b)		, тх, f <mark>or (</mark>	de of Texas. Com officeholder living Credit card (, expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
-	Date	<u> </u>	Payee name									
	03/20/2023		Capital One	Visa								
	Amount (\$) \$4,111.77		Payee addres 1680 Capita		State	; Zip Co	de					
			McLean, VA	22102								
	PURPOSE OF EXPENDITURE		Category _{(Se} Credit Card	e Categories listed a Payment	t the top of this sch	nedule)	(b)		, тх, f <mark>or (</mark>	de of Texas. Com officeholder living Credit card (expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fe G nmittee Le	vent Expense ees ood/Beverage Expe ift/Awards/Memoria egal Services 'he Instruction (lls Expense	Office Ove Polling Exp Printing Ex Salaries/W			Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 29/139 Rpt:		Leach, Jeff C	. (The Honor	able)				00067738	
4	Date 05/23/2023		Payee name Capitol Gift S	hop						
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de			
	\$690.09		1400 Congre Austin, TX 78							
8	PURPOSE OF EXPENDITURE		Category _{(See} Gift/Awards/N			nedule)		ustin, TX	ide of Texas. Com , officeholder living embers	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	01/09/2023		Chick Fil-a #0	2992 Austin						
	Amount (\$) \$51.86		Payee address 503 W MLK		State	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78 Category _{(See} Food/Beverag	Categories listed a	t the top of this sch	nedule)	Check if A	ustin, TX	ide of Texas. Com	expense
							Lunch for	Capito	ol office staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	01/12/2023		Chick Fil-a #0)2992 Austin						
	Amount (\$) \$96.54		Payee address 503 W MLK	; City;	State;	; Zip Co	de			
			Austin, TX 78	3701						
	PURPOSE OF EXPENDITURE		Category _{(See} Food/Beverag		t the top of this sch	nedule)	Check if A	avel outs ustin, TX	ide of Texas. Com , officeholder living DI Office staff) expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	holder name	(Dffice sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/Contract Labor		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				3	Filer ID (Ethics Commission Filers)			
	Sch: 30/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	01/17/2023		Chick Fil-a #02992 Austin								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	nde						
Ŭ	\$58.11	Ľ	503 W MLK	, <u>Lip</u> 00	Juo						
	+++++++++++++++++++++++++++++++++++++++										
			Austin, TX 78701								
_	DUDDOOF				(1-)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	outei	de of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense					officeholder living expense			
						Lunch for Ca	pito	ol office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	02/06/2023		Chick Fil-a #02992 Austin								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$19.43		503 W MLK								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
						Lunch for Ca		officeholder living expense			
						Lunch for Ca	μιο	of office staff			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt			Office held			
	expenditure to benefit C/OF			Once sou	iyin			Onice field			
		_									
	Date		Payee name								
	02/21/2023		Chick Fil-a #02992 Austin								
	Amount (\$)			te; Zip Co	bde						
	\$8.76		503 W MLK								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
								officeholder living expense			
						weeting to us	JUU	iss campaign/onicenoider duties			
_	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou				Office held			
	expenditure to benefit C/OF				iyiit						

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.						elated Expense					
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 31/139 Rpt:		Leach, Jef	C. (The	Honorable))					00067738		
4	Date	5	Payee name	9									
	02/27/2023		Chick Fil-a	#02992	Austin								
6	Amount (\$)	7	Payee addre	ess; C	City;	State;	Zip Co	de					
	\$66.00		503 W ML	<									
			Austin, TX	78701									
8	PURPOSE	(a)			es listed at the top	a of this cabo	dula)	(b)	Description				
-	OF		Food/Beve			p of this scher	uule)	()	-	outsi	de of Texas. Con	nplete Schedule	e T.
	EXPENDITURE			51							officeholder livin		
									Lunch for Ca	pitc	ol office staf	f	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder	name	Of	ffice sou	ght			Office h	eld	
	Date		Payee name	9									
	03/03/2023		Chick Fil-a	#02992	Austin								
	Amount (\$)		Payee addre	ess; C	City;	State;	Zip Co	de					
	\$62.47		503 W ML	<									
			Austin, TX	78701									
	PURPOSE	(a)	Category (See Categorie	es listed at the top	o of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beve				,				de of Texas. Con		е Т.
											officeholder livin	g expense	
									Lunch for Ca	рпс	onice		
	Complete ONLY if direct		Candidate/Of	ficoboldor	namo		ffice sou	nht			Office h	old	
	expenditure to benefit C/OI		Sandidate/Or	licenoluei	name	0		JIII			Oncen	eiu	
_	Data	<u> </u>	Device memory										
	Date 03/08/2023		Payee name Chick Fil-a		Austin								
_						Ctoto	Zin Co	40					
	Amount (\$) \$29.62		Payee addre 503 W ML		City;	State,	Zip Co	Je					
	φ29.02			`									
			Austin, TX	78701									
	PURPOSE OF	(a)			es listed at the top	p of this schee	dule)	(b)	Description	_			
	EXPENDITURE		Food/Beve	rage Exp	oense						de of Texas. Con		е Т.
									Lunch for Ca		officeholder livin		
										pilo	. shiet stur		
-	Complete ONLY if direct	L(Candidate/Of	ficeholder	name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI					5		,			2		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.							Equipment & Related Expense t strict		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 32/139 Rpt:		Leach, Jef	f C. (The	Honorable)					00067738	
4	Date	5	Payee name	9							
	03/09/2023		Chick Fil-a		Austin						
6	Amount (\$)	7	Payee addre	ess; Ci	ty;	State; Zi	p Cod	9			
	\$84.44		503 W ML			·					
			Austin, TX	78701							
8	PURPOSE	(a)					. 10) Description			
ľ	OF	(~)	Food/Beve		s listed at the top o	this schedule	e) (outs	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE			neige =/ip						, officeholder livin	
								Lunch for Ca	pito	ol office staf	f
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder	name	Offic	e sougł	nt		Office h	eld
	Date		Payee name	Э							
	04/10/2023		Chick Fil-a	#02992	Austin						
	Amount (\$)		Payee addre	ess; Ci	ty;	State; Zi	p Cod	9			
	\$18.49		503 W ML	К							
			Austin, TX	78701							
_	PURPOSE	(a)	Category (Soo Catogorio	s listed at the top o	f this schodule	, (Description			
	OF		Food/Beve				.)	Check if travel			nplete Schedule T.
	EXPENDITURE			5 1						, officeholder livin	
								Lunch for Ca	pito	ol office staf	f
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder	name	Offic	e sougl	nt		Office h	eld
	- p	_									
	Date		Payee name								
	04/17/2023		Chick Fil-a		Austin						
	Amount (\$)		Payee addr		ty;	State; Zi	p Cod	9			
	\$23.49		503 W ML	K							
			Austin, TX	78701			_				
	PURPOSE OF	(a)	Category (See Categorie	s listed at the top o	of this schedule	e) (I	Description			
	EXPENDITURE		Food/Beve	rage Exp	ense						nplete Schedule T.
								Lunch for Ca		, officeholder living	
										. onice star	
	Complete ONLY if direct	L(Candidate/Of	ficeholder	name	Offic	e sougł	nt		Office h	eld
	expenditure to benefit C/OI					20				2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis The Instruction Guide explains how to complete this form.						Equipment & Related Expe t strict					
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission	Filers)
	Sch: 33/139 Rpt:		Leach, Jef	f C. (The	Honorable)						00067738		
4	Date	5	Payee name	è									
	04/21/2023		Chick Fil-a		Austin								
6	Amount (\$)	7	Payee addre	ess: C	ity;	State;	Zip Coc	le					
-	\$60.75		503 W MLI			,							
			Austin, TX	78701									
8	PURPOSE	(2)						(h)	Description				
ľ	OF	(a)	Food/Beve		es listed at the top o	of this schedu	ule)	(0)	Description Check if travel	outsi	de of Texas. Corr	nplete Schedule T.	
	EXPENDITURE		1 000/Deve								officeholder living		
					Lunch f						ol office		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder	name	Offi	ice soug	jht			Office h	eld	
	Date		Payee name	9									
	05/01/2023		Chick Fil-a	#02992	Austin								
	Amount (\$)	┢	Payee addre	ess; C	ity;	State;	Zip Coc	le					
	\$28.83		503 W MLI	<	-		•						
			Austin, TX	78701									
_	PURPOSE	(a)			es listed at the top o	- 6 41-2		(b)	Description				
	OF		Food/Beve			or this schedu	uie)	()		outsi	de of Texas. Corr	nplete Schedule T.	
	EXPENDITURE			ioige =/ip					Check if Austin	, TX,	officeholder living	g expense	
									Lunch for Ca	pitc	ol office staf	f	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder	name	Offi	ice soug	jht			Office h	eld	
	experiature to benefit C/OI												
	Date		Payee name	e									
	05/11/2023		Chick Fil-a	#02992	Austin								
	Amount (\$)		Payee addr	ess; C	ity;	State;	Zip Coc	le					
	\$29.63		503 W ML	<									
			Austin, TX	78701									
	PURPOSE	(a)	Category (See Categorie	es listed at the top of	of this schedu	ule)	(b)	Description				
	OF	ľ	Food/Beve			or this seried	uicy			outsi	de of Texas. Corr	plete Schedule T.	
	EXPENDITURE			5 1				ĺ			officeholder living		
									Lunch for Ca	pitc	ol office staf	f	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder	name	Offi	ice soug	ht			Office h	eld	
	corpenditure to beliefit C/Of												
		_								_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.							Related Expense				
1	Total pages Schedule F1:	2	FILER NAM	IE						3	Filer ID	(Ethics C	ommission Filers)
	Sch: 34/139 Rpt:		Leach, Jef	f C. (Th	e Honorabl	e)					00067738		
4	Date	5	Payee name	е						I			
	05/12/2023		Chick Fil-a		2 Austin								
6	Amount (\$)	7	Payee addr	ess;	City;	State:	Zip Co	de					
	\$18.49		503 W ML										
			Austin, TX	78701									
8	PURPOSE	(a)						(h)	Description				
ľ	OF	(~)	Category (Food/Beve			top of this sch	edule)	()	-	outsi	de of Texas. Con	plete Schedu	le T.
	EXPENDITURE				, poneo						officeholder livin		
									Lunch for Ca	pitc	ol office staf	f	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name	C	Office sou	ight			Office h	eld	
	Date		Payee name	е									
	05/22/2023		Chick Fil-a	#0299	2 Austin								
	Amount (\$)		Payee addr	ess;	City;	State;	Zip Co	de					
	\$39.71		503 W ML	К									
			Austin, TX	78701									
	PURPOSE	(a)	Category (See Catego	pries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beve								de of Texas. Con	•	le T.
											officeholder livin		
									Lunch for Ca	μιι	on onice stan		
	Complete ONLY if direct		Candidate/Of	ficehold	ar name		Office sou	abt			Office h	ald	
	expenditure to benefit C/OI		Sandidate/O	neenoid	ci name			igin			Office II	ciù	
_	Date	<u> </u>	Device nem										
	05/25/2023		Payee name Chick Fil-a		2 Austin								
_						Ctoto	Zin Co	da					
	Amount (\$) \$18.06		Payee addr 503 W ML		City;	Siale,	Zip Co	ue					
	φ10.00		303 W WIL	N.									
			Austin, TX	78701									
	PURPOSE OF	(a)	Category (top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Beve	erage E	xpense						de of Texas. Con		ile T.
									Lunch for Ca		officeholder livin		
										Pric	. shiet star		
-	Complete ONLY if direct	L(Candidate/Of	ficehold	er name	ſ	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI												
-													

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)				
1	Sch: 35/139 Rpt:	2	Leach, Jeff C. (The Honorable)			ľ	00067738				
4	Date	5	Payee name			•					
	05/30/2023		Children's Advocacy Center of Collin C	County							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de						
	\$3,000.00		2205 Los Rios Blvd								
		Plano, TX 75074									
•	PURPOSE	(0)									
8	OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Event Expense				, officeholder living expense				
							eholder table purchase at annual gala				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	ght		Office held				
	Date		Payee name								
	03/30/2023		Clayton Spangler Photographic Design	ı							
	Amount (\$)			; Zip Co	de						
	\$399.00		823 Quarrier St								
			Charleston, WV 25301								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.				
	-						, officeholder living expense				
					Texas House	; hs	anoramic photo for Capitol office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	01/23/2023		Clown Around Party Rental								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$309.00		116 N Tennessee St	,							
	\$000.00		Suite 200								
			McKinney, TX 75069								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Event sponse	ors	hip for local school				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
		<u>'</u>									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel of District						Related Expense				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
-	Sch: 36/139 Rpt:	-		C. (The Honoral	ole)					00067738	(
4	Date	5	Payee name									
	02/14/2023		Collin Count	y GOP								
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$2,500.00		2963 W 15th	n Street								
			Suite 2981									
			Plano TX 7									
				no, TX 75075								
8	PURPOSE	(a)		e Categories listed at th		edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma						de of Texas. Cor		ule T.
			Candidate/C	fficeholder/Poli	tical Comm	littee				officeholder livin		
								Contribution t	(0 C		y GOP	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	01/06/2023		Container St	ore - Austin								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	db					
	.,				State,	, zip co	uc					
	\$265.07		9629 Resea	ICH BIVU								
			Austin, TX 7	8759								
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at tr lead/Rental Exp		iedule)			, тх,	de of Texas. Cor , officeholder livin , office Supj	g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	(Dffice sou	ght			Office h	eld	
⊢	Date		Payee name									
	01/09/2023		Container Si	ora - Austin								
	Amount (\$)		Payee addres	-	State;	; Zip Co	de					
	\$50.27		9629 Resea	rch Blvd								
			Austin, TX 7	8759								
	PURPOSE	(a)		e Categories listed at th		edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	lead/Rental Exp	ense					de of Texas. Cor		ule T.
										officeholder livin		
								Campaign/off	nce		e suppile	:5
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office soug	ght			Office h	eld	
	expenditure to benefit C/OI	-1										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Re Food/Beverage Expense Polling Expense Travel in District ty - Gift/Awards/Memorials Expense Printing Expense Travel of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listic)						& Related Expense				
1	Total pages Schedule F1:	2	FILER NAM	 E					3	Filer ID	(Ethics	Commission Filers)
	Sch: 37/139 Rpt:		Leach, Jeff		onorable)					00067738		
4	Date	5	Payee name	;								
	03/06/2023		Coore Crei		Course							
6	Amount (\$)	7	Payee addre	ess; City	r; State	; Zip Co	ode					
	\$344.23		8212 Barto	n Club Driv	ve							
			Austin, TX	78735								
8	PURPOSE	(a)	Category		isted at the top of this sch		(b)	Description				
Ŭ	OF	(,	Event Expe		isted at the top of this sch	iedule)	()	· ·	outsi	de of Texas. Cor	nplete Sch	edule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense	
								Golf outing w	vith	legislative s	stakeho	lder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	iceholder na	ame (Office sou	ught			Office h	eld	
	Date		Payee name	`								
	01/30/2023		,		il of Republican V	Vomen						
	Amount (\$)		Payee addre	-	-	; Zip Co	odo					
	.,					, zip cc	Jue					
	\$250.00		10300 Nor	in Central i	Exhà							
			#345									
			Dallas, TX	75231								
	PURPOSE	(a)	Category (s	See Categories I	isted at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe							de of Texas. Cor		edule T.
										officeholder livin		
								Campaign/of	fice	holder ever	nt spon	sorship
	Complete ONLY if direct		Candidate/Of	icoboldor n	2000 (Office sou				Office h	old	
	expenditure to benefit C/Oł						igin			Office I	ciù	
_	Date		Payee name									
	01/17/2023		Dallas Mor									
				-		. 710 00						
	Amount (\$)		Payee addre	-	r; State	; Zip Co	ode					
	\$28.10		1954 Comi	nerce St								
			Dallas, TX	75201								
	PURPOSE OF	(a)			isted at the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Office Ove	rhead/Ren	tal Expense					de of Texas. Cor		edule T.
								Campaign/of		officeholder livin		cubcorintion
								Campaignion	nce		spaper	Subscription
	Complete ONIL V if direct	Ľ	Candidate/Of	icoboldor o	2000	Office com				Office h	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januiuale/UI			Office sou	iynt			Onice h	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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			3	Filer ID (Ethics Commission Filers)				
	Sch: 38/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	02/06/2023		Dallas Morning News								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$94.78		1954 Commerce St								
			Dallas, TX 75201								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	uulo)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
		Campaign/officeholder newspaper subs									
_	Operation ONITY if all the st										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	Int		Office held				
	Date		Payee name								
	03/30/2023		Dallas Morning News								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$94.78		1954 Commerce St								
			Dallas, TX 75201								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Campaign/or	nce	cholder newspaper subscription				
_	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	iht		Office held				
	expenditure to benefit C/OI			100 000	, ne						
-	Date		Payee name								
	04/03/2023		Dallas Morning News								
	Amount (\$)			Zip Co	le						
	\$1.08		1954 Commerce St	p 00.							
	1										
			Dallas, TX 75201								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
							holder newspaper subscription				
-	Complete ONLY if direct	L(Candidate/Officeholder name Of	ffice soug	Iht		Office held				
	expenditure to benefit C/OI										
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Travel out of District Travel Out of District Calabor OTHER (enter a calabor Complete this form.						ipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)				
	Sch: 39/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738					
4	Date	5	Payee name			<u> </u>						
	05/25/2023		Dallas Morning News									
6	Amount (\$)	7		; Zip Co	le							
ľ	\$94.78	Ľ	1954 Commerce St	, <u>Lip</u> 00								
			Dallas, TX 75201									
	DUDDOCE											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)	(b) Description	outsi	ide of Texas. Comple	ete Schedule T.				
	EXPENDITURE		Once Overneau/Rentai Expense				, officeholder living e					
			Campaign/officeholder newspaper subscriptio									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	1				
	Date		Payee name									
	03/21/2023		Dr. Delphinium Flowers									
	Amount (\$)		Payee address; City; State;	; Zip Co	le							
	\$350.67		513 W Campbell Rd									
			Richardson, TX 75080									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description							
	EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Comple , officeholder living e					
							for campaign					
							ioi oampaign	eabberre.				
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	Iht		Office held	d				
	expenditure to benefit C/OI	Η		·								
⊨	Date		Payee name									
	03/30/2023		Dr. Delphinium Flowers									
	Amount (\$)			; Zip Co	10							
	\$209.95		513 W Campbell Rd	, 20 00								
	\$200.00											
			Richardson, TX 75080									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description							
	EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Comple , officeholder living e					
							for campaign					
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	lht		Office held	t t				
	expenditure to benefit C/OI	H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 40/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738							
4	Date 01/30/2023	5 Payee name Dropbox								
6	Amount (\$) \$76.75	7 Payee address; City; State; Zip Code 333 Brannan St, San Francisco, CA 94107								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ine storage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/01/2023	Dropbox								
	Amount (\$) \$76.75	Payee address; City; State; Zip Code 333 Brannan St,								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ine storage							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/29/2023	Dropbox								
	Amount (\$) \$76.75	Payee address; City; State; Zip Code 333 Brannan St,								
		San Francisco, CA 94107								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder online storage							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equ Travel in District Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel out of Distri						ising Expense uipment & Related Expense ict ategory not listed above)			
1	Total pages Schedule F1:	FILER N		·		·	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 41/139 Rpt:		Jeff C. (The Honorable	e)				00067738			
4	Date	Payee na	ame								
	05/01/2023	Dropbox	<								
6	Amount (\$) \$76.75		nnan St,	State; Z	ip Cod	5					
			San Francisco, CA 94107								
8	PURPOSE OF EXPENDITURE		' (See Categories listed at the tr verhead/Rental Exper		e) (Check if Austir	ı, TX,	ide of Texas. Comple , officeholder living e :holder online	xpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offic	e sougl	nt		Office held	1		
	Date	Payee na	ame								
	05/30/2023	Dropbox	<								
	Amount (\$) \$76.75		ddress; City; nnan St, ncisco, CA 94107	State; Z	ip Cod	9					
	PURPOSE OF EXPENDITURE) Category	(See Categories listed at the to Verhead/Rental Exper		e) (Check if Austir	n, TX,	ide of Texas. Comple , officeholder living e :holder online	xpense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offic	e sougl	nt		Office held	t		
	Date	Payee na	ame								
	06/29/2023	Dropbox									
	Amount (\$) \$76.75	Payee ad 333 Bra	ddress; City; nnan St,	State; Z	ip Cod	9					
			ncisco, CA 94107								
	PURPOSE OF EXPENDITURE		' (See Categories listed at the to werhead/Rental Exper		e) (I		ι, TX,	ide of Texas. Comple , officeholder living e e storage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Offic	e sougl	nt		Office held	1		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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			3	Filer ID (Ethics Commission Filers)			
	Sch: 42/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738			
4	Date 04/07/2023	5	Payee name Eberly Austin							
6	Amount (\$) \$260.26	7	Payee address; City; State; 615 S. Lamar Austin, TX 78704	Zip Co	le					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense ISS Campaign/officeholder duties			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	01/05/2023		Element Hotel Austin							
	Amount (\$) \$1,190.28		109 E 7th Street	Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78701 Category (See Categories listed at the top of this sche Travel Out of District	edule)	X Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Pholder lodging			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	01/11/2023		Element Hotel Austin							
	Amount (\$) \$872.69		Payee address; City; State; 109 E 7th Street	Zip Co	le					
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	X Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense •holder lodging			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gitt/Awards/Memorials Expense Polling Expense Travel in District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category n The Instruction Guide explains how to complete this form.						uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 43/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	01/11/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode						
	\$1,496.80		109 E 7th Street	· •							
			Austin, TX 78701								
8	PURPOSE										
ľ	OF	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule ⁻ 									
	EXPENDITURE					X Check if Austin	, тх,	officeholder living e	expense		
			Campaign/officeholder lodging								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office hel	d		
	Date		Payee name								
	01/12/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode						
	\$805.58		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Travel Out of District	chedule)	(b)	Description Check if travel of Check if Austin Campaign/off	, тх,		expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office hel	d		
		1									
	Date		Payee name								
	01/12/2023		Element Hotel Austin								
	Amount (\$)			te; Zip Co	ode						
	\$220.95		109 E 7th Street								
			Austin, TX 78701		-						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		_			
	EXPENDITURE		Travel Out of District			Check if travel	, тх,		expense		
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iupt			Office hel	d		
	expenditure to benefit C/OF			51166 300	gin				u		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.						uipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 44/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738				
4	Date	5	Payee name									
	01/12/2023		Element Hotel Austin									
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode							
	\$3,612.72		109 E 7th Street	· •								
			Austin, TX 78701									
8	PURPOSE	(a)										
ľ	OF	(4)	Category (See Categories listed at the top of this so Travel Out of District	hedule)	(5)		outsi	de of Texas. Comp	lete Schedule T.			
	EXPENDITURE					X Check if Austin						
						Campaign/off	fice	holder lodgin	ıg			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office hel	d			
	Date		Payee name									
	01/19/2023		Element Hotel Austin									
	Amount (\$)		Payee address; City; State	e; Zip Co	bde							
	\$1,361.32		109 E 7th Street									
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Travel Out of District	hedule)	(b)	Description Check if travel of Check if Austin Campaign/off	, тх,		expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office hel	d			
-	Date		Payee name									
	01/26/2023		Element Hotel Austin									
	Amount (\$)		Payee address; City; State	e; Zip Co	ode							
	\$1,434.82		109 E 7th Street	, <u>_</u> p ee								
	+_,											
			Austin, TX 78701									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete						lete Schedule T				
	EXPENDITURE		Travel Out of District			X Check if Austin Campaign/off	, тх,	officeholder living	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office hel	d			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list The Instruction Guide explains how to complete this form.						uipment & Related Expense ict				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 45/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738				
4	Date	5	Payee name									
	02/01/2023		Element Hotel Austin									
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode							
-	\$1,341.83	ľ	109 E 7th Street									
	.,											
			Austin, TX 78701									
	DUDDOCE											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(D)	Description	outsi	de of Texas. Compl	ete Schedule T			
	EXPENDITURE		Travel Out of District			X Check if Austin						
						Campaign/of	fice	holder lodgin	g			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office hel	d			
	Date		Payee name									
	02/08/2023		Element Hotel Austin									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$1,341.83		109 E 7th Street									
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(b)	Description Check if travel X Check if Austin Campaign/off	, тх,		expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	i ight			Office hel	d			
	Date		Payee name									
	02/16/2023		Element Hotel Austin									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$1,528.73		109 E 7th Street									
			Austin, TX 78701									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete						ete Schedule T				
	EXPENDITURE		Travel Out of District			X Check if Austin Campaign/of	, тх,	officeholder living e	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l .ght			Office hel	d			
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)			
	Sch: 46/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738			
4	Date	5	Payee name							
	02/22/2023		Element Hotel Austin							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,390.28		109 E 7th Street							
			Austin, TX 78701							
8	PURPOSE									
°	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Traver Out of District				, officeholder living expense			
						fice	eholder lodging			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held			
	Date		Payee name							
	03/01/2023		Element Hotel Austin							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,490.28		109 E 7th Street							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.			
							, officeholder living expense eholder lodging			
					Campaign/or	nce				
	Complete ONIL V if direct		Candidate/Officeholder name		~h+		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Landidate/Officeholder name	Office sou	gni		Office field			
		_								
	Date		Payee name							
	03/03/2023		Element Hotel Austin							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$26.14		109 E 7th Street							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF		Food/Beverage Expense	,		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Meeting to di	SCL	uss Campaign/officeholder duties			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Travel in District y - Gift/Awards/Memorials Expense Polling Expense al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not OTHER (enter a category not						Equipment & Related Expe t istrict				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission	Filers)
	Sch: 47/139 Rpt:		Leach, Jeff	C. (The Hone	orable)					00067738		
4	Date	5	Payee name	2								
	03/03/2023		Element H									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$470.02		109 E 7th \$	Street								
			Austin, TX	78701								
8	PURPOSE				at the top of this sch	adula)	(b)	Description				
-	OF		Travel Out		rat the top of this sch	iedule)	()	·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE									officeholder livin		
								Campaign/off	fice	holder lodg	ing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	e (Office sou	ght			Office h	eld	
	Date		Payee name	<u>)</u>								
	03/06/2023		Element H	otel Austin								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$1,490.28		109 E 7th \$	Street								
			Austin, TX	78701								
	PURPOSE	(a)	Category (s	See Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out								nplete Schedule T.	
								Check if Austin				
								Campaign/off	rice	nolder lodg	ing	
	Complete ONLY if direct		andidata/Of	ficeholder name			abt			Office h	old	
	expenditure to benefit C/OI		anuluale/OI		e (Office sou	ynt			Oncen	eiu	
	Data	1										
	Date 03/13/2023		Payee name Element He									
					Ctata		ala					
	Amount (\$)		Payee addre 109 E 7th S		State	; Zip Co	ue					
	\$1,390.28		109 E 7013	Sileei								
			Austin, TX	78701								
	PURPOSE	(a)	Category (S	See Categories listed	at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District				Check if travel of X Check if Austin,			nplete Schedule T.	
								Campaign/off				
								campaign/on		uu	a	
-	Complete ONLY if direct	<u></u>	Candidate/Of	ficeholder name	, (Office sou	aht			Office h	eld	
	expenditure to benefit C/OI									2		
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling Ex Printing E Salaries/V	payment/Reinbursement verhead/Rental Expense Expense Wages/Contract Labor		Solicitation/Fundraising E: Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	& Related Expense			
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics	s Commission Filers)			
	Sch: 48/139 Rpt:		each, Jeff C. (The Honorable)				00067738				
4	Date	5 F	Payee name								
	03/15/2023	E	Element Hotel Austin								
6	Amount (\$) \$493.63		vayee address; City; Sta .09 E 7th Street	ate; Zip Co	ode						
		ļ	Nustin, TX 78701								
8	PURPOSE	(a) (Category (See Categories listed at the top of this	schedule)	(b) Description						
	OF EXPENDITURE	ר 	ravel Out of District		X Check if Austin	, TX,	de of Texas. Complete Sch officeholder living expense holder lodging				
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ught		Office held				
	Date	F	Payee name								
	03/20/2023	E	Element Hotel Austin								
	Amount (\$)	F	Payee address; City; Sta	ate; Zip Co	ode						
	\$1,390.28	1	.09 E 7th Street								
		Å	Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this ravel Out of District	schedule)	X Check if Austin	, TX,	de of Texas. Complete Sch officeholder living expense holder lodging				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ught		Office held				
	Date	F	Payee name								
	03/27/2023		Element Hotel Austin								
	Amount (\$) \$1,290.28		Payee address; City; Sta 09 E 7th Street	ate; Zip Co	ode						
		4	Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	X Check if Austin	, тх,	de of Texas. Complete Sch officeholder living expense holder lodging				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ught		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries/	verhea Expens Expen Wage	nse es/Contract Labor	draising Expense Equipment & Related Expense strict Lategory not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 49/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name				1				
	03/30/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode						
-	\$12.55	ľ	109 E 7th Street								
			Austin, TX 78701								
8	PURPOSE	(a)			(h)	Description					
ľ	OF	(4)	Category (See Categories listed at the top of thi Food/Beverage Expense	is schedule)			outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense		
			Meeting to discuss Campaign/officeholder of								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	:		Office he	eld		
	Date		Payee name								
	03/30/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$422.23		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Travel Out of District	is schedule)	(b)	Description Check if travel X Check if Austin			nplete Schedule T. g expense		
						Campaign/of					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	i		Office he	eld		
	Date		Payee name								
	04/03/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; S	tate; Zip C	ode						
	\$1,290.28		109 E 7th Street								
			Austin, TX 78701		ĩ						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.							udata Oshadada T		
	EXPENDITURE		Travel Out of District					de of Texas. Com officeholder living			
						X Check if Austin					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	:		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not li The Instruction Guide explains how to complete this form.						uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 50/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name				I				
	04/10/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode						
	\$1,290.28		109 E 7th Street								
			Austin, TX 78701								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
ľ	OF	("	Travel Out of District	schedule)			outsi	de of Texas. Compl	lete Schedule T.		
	EXPENDITURE					X Check if Austin	, TX,	officeholder living	expense		
						Campaign/of	fice	holder lodgin	ıg		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office hel	d		
	Date		Payee name								
	04/17/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode						
	\$1,290.28		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(b)	Description Check if travel Check if Austin Campaign/of	, TX,		expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office hel	d		
	Date		Payee name								
	04/21/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode						
	\$1,290.28		109 E 7th Street	,							
	. ,										
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outoi	do of Toylog, Compl	loto Sobodulo T		
	EXPENDITURE		Travel Out of District			X Check if Austin Campaign/of	, тх,		expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office hel	d		
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis The Instruction Guide explains how to complete this form.						quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 51/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	04/27/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$1,290.28		109 E 7th Street	· •							
			Austin, TX 78701								
8	PURPOSE										
0	OF	(a)	Category (See Categories listed at the top of this so Travel Out of District	chedule)	(0)		outsi	de of Texas. Comp	plete Schedule T.		
	EXPENDITURE		Have out of District			X Check if Austin					
						Campaign/of	fice	holder lodgir	ng		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office he	ld		
	Date		Payee name								
	05/05/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$337.11		109 E 7th Street								
			Austin, TX 78701		•						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Travel Out of District	chedule)	(b)	Description Check if travel Check if Austin Campaign/off	, тх,		expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ught			Office he	ld		
-	Date		Payee name								
	05/05/2023		Element Hotel Austin								
	Amount (\$)			e; Zip Co	ohe						
	\$1,290.28		109 E 7th Street	е, ∠р СС	Jue						
	φ1,230.20										
			Austin, TX 78701		-						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						do of Toylog Ori	Note Schodule T		
	EXPENDITURE		Travel Out of District			Check if travel	, тх,		expense		
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	lught			Office he	ld		
		1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea (pense (xpense Vages	se s/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 52/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	05/10/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode						
	\$1,290.28		109 E 7th Street								
			Austin, TX 78701		-						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District					de of Texas. Compl			
						Campaign/of		holder lodgin			
						oumpaign/on		inolaol loagin	9		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	d		
	Date		Payee name								
	05/17/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$1,290.28		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	hedule)	(0)	X Check if Austin	, TX,	de of Texas. Comple , officeholder living e :holder lodgin	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ıght			Office held	d		
	Date		Payee name								
	05/24/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$1,707.09		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	hedule)	(b)		, тх,	de of Texas. Compl , officeholder living e :holder lodgin	expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a call						Equipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 53/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	06/01/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode						
	\$791.41		109 E 7th Street								
			Austin, TX 78701								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
-	OF		Travel Out of District	scrieuule)			outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE					X Check if Austin					
		Campaign/officeholder lodging									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office h	eld		
	Date		Payee name								
	06/07/2023		Element Hotel Austin								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$120.62		109 E 7th Street								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense						nplete Schedule T.		
								officeholder living	^{g expense} gn/officeholder duties		
							SCU	iss Campai			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Indht			Office h	eld		
	expenditure to benefit C/OF			Onice Soc	agin			Onice in			
	Date										
	05/08/2023		Payee name Element Hotel Austin								
				ate; Zip Co	odo						
	Amount (\$) \$245.57		Payee address; City; Sta 109 E 7th Street	ale, Zip Co	bue						
	ψ245.57										
			Austin, TX 78701		-						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		Travel Out of District			Check if travel			nplete Schedule T.		
						Campaign/off					
						Sampaign/01		uugi			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office sou	l			Office h	eld		
	expenditure to benefit C/OF			01100 000	gin			Childe In			
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpens Expen Wage	se s/Contract Labor		Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics 0	Commission Filers)		
	Sch: 54/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name				I				
	03/02/2023		Element Hotel Austin								
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode						
-	\$226.86		109 E 7th Street	., 1							
			Austin, TX 78701								
8	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description								
-	OF		Travel Out of District	chequie)	,		outsi	de of Texas. Complete Sched	lule T.		
	EXPENDITURE					X Check if Austin	, TX,	officeholder living expense			
			Campaign/officeholder lodging								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	01/09/2023		Empire Liquor								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$294.35		1205 West McDermott								
			Allen, TX 75013								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Event Expense	chedule)	(b)			de of Texas. Complete Sched	lule T.		
								TX, officeholder living expense			
						Beverages ic	n Ca	ampaign/officeholde	erevent		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Inpt			Office held			
	expenditure to benefit C/Oł			Office Sol	Jynt			Office field			
_	Date	_									
	04/10/2023		Payee name Erben & Yarbrough								
	Amount (\$)		-	e; Zip Co	odo						
	\$1,500.00		807 Brazos Street	.е, ∠ір Сі	Jue						
	φ1,500.00		Suite 402								
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	outoi	de of Texas. Complete Sched	lula T		
	EXPENDITURE		Legal Services					officeholder living expense	lule I.		
								holder legal service	s		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held			
	expenditure to benefit C/OI	Н									

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILEF	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 55/139 Rpt:		h, Jeff C. (The Honorable	e)				00067738	
4	Date 01/03/2023	Payee Face	e name book						
6	Amount (\$)	7 Paye	address; City;	State;	Zip Co	le			
	\$162.22	1 Ha	cker Way o Park, CA 94025						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign social media									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office sou	ht		Office he	ld
	Date	Payee	e name						
	02/01/2023	Face	book						
	Amount (\$)	Paye	address; City;	State;	Zip Co	le			
	\$150.00	Menl	cker Way o Park, CA 94025						
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the r rtising Expense	top of this sch	edule)		ı, ТХ,	ide of Texas. Comp , officeholder living Il media	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office sou	ht		Office he	ld
	Date	Pave	e name						
	04/03/2023	Face							
	Amount (\$) \$150.00		address; City; cker Way	State;	; Zip Coo	le			
		Menl	o Park, CA 94025						
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the trising Expense	top of this sch	edule)		ı, ТХ,	ide of Texas. Comp , officeholder living Il media adve	expense
	Complete ONLY if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Dffice soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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				3	Filer ID (Ethics Commission Filers)			
	Sch: 56/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	05/01/2023		Facebook								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coc	e					
	\$278.79		1 Hacker Way								
			Menlo Park, CA 94025								
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	edule)	b) Description					
	OF EXPENDITURE		Advertising Expense		,		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Campaign/of	fice	eholder social media advertising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	06/01/2023		Facebook								
	Amount (\$)		Payee address; City;	State;	Zip Coc	e					
	\$99.99		1 Hacker Way								
			,								
			Menlo Park, CA 94025								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	edule)	b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
				al media advertising							
						Cumpuign Sc					
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OI				5						
-	Date		Pavee name								
	06/14/2023		Fork & Fire McKinney								
	Amount (\$)		Payee address; City;	State	; Zip Coo	<u>م</u>					
	\$246.27		7540 TX 121	State,	, 210 000	c					
	ψ240.21										
			Suite 150								
			McKinney, TX 75070								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	edule)	b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						พธิธิญาติจาก	1150	cuss Campaign/officeholder duties			
-	Complete ONLY if direct	L	andidate/Officeholder name	ſ	Office soug	ht		Office held			
	expenditure to benefit C/OI			C	2.1100 300g						
-											

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:	FILER NAME	B Filer ID (Ethics Commission Filers)								
	Sch: 57/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738								
4	Date	Payee name									
	05/15/2023	Golden Corridor Republican Women									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$200.00 3100 Independence Parkway										
	Plano, TX 75075										
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		itside of Texas. Complete Schedule T.								
	EXPENDITORE		TX, officeholder living expense								
		Campaign/offic	ceholder club dues								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
╞	Data										
	Date	Payee name									
	06/21/2023	Golden Corridor Republican Women									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$30.00	3100 Independence Parkway									
		Plano, TX 75075									
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		itside of Texas. Complete Schedule T.								
			TX, officeholder living expense								
		Campaign/onic	ceholder membership dues								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/Oł	Candidate/Onicenolder name Onice Sought									
⊨	Date	Payee name									
	01/03/2023	Hill Country Springs									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$12.98	10019 S IH 35									
		Austin, TX 78747									
	PURPOSE OF	(b) Description									
	EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense								
			at Capitol office								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OI	entro obugit									
-											

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 FILE	ER NAME		3 Filer ID (Ethics Commission Filers)
	ch, Jeff C. (The Honorable)		00067738
4 Date 5 Pay	ee name		
02/03/2023 Hill	Country Springs		
6 Amount (\$) 7 Pay	ee address; City; State;	Zip Code	
\$13.99 100	019 S IH 35		
Aus	stin, TX 78747		
8 PURPOSE (a) Cate	egory (See Categories listed at the top of this sch	edule) (b) Description	
	od/Beverage Expense		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		Water servic	e for Capitol office
9 Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	idate/Officeholder name C	office sought	Office held
Date Pay	ee name		
03/02/2023 Hill	Country Springs		
Amount (\$) Pay	ee address; City; State;	Zip Code	
	019 S IH 35	P	
¢10100 100			
Aus	stin, TX 78747		
PURPOSE (a) Cat	egory (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE	od/Beverage Expense		outside of Texas. Complete Schedule T.
-			n, TX, officeholder living expense
		Capitor Office	e water service
	i data (Office de dalars serves	Affine and the	
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	lidate/Officeholder name C	office sought	Office held
	ee name		
04/04/2023 Hill	Country Springs		
Amount (\$) Pay	ee address; City; State;	Zip Code	
\$73.99 100	019 S IH 35		
Aus	stin, TX 78747		
PURPOSE (a) Cat	egory (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE	od/Beverage Expense		outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Water servic	e for Capitol office
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	lidate/Officeholder name C	office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)				
	Sch: 59/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	05/02/2023		Hill Country Springs								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	le						
	\$79.99		10019 S IH 35								
			Austin, TX 78747								
8	PURPOSE	(a)			(b) Decorintion						
ľ	OF	(<i>a</i>)	Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Food/Develage Expense				officeholder living expense				
					Water service	e fo	or Capitol office				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	06/02/2023		Hill Country Springs								
	Amount (\$)		Payee address; City; State	; Zip Co	le						
	\$60.98 10019 S IH 35										
			Austin, TX 78747								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.				
							X, officeholder living expense or Capitol office				
					Water Service		a capitor onice				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	iht		Office held				
	expenditure to benefit C/OF				int		Office field				
		_									
	Date		Payee name								
	05/25/2023		J Carvers								
	Amount (\$)			; Zip Co	le						
	\$203.41		509 Rio Grande								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					weeting to di	SCL	iss Campaign/officeholder duties				
					• -						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lht		Office held				
		•									

			EXPENDITURE CATE	EGORIES FO	R BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 60/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	06/09/2023		JW Marriott - Austin						
6				State; Zip C	odo				
6	Amount (\$) \$503.63		Payee address; City; S 110 E 2nd St Austin, TX 78701	state, Zip Ci	Jue				
_	BUBBOOF	<u> </u>			14.				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign/officeholder lodging									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office hel	d
	Date		Payee name						
	06/12/2023		JW Marriott - Austin						
	Amount (\$)		Payee address; City; S	State; Zip Co	ode				
	\$84.67		110 E 2nd St Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Food/Beverage Expense	nis schedule)	(b)	Check if Austin,	, тх,	de of Texas. Comp officeholder living SS Campaigr	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office hel	d
	Date		Payee name						
	01/24/2023		Kroger #0568 - Allen - Fuel Center	r					
	Amount (\$) \$68.44		Payee address; City; S 1320 W McDermott Dr	State; Zip Co	ode				
			Allen, TX 75013		1				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Travel In District	nis schedule)	(b)		, тх,	de of Texas. Comp officeholder living holder fuel cl	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office hel	d

EXPENDITURE CATEGORIES FOR BOX 8(a)														
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	tymer rhead pense pense ages/	t/Reimbursement I/Rental Expense e /Contract Labor		Transportation Travel in Distric Travel Out of D				
	Total pages Schedule F1:	2		E			-		2	Filer ID	(Ethics Commission	Filers)		
Ľ	Sch: 61/139 Rpt:	1		⊂ C. (The Honoral	alo)				ľ	00067738		1 11010)		
	-		Leach, Jen		JIEJ					00007738				
4	Date	5	Payee name											
	01/30/2023		Kroger #05	68 - Allen - Fuel	Center									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de							
	\$58.51		1320 W Mo	Dermott Dr										
			Allen, TX 7	5013										
8	PURPOSE OF	(a)		See Categories listed at th	e top of this sch	nedule)	(b)	Description						
	EXPENDITURE		Travel In D	istrict						ide of Texas. Cor , officeholder livin	nplete Schedule T.			
								Campaign/on	nee		nolder fuel charge			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld			
	Date		Payee name)										
	02/17/2023		Kroger #05	68 - Allen - Fuel	Center									
⊢	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de							
	\$65.49			Dermott Dr		, 1								
	\$00.40		1020 11 100											
			Allen, TX 7	5013										
	PURPOSE	(a)	Category (s	See Categories listed at th	ne top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Travel In D					Check if travel	outsi	ide of Texas. Cor	nplete Schedule T.			
	EXPENDITORE									, officeholder livin				
								Campaign/off	fice	holder fuel	charge			
	Complete ONLY if direct		Candidate/Off	ïceholder name	(Office sou	ght			Office h	eld			
	expenditure to benefit C/OI	Н												
F	Date	Γ	Payee name											
	03/09/2023			68 - Allen - Fuel	Center									
⊢		-	-				do							
	Amount (\$)		Payee addre		State	; Zip Co	ue							
	\$68.20		1320 W M	Dermott Dr										
			Allen, TX 7	5013										
	PURPOSE	(a)	Category (s	See Categories listed at th	e top of this sch	nedule)	(b)	Description						
	OF			ravel Out of District										
	EXPENDITURE									, officeholder livin				
								Campaign/off	fice	holder fuel	charge			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld			
	expenditure to benefit C/OI	Н												
-														

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)			
	Sch: 62/139 Rpt:			C. (The Hono	rable)				00067738				
4	Date	5	Payee name	1									
	04/17/2023		2	68 - Allen - Fu	el Center								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de						
	\$73.89		1320 W Mo	Dermott Dr									
			Allen, TX 7	5013									
8	PURPOSE	(a)	Category (S	See Categories listed a	at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Travel Out	of District					ide of Texas. Com				
				Check if Austin, TX, officeholder living expense Campaign/officeholder fuel charge									
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	iht		Office he	eld			
	expenditure to benefit C/OI	Н											
	Date		Payee name)									
	05/19/2023		Kroger #05	68 - Allen - Fu	el Center								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de						
	\$59.53		1320 W Mo	Dermott Dr									
			Allen, TX 7	5013									
⊢	PURPOSE	(a)	Category (See Categories listed a	at the top of this set	adulo)	(b) Description						
	OF	ľ	Travel In D			iedule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE						Check if Austin	I, TX	, officeholder living	expense			
							Campaign/of	fice	eholder fuel o	charge			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	jht		Office he	eld			
	Date	_	Payee name										
	06/01/2023		Kroger #05	68 - Allen - Fu	el Center								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de						
	\$36.25		1320 W Mo	Dermott Dr									
			Allen, TX 7	5013									
	PURPOSE	(a)	Category (S	See Categories listed a	at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Travel In D	istrict			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							Campaign/of						
							Campaign/01	nce		กแบบ			
_	Complete ONLV if direct	Ľ	Candidata/Off	iceholder name		Office corr	t		Office he	ald			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluate/OT	ICENDIUEI NAME	(Office sou	jiit		Onice he				

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymen rhead pense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 63/139 Rpt:		Leach, Jef	C. (The Honora	ble)					00067738		
4	Date	5	Payee name	2								
	06/12/2023		-	68 - Allen - Fuel	Center							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$71.62			Dermott Dr	·							
			Allen, TX 7	5013								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	[^(u)	Travel In D	See Categories listed at th	ne top of this sch	iedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		naver in D					Check if Austin,	, тх,	officeholder livin	g expense	
						Campaign/officeholder fuel charge						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name)								
	06/23/2023		Kroger #05	68 - Allen								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$5.98		1320 W M	Dermott Dr								
			Allen, TX 7	5013								
	PURPOSE OF	(a)	Category (S	See Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage Expense							nplete Schedule T.	
								Check if Austin, TX, officeholder living expense Refreshments for Campaign/officeholder meeting				
									0.0	, eampaig		, o til 19
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sour	aht			Office h	eld	
	expenditure to benefit C/OI	Н					,					
	Date		Payee name	2								
	06/27/2023		Kroger #05									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$8.65			Dermott Dr	Olato	, <u>Lip</u> 000	ao					
	\$0.00		1020 11 11									
			Allen, TX 7	5013								
	PURPOSE	(a)	Category (S	See Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Event Expense						Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
											^{g expense} 1/officeholder me	etina
								i ten confilenti	3 10	n Campaigi		Joung
-	Complete ONLY if direct	Ļ	Candidate/Of	ficeholder name		Office soug	thr			Office h	eld	
	expenditure to benefit C/OI			incentitier name	(JIII			Unice II	Ciù	
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expen: Gift/Awards/Memorials Legal Services The Instruction G i	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense ages/C	Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Di OTHER (enter a	Equipment & Re strict	elated Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 64/139 Rpt:		Leach, Jeff	C. (The Honora	ble)					00067738		
4	Date	5	Payee name									
	05/15/2023		Kroger #056	8 - Allen								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$349.03		1320 W McI	Dermott Dr								
			Allen, TX 75	013								
8	PURPOSE OF	(a)		e Categories listed at t		nedule)	(b) [Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense		Ļ			de of Texas. Con officeholder livin		e T.
							L	Gifts for staff	, 17,	Uncendider inni	g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Dffice sou	ght			Office h	eld	
	Date		Payee name									
	01/06/2023		Love Field F	Parking								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$32.00 8008 Herb Kelleher Way											
			Dallas, TX 7	5235								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b) [Description				
	OF EXPENDITURE		Travel Out o				Į			de of Texas. Con		e T.
							Ļ			officeholder living		
							(Campaign/off	ice	noider airpo	ort parking	
			Deve distante (Offici			24				0.4%	- 1 -1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	gnt			Office h	ela	
_	_	-										
	Date		Payee name) o vilvio c								
	02/16/2023		Love Field F	-								
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$90.00		8008 Herb k	Celleher Way								
			Dallas, TX 7	5235								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b) [Description	_			
	OF EXPENDITURE	Travel Out of District				ļ			de of Texas. Con		e T.	
							L	Campaign/off		officeholder living		
							,	campaign/011	ice	וטוטפו מווףנ	πραικιιί	
	Complete ONLV if direct	Ļ	Candidate/Offic	eholder name		Office cour	abt			Office h	eld	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januiuale/UIII	enuluer name	(Office sou	yni			Onice h	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District						ment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Et	thics Commission Filers)			
	Sch: 65/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	02/21/2023		Love Field Parking								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$67.20		8008 Herb Kelleher Way								
			-								
			Dallas, TX 75235								
8	PURPOSE	(0)									
0	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	ide of Texas. Complete	Schedule T			
	EXPENDITURE		Traver Out of District				, officeholder living expe				
					Campaign/of	fice	holder airport p	arking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held				
	Date		Payee name								
	02/27/2023		Love Field Parking								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$112.00		8008 Herb Kelleher Way	•							
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete				
							, officeholder living expe				
					Campaign/oi	nce	holder airport p	arking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Int		Office held				
	Date		Payee name								
	03/27/2023		Love Field Parking								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$193.20		8008 Herb Kelleher Way								
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District	·	Check if travel		ide of Texas. Complete				
	EXPENDITORE						, officeholder living expe				
					Campaign/of	tice	holder airport p	parking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 66/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738				
4	Date	5	Payee name								
	04/03/2023		Love Field Parking								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$140.00		8008 Herb Kelleher Way								
			Dallas, TX 75235								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description						
	OF	Ľ	Travel Out of District	euule)		outsi	ide of Texas. Comp	lete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living	expense			
					Campaign/of	fice	holder airpor	t parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office hel	d			
	Date		Payee name								
	04/10/2023		Love Field Parking								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$240.35		8008 Herb Kelleher Way								
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District	,	Check if travel	outsi	ide of Texas. Comp	lete Schedule T.			
	EXPENDITORE						, officeholder living				
					Campaign/of	fice	holder airpor	t parking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		Office hel	d			
		_									
	Date		Payee name								
	04/24/2023		Love Field Parking								
	Amount (\$)			Zip Co	le						
	\$10.00		8008 Herb Kelleher Way								
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel Out of District				ide of Texas. Comp				
							, officeholder living (
					Campaign/of	IICE	enoluer airpor	т рагкіну			
	Complete ONU V if dire at	Ļ	Condidate/Officeholder	fieo com	bt			d			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ji it		Office hel	u			
-											

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T				Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 67/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738	
4	Date	5	Payee name					
	04/28/2023		Love Field Parking					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$128.80		8008 Herb Kelleher Way					
			Dallas, TX 75235					
8	PURPOSE	(a)			(b) Decoription			
0	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE		Have Out of District				officeholder living e	
					Campaign/of	fice	holder airport	t parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	ht		Office hel	d
	Date		Payee name					
	05/01/2023		Love Field Parking					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$56.40		8008 Herb Kelleher Way					
			-					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District				de of Texas. Compl	
							officeholder living e	
					Campaign/or	lice	holder airport	t parking
					1.4		0.000	4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	office sou	m		Office hel	a
		_						
	Date		Payee name					
	05/08/2023		Love Field Parking					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$199.10		8008 Herb Kelleher Way					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF		Travel Out of District	,		outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE						officeholder living e	
					Campaign/of	fice	holder airport	t parking
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ht		Office hel	d
	expenditure to benefit C/OI	H						

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 68/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738	
4	Date	5	Payee name					
	05/15/2023		Love Field Parking					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$182.85		8008 Herb Kelleher Way					
			Dallas, TX 75235					
8	PURPOSE	(0)		I				
0	OF	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	(b) Description	outsi	de of Texas. Compl	lete Schedule T
	EXPENDITURE		Traver Out of District				officeholder living e	
					Campaign/of	fice	holder airpor	t parking
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ht		Office hel	d
	Date		Payee name					
	05/22/2023		Love Field Parking					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$128.80		8008 Herb Kelleher Way	•				
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District				de of Texas. Compl	
					officeholder living e			
					Campaign/or	fice	holder airpor	t parking
							0111	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office soug	Int		Office hel	a
	•	_						
	Date		Payee name					
	05/22/2023		Love Field Parking					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$50.60		8008 Herb Kelleher Way					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF		Travel Out of District	Judio)		outsi	de of Texas. Compl	lete Schedule T.
	EXPENDITURE						officeholder living e	
					Campaign/of	fice	holder airpor	t parking
	Complete ONLY if direct		Candidate/Officeholder name C	office sou	ht		Office hel	d
	expenditure to benefit C/OI	Н						

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)		
	Sch: 69/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738			
4	Date	5	Payee name							
	06/08/2023		Love Field Parking							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
-	\$43.30		8008 Herb Kelleher Way							
			Dallas, TX 75235							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Comp , officeholder living			
					Campaign/of		-			
					j j j j j j			· [9		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office he	ld		
	Date		Payee name							
	06/09/2023		Love Field Parking							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$56.40		8008 Herb Kelleher Way							
			Dallas, TX 75235							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	ide of Texas. Comp , officeholder living eholder airpor	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office he	ld		
	Date		Payee name							
	06/30/2023		Love Field Parking							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$100.80		8008 Herb Kelleher Way	I						
			Dallas, TX 75235							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District			I, TX	ide of Texas. Comp , officeholder living eholder airpor	expense		
							-			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 70/139 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
02/13/2023	Love Field Parking
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$168.00	8008 Herb Kelleher Way
	Dallas, TX 75235
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel Out of District
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airport parking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2023	Love Field Parking
Amount (\$)	Payee address; City; State; Zip Code
\$134.40	8008 Herb Kelleher Way
	Dallas, TX 75235
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airport parking
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davies name
Date 01/30/2023	Payee name Love Field Parking
Amount (\$)	Payee address; City; State; Zip Code
\$123.20	8008 Herb Kelleher Way
	Dallas, TX 75235
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airport parking
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

			EXPENDITURE CATEG	ORIES FO	R B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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				3	Filer ID (Ethics Commi	ssion Filers)	
	Sch: 71/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738		
4	Date	5	Payee name							
	02/28/2023		Lucy's Fried Chicken							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	ode					
	\$211.47		2218 College	· •						
			U U							
			Austin, TX 78704							
8	PURPOSE	(a)			(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(0)	Description Check if travel	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Meeting to di	SCU	iss Campaign/officeholde	r duties	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	03/16/2023		Lucy's Fried Chicken							
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode					
	\$64.74		2218 College							
			U U							
			Austin, TX 78704		_					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		da af Taura - Oamulata Oakadula T		
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense		
								iss Campaign/officeholde	r duties	
						5.5.5				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l ught			Office held		
	expenditure to benefit C/OI	Η			U					
	Date		Payee name							
	06/12/2023		Mail Pro USA							
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode					
	\$538.52		2016 Randol Mill	····, p						
			Suite 408							
			Arlington, TX 76011							
	BUBBOCE		-		(1-)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Printing Expense					officeholder living expense		
						Congratulato	ry c	certificates for graduating	seniors	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held		
	expenditure to benefit C/OI	Η								

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 72/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 01/23/2023	Payee name MailChimp							
6	Amount (\$) \$106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/13/2023	MailChimp							
Amount (\$) Payee address; City; State; Zip Code \$106.60 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense mail Service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/13/2023	MailChimp							
	Amount (\$) \$106.60	Payee address;City;State;ZipCode675 Ponce de Leon Ave NE Suite 5000							
		Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense mail Service						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
_	Sch: 73/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/11/2023	Payee name MailChimp							
6	Amount (\$)	Payee address; City; State; Zip Code							
Ū	\$106.60	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/11/2023	MailChimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$106.60	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense mail service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/12/2023	MailChimp							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$106.60	675 Ponce de Leon Ave NE Suite 5000							
		Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense mail service						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATE	GORIES FO	R B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Wages	se s/Contract Labor		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				3	Filer ID (Ethics Commission Filers)			
	Sch: 74/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	05/17/2023		Moller Promotional Products								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
-	\$1.045.64	ľ	711 N Carancahua								
	,,										
		Corpus Christi, TX 78401									
8	PURPOSE	(a)	-		(h)	Description					
ľ	OF	(",	Category (See Categories listed at the top of this Gift/Awards/Memorials Expense	s schedule)	(3)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						Gifts for com	mitt	tee members			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	01/06/2023		Moonshine Patio								
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode						
	\$423.81		303 Red River Street								
			Austin, TX 78701		•						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	s schedule)	(b)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense JSS Campaign/officeholder duties			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ught			Office held			
	Date		Payee name								
	01/10/2023		Moonshine Patio								
	Amount (\$)		Payee address; City; St	ate; Zip Co	nde						
	\$30.57		303 Red River Street	uie, 2ip et	Juc						
	\$00.01										
			Austin, TX 78701		ĩ						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description	ou .+	ide of Toyoo, Complete Schedule T			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
								uss Campaign/officeholder duties			
						0					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
⊢											

			EXPENDIT	URE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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				3	Filer ID	(Ethics Commission Filers)		
	Sch: 75/139 Rpt:		Leach, Jeff C. (The Hone	orable)				00067738			
4	Date	5	Payee name								
	06/08/2023		Moonshine Patio								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$80.62		303 Red River Street								
		Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	b) Description					
	OF EXPENDITURE		Food/Beverage Expense)				ide of Texas. Com			
	-							, officeholder living			
Meeting to discuss Campaign/officeholder duties											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	e C	Office soug	ht		Office he	ld		
	Date		Payee name								
	02/27/2023		Nebraska Furniture Mart								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$1,803.45		5600 Nebraska Furniture	e Mart Drive							
			The Colony, TX 75056								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed Office Overhead/Rental		edule)	Check if Austin	η, TX,	ide of Texas. Comp , officeholder living Pholder techr			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	e C	Office soug	ht		Office he	ld		
	Date		Payee name								
	06/26/2023		Nguyen, Vyda								
_	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$500.00		6048 Hillview Drive	,		-					
			Watauga, TX 76148								
	PURPOSE OF	(a)	Category (See Categories listed	•	edule)	b) Description					
	EXPENDITURE		Salaries/Wages/Contrac	t Labor			ı, TX	ide of Texas. Comp , officeholder living ENSE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	e C	Office soug	ht		Office he	łd		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 76/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date	Payee name	
	01/05/2023	Nordstrom Austin	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$995.90	2901 S Capital of Texas Hwy	
		Austin, TX 78746	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Daign supporters
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/27/2023	Omni Barton Creek	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,851.14	8212 Barton Club Dr	
		Austin, TX 78735	
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder lodging
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/08/2023	Omni Barton Creek	
	Amount (\$) \$1,361.04	Payee address; City; State; Zip Code 8212 Barton Club Dr	
		Austin, TX 78735	
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder lodging
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGO	ORIES FO	R B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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				3	Filer ID (Ethics Commission Filers))	
	Sch: 77/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738		
4	Date	5	Payee name							
	03/09/2023		Perry's Steakhouse Austin							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$492.41	11 114th W 7th								
		Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						Meeting to di	SCU	uss Campaign/officeholder duties		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	05/05/2023		Petal and Plants							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				\neg	
	\$248.31		2618 Martinville	, 1						
	+									
			Houston, TX 77017							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
								eral of campaign supporter		
							inc	nu or campaign supporter		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jght			Office held	_	
	expenditure to benefit C/OI	Η			Ū					
	Date		Payee name						=	
	01/27/2023		Pho Please							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$93.22		1920 E Riverside Dr							
			D140							
			Austin, TX 78741							
	PURPOSE	(a)			(h)	Description			\neg	
	OF	(4)	Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)	(5)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Develage Expense					, officeholder living expense		
						Lunch for Ca	pitc	ol office staff		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held		
	expenditure to benefit C/OI	-								

			EXPE	ENDITURE CATEGO		R BC	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Beve Gift/Award nmittee Legal Serv	ense rage Expense s/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymer erheac pense xpens Vages	t/Reimbursement /Rental Expense e /Contract Labor		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					3	Filer ID	(Ethics Commission Filers)	
	Sch: 78/139 Rpt:		Leach, Jeff C. (The	Honorable)					00067738		
4	Date	5	Payee name								
	03/10/2023		Pho Please								
6	Amount (\$)	7	Payee address; C	City; State	; Zip Co	ode					
	\$22.66		1920 E Riverside D	r							
			D140								
			Austin, TX 78741								
_						<i>a</i> >					
8	PURPOSE OF	(a)	Category (See Categori		edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Exp	bense					de of Texas. Comp officeholder living		
							Lunch for Ca			copense	
•	Complete ONLY if direct		Candidate/Officeholder		Office sou	abt			Office he		
9	expenditure to benefit C/OH										
	Date		Payee name								
03/14/2023 Pho Please											
	Amount (\$)		Payee address; C	City; State	; Zip Co	ode					
	\$68.20		1920 E Riverside D	r							
			D140								
			Austin, TX 78741								
	PURPOSE OF	(a)	Category (See Categori		edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Exp	bense				vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense			
									itol office staff		
							Lunch for Ou	pito	i onice stan		
	Complete ONLY if direct		Candidate/Officeholder	name (Office sou	l Iaht			Office he	ld	
	expenditure to benefit C/OI					5					
-	Date	Γ	Payee name								
	04/11/2023		Pho Please								
				Nite // Ctoto		do					
	Amount (\$)		-	•	; Zip Co	Jue					
	\$66.03		1920 E Riverside D	ſ							
			D140								
			Austin, TX 78741								
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Exp	bense					de of Texas. Comp		
									officeholder living	expense	
							Lunch for Ca	pito	I office staff		
	Complete ONLY if direct		Candidate/Officeholder	name C	Office sou	ight			Office he	ld	
	expenditure to benefit C/OI	H									

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 79/139 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
05/05/2023	Pho Please
6 Amount (\$) \$12.82	7 Payee address; City; State; Zip Code 1920 E Riverside Dr D140 Austin, TX 78741
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss Campaign/officeholder duties
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2023	Pho Please
Amount (\$) \$10.82	Payee address; City; State; Zip Code 1920 E Riverside Dr D140 Austin, TX 78741
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Capitol office staff
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2023	Qi Austin
Amount (\$) \$1,141.11	Payee address; City; State; Zip Code 835 W 6th St
	Austin, TX 78703
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss campaign/officeholder duties
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)
	Sch: 80/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date 03/13/2023	5 Payee name Qi Austin	
6	Amount (\$) \$251.93	7 Payee address; City; State; Zip Code 835 W 6th St Austin, TX 78703	
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense cuss Campaign/officeholder duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/27/2023	Qi Austin	
	Amount (\$) \$170.72	Payee address; City; State; Zip Code 835 W 6th St	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/11/2023	Qi Austin	
	Amount (\$) \$134.74	Payee address; City; State; Zip Code 835 W 6th St	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITU	RE CATEGOR	RIES FOR	вох	(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Imittee Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Ex Salaries/W	head/R ense bense ages/Co	Reimbursement eental Expense ontract Labor this form.		Travel in District Travel Out of Dis	quipment & Relate	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 81/139 Rpt:		Leach, Jeff C. (The Honor	able)					00067738		
4	Date	5	Payee name				1				
	04/21/2023		Qi Austin								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$134.74		835 W 6th St								
			Austin, TX 78703								
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Food/Beverage Expense			Ļ	_			plete Schedule T.	
									officeholder living	in/officeholde	er duties
						IV	leeting to uit	Jua	oo oumpuig	in onicenciae	i uuleo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Dffice sou	Iht			Office he	eld	
	Date		Payee name								
	05/12/2023		Qi Austin								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$121.24		835 W 6th St								
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	iedule)	(b) D	escription				
	OF EXPENDITURE		Food/Beverage Expense							plete Schedule T.	
						L			officeholder living		u dution
						IV	reeting to dis	scu	ss Campaig	n/officeholde	er duties
	Complete ONLY if direct		Candidate/Officeholder name	(Office soug	iht			Office he	eld	
	expenditure to benefit C/OI								0		
	Date		Payee name								
	05/16/2023		Qi Austin								
	Amount (\$)		Payee address; City;	State	; Zip Co	le					
	\$106.60		835 W 6th St	Olalo,	, <u>Lip</u> 000	.0					
	\$100.00										
			Austin, TX 78703								
	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) D	escription		lo of Tours	alata Colorad I -	
	EXPENDITURE		Food/Beverage Expense			F			officeholder living	plete Schedule T.	
										officeholder d	uties
										-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Dffice sou	Iht			Office he	eld	
-											

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 82/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date	Payee name	
	05/22/2023	Qi Austin	
6	Amount (\$) \$97.46	Payee address; City; State; Zip Code 835 W 6th St Austin, TX 78703	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2023	Qi Austin	
	Amount (\$) \$233.40	Payee address;City;State;Zip Code835 W 6th St	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2023	Qi Austin	
	Amount (\$) \$253.52	Payee address;City;State;Zip Code835 W 6th St	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ccuss Campaign/officeholder duties
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)
	Sch: 83/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738
4	Date	5	Payee name				
	02/24/2023		Racetrac - Allen				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$62.54		840 W Exchange Pkwy				
			5 ,				
			Allen, TX 75013				
_	DUDDOCC						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Travel In District				, officeholder living expense
					Campaign/of	fice	holder fuel charge
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Diffice sou	ht		Office held
	Date		Payee name				
	03/13/2023		Racetrac - Allen				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$71.11		840 W Exchange Pkwy				
			Allen, TX 75013				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense
							cholder fuel charge
					Gampaignion		inolder her onarge
	Complete ONLY if direct		Candidate/Officeholder name C	Office sout	ıht		Office held
	expenditure to benefit C/OF				, ne		
	Data		D				
	Date 03/23/2023		Payee name Racetrac - Allen				
				7. 0			
	Amount (\$)			Zip Co	le		
	\$72.15		840 W Exchange Pkwy				
			Allen, TX 75013				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Campaign/01	nce	holder fuel charge
		Ļ	Condidate/Officeholder		.bt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	µ it		Office held

			EXPENDITURE CA	TEGORIES	S FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen hmittee Legal Services The Instruction Guide e	Off Pol Ise Pri Sal	fice Overl Iling Expe nting Exp Iaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 84/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name				I		
	03/29/2023		Racetrac - Allen						
6	Amount (\$)	7	Payee address; City;	State; Zi	ip Cod	e			
	\$71.30		840 W Exchange Pkwy						
			5 ,						
			Allen, TX 75013						
8	PURPOSE	<u> </u>				b) Description			
ľ	OF		Category (See Categories listed at the top Travel In District	of this schedule	e)		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE					Check if Austir	ı, ТХ,	officeholder living	expense
						Campaign/of	fice	holder fuel cl	harge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e soug	ht		Office hel	ld
	Date		Payee name						
	03/28/2023		Ranch 616						
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e			
	\$248.37		616 Nueces St						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule	e) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Comp	
								officeholder living	
						meeting to a	SCU	iss Campaigr	n/officeholder duties
	Complete ONIL V if direct		Candidate/Officeholder name	Offic		bt		Office hel	Ы
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Onc	e soug	iii.		Onice her	lu
	Data								
	Date 03/20/2023		Payee name Rhoback						
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e			
	\$659.27		1180 Seminole Trail						
			Charlottesvill, VA 22901						
	PURPOSE OF		Category (See Categories listed at the top		e) (b) Description			
	EXPENDITURE		Gift/Awards/Memorials Expense	9				de of Texas. Comp	
						Gifts for staff		officeholder living or a construction of the second s	expense
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Offic	e soug	ht		Office hel	ld
	expenditure to benefit C/OF			01110	2 2009	-		0	-
-									

			EXPENDITURE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers	;)
	Sch: 85/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738	
4	Date	5	Payee name					-
	02/09/2023		Royal Blue Grocery - Austin					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	le			\neg
	\$66.22	ľ	609 Congress Ave	,p ee				
			Austin, TX 78701					
8	PURPOSE	(2)		I	(b) Decemination			-
°	OF	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Deverage Expense				, officeholder living expense	
					Refreshment	s fo	or the Capitol office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	Jht		Office held	
	Date		Payee name					
	02/23/2023		Royal Blue Grocery - Austin					
	Amount (\$)		Payee address; City; State	; Zip Co	le			
	\$102.18		609 Congress Ave					
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. c, officeholder living expense or Capitol office	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Dffice sou	iht		Office held	
	expenditure to benefit C/OI	Н		·				
	Date		Payee name					=
	02/27/2023		Royal Blue Grocery - Austin					
_	Amount (\$)			; Zip Co	10			—
	\$117.93		609 Congress Ave	, 20 00				
	<i>411100</i>							
			Austin, TX 78701					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. K, officeholder living expense	
							or Capitol office	
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	iht		Office held	\neg
	expenditure to benefit C/OI		·····					
-								-

			EXPENDITURE CATEGO	ORIES FOR	R BC	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/Contract Labor		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				3	Filer ID (Ethics Commission Filers	5)
	Sch: 86/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	03/14/2023		Royal Blue Grocery - Austin						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	de				
-	\$63.43		609 Congress Ave	-, 1					
			5						
			Austin, TX 78701						
8	PURPOSE	(2)			(h)	Description			_
ľ	OF	(a)	Category (See Categories listed at the top of this se Food/Beverage Expense	chedule)	(5)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		roou/Develage Expense			Check if Austin	, TX,	, officeholder living expense	
						Refreshment	s fo	or Capitol office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	04/04/2023		Royal Blue Grocery - Austin						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	de				
	\$36.10		609 Congress Ave						
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								or Capitol office	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held	
	expenditure to benefit C/OI	Н			0				
-	Date		Payee name						_
	02/14/2023		Rtic						
	Amount (\$)	\vdash	Payee address; City; Stat	e; Zip Co	ode				_
	\$505.27		3900 Peek Rd	-, _, -,					
			Katy, TX 77449						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		ide of Taylog, Complete Celester, T	
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gifts for Capi			
						1-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held	
	experiance to benefit C/OI								

			EXPENDITURE CATEGO	RIES FOR	R BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea pens xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Com	nission Filers)
	Sch: 87/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	04/13/2023		Ruth's Chris Steakhouse - Austin						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$151.24		107 W 6th Street						
			Austin, TX 78701						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	la a de la X	(b)	Description			
-	OF	(,	Food/Beverage Expense	nedule)	(~)		outsi	de of Texas. Complete Schedule T	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austin	, TX,	officeholder living expense	
						Meeting to di	scu	ss Campaign/officehold	ler duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	03/15/2023		Ruth's Chris Steakhouse Austin						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$207.79		107 W 6th Street						
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T officeholder living expense SS Campaign/officehold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	lght			Office held	
	Date		Payee name						
	01/09/2023		Sam's Club - Austin						
				e; Zip Co	do				
	Amount (\$)			e, zip co	Jue				
	\$329.59		4970 w Hwy 290						
			Austin, TX 78735						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T officeholder living expense	
								s for Capitol office	
	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	l Ight			Office held	
	expenditure to benefit C/OI				5.5				

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	, xpense Vages/Contract Labor	Transportatior Travel in Distri Travel Out of I	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 88/139 Rpt:		Leach, Jeff C. (The Honorable)			00067738	3
4	Date	5	Payee name				
	03/09/2023		Sammie's Italian Austin				
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode		
-	\$231.23	-	807 W 6th St	-, _,,			
			Austin, TX 78703				
_	DUDDOOF	(-)			(I-) - · · ·		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description	outside of Texas. Co	omnlete Schedule T
	EXPENDITURE		Food/Beverage Expense			n, TX, officeholder livi	·
							ign/officeholder duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght	Office	held
	Date		Payee name				
	04/03/2023		Second Bar + Kitchen - Austin Airport				
	Amount (\$)		Payee address; City; State	e; Zip Co	ode		
	\$65.21		3600 Presidential Blvd				
			Austin, TX 78719				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense			outside of Texas. Co n, TX, officeholder livi	
							ceholder travel
					wear during v	campaign/om	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht	Office	held
	expenditure to benefit C/OF			enice sou	gin	Onice	
	Date						
	04/17/2023		Payee name Second Bar + Kitchen - Austin Airport				
			-				
	Amount (\$)			e; Zip Co	ode		
	\$66.55		3600 Presidential Blvd				
			Austin, TX 78719				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense			outside of Texas. Co n, TX, officeholder livi	
							ceholder travel
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	laht	Office	held
	expenditure to benefit C/OF				•	2	
-							

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission File	ers)
	Sch: 89/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738	
4	Date	5	Payee name					
	04/24/2023		Second Bar + Kitchen - Austin Airport					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$56.55		3600 Presidential Blvd					
			Austin, TX 78719					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	,	Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					Meal during (Car	mpaign/officeholder travel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	05/08/2023		Second Bar + Kitchen - Austin Airport					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$59.80		3600 Presidential Blvd					
			Austin, TX 78719					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.	
							a, officeholder living expense mpaign/officeholder travel	
					Mear during v	Jai	mpaign/onicentituer traver	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held	
	expenditure to benefit C/OF				,			
	Date		Payee name					
	05/19/2023		Second Bar + Kitchen - Austin Airport					
	Amount (\$)		•	Zip Co				
	\$61.81		3600 Presidential Blvd	2ip C0				
	Ψ01.01		Sood Presidential Divu					
			Austin, TX 78719					
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(aluba	(b) Description			
	OF	`	Food/Beverage Expense	cauley		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, ТХ	, officeholder living expense	
					Meal during (Car	mpaign/officeholder travel	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	jht		Office held	
	expenditure to benefit C/OI	1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 90/139 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
02/15/2023	Southwest Airlines
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.00	2702 Love Field Dr
	Dallas, TX 75235
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airline fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/02/2023	Southwest Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$44.80	2702 Love Field Dr
	Dallas, TX 75235
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign/officeholder airline fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	5
Date	Payee name
03/23/2023	Southwest Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$323.96	2702 Love Field Dr
	Dallas, TX 75235
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign/officeholder airline fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & Re Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 91/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name				I				
	03/23/2023		Southwest Airlines								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode						
	\$337.96		2702 Love Field Dr								
		Dallas, TX 75235									
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(b)	Description					
	OF	ľ	Travel Out of District	schedule)	Ľ		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
					Campaign/officeholder airline fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	03/28/2023		Southwest Airlines								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$168.98	\$168.98 2702 Love Field Dr									
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						Campaign/on	nce	eholder airline fee			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Indht			Office held			
	expenditure to benefit C/Oł			011100 300	agin						
_	Date	—	Payee name								
	04/14/2023		Southwest Airlines								
	Amount (\$)			te; Zip Co	odo						
	\$8.00 \$		2702 Love Field Dr		Jue						
	φ0.00										
			Dallas, TX 75235								
	PURPOSE	(a)	•		(b)	Description					
	OF	[^(a)	Category (See Categories listed at the top of this Fees	schedule)			outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		1663			Check if Austin	, TX,	, officeholder living expense			
						Campaign/of	fice	eholder airline fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held			
		1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)			
	Sch: 92/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738			
4	Date	5	Payee name							
	04/27/2023		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$377.95		2702 Love Field Dr							
			Dallas, TX 75235							
8	PURPOSE	(a)			(b) Description					
ľ	OF	"	Category (See Categories listed at the top of this sch Travel Out of District	iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense			
					Campaign/of	fice	holder airline fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/27/2023		Southwest Airlines							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$20.00		2702 Love Field Dr							
			Dallas, TX 75235							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense			
							holder airline fee			
					Campaign/on					
	Complete ONLY if direct		Candidate/Officeholder name C	Office cou	abt.		Office held			
	expenditure to benefit C/Oł			Office sou	JIIL		Office field			
_		-								
	Date		Payee name							
	04/27/2023		Southwest Airlines							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$20.00		2702 Love Field Dr							
			Dallas, TX 75235							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees	,	Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Campaign/of	lice	holder airline fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	experiatione to benefit C/Of									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								quipment & Related Expense	
1	Total pages Schedule F1:	2	FII FR NAME					3	Filer ID	(Ethics Commission Filers)
-	Sch: 93/139 Rpt:	[-		C. (The Honorab	le)			ľ	00067738	()
4	Date	- -								
4	04/28/2023	5	Payee name Southwest A	irlinos						
6	Amount (\$)	7	Payee addres	-	State;	; Zip Co	le			
	\$6.48		2702 Love F	ield Dr						
			Dallas, TX 7	5235						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	•
	-						Campaign/o		, officeholder living	
							Campaign/0	me		
0	Complete ONLY if direct		Condidate/Offic	abaldar nama			uht		Office by	bld
9	expenditure to benefit C/OF		Candidate/Offic	enolder name	Ĺ	Office sou	Int		Office he	210
	Date		Payee name							
	05/01/2023		Southwest A	virlines						
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	le			
	\$5.60		2702 Love F	ield Dr						
			Dallas, TX 7	5235						
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living	
							Campaign/of			
							Campaignion	nec		
_	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	uht		Office he	ald
	expenditure to benefit C/OF		Sandidate/Onic				jin		Office In	
_	Data									
	Date 05/02/2023		Payee name Southwest A	irlinos						
	Amount (\$)		Payee addres		State;	; Zip Co	le			
	\$8.00		2702 Love F	ield Dr						
			Dallas, TX 7	5235						
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	•
									, officeholder living	
							Campaign/of	nce		6 1662
		L	Deve diale in 1011			Dff:			011	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	C	Office sou	Int		Office he	eiu

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Candidate/Officeholde Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District umittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1 Total pages Schedu	e F1: 2 FILER NAM	1E			3 Filer ID	(Ethics Commission Filers)			
Sch: 94/139 Rp		ff C. (The Honorable)			00067738				
4 Date	5 Payee nam								
05/03/2023	Southwes								
			Stata: Zin Ca	10					
6 Amount (\$) \$	8.00 Dallas, T	e Field Dr	State; Zip Co	16					
8 PURPOSE	(a) Category	(See Categories listed at the top	of this schodulo)	(b) Description					
OF EXPENDITURE	Fees	(See Calegories insteu al tine loj	on this schedule)	Check if travel	outside of Texas. Com n, TX, officeholder living ficeholder airlin	expense			
9 Complete <u>ONLY</u> if d expenditure to bene		fficeholder name	Office sou	ıht	Office he	eld			
Date	Payee nam	e							
05/15/2023	Southwes	t Airlines							
Amount (\$)	Payee add	ress; City;	State; Zip Co	le					
\$16	8.98 2702 Love Dallas, T>								
PURPOSE OF EXPENDITURE		(See Categories listed at the top t of District	o of this schedule)	Check if Austin	outside of Texas. Com h, TX, officeholder living ficeholder airlin	expense			
Complete <u>ONLY</u> if d expenditure to bene		fficeholder name	Office sou	ıht	Office he	eld			
Date	Payee nam	e							
05/16/2023	Southwes								
Amount (\$)	Payee add	ress; City;	State; Zip Co	le					
	8.98 2702 Love								
	Dallas, T>		i						
PURPOSE OF EXPENDITURE		(See Categories listed at the top t of District	o of this schedule)	Check if Austin	outside of Texas. Com I, TX, officeholder living ficeholder airlin	expense			
Complete <u>ONLY</u> if d expenditure to bene		fficeholder name	Office sou	Jht	Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District e Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed						
1	Total pages Schedule F1:	2	FILER NAME	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 95/139 Rpt:			C. (The Honoral	ble)				00067738	· · · · ·
4	Date	5	Payee name							
-	05/22/2023		Southwest							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	le			
	\$5.60		2702 Love	Field Dr						
			Dallas, TX	75235						
8	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees	-		ŕ			ide of Texas. Com	
									, officeholder living	
							Campaign/of	nce	enolder alriin	e tee
_			Canadidata (Offi						Office h	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Januluale/OIII	ceholder name	(Office sou	Int		Office he	210
	Date		Payee name							
	05/25/2023		Southwest A	Airlines						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le			
	\$11.20		2702 Love	Field Dr						
			Dallas, TX	75235						
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
									, officeholder living	
							Campaign/of	nce	enolder airpo	ortiees
			Canadidata (Offi				- la 4		Office h	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Ĺ	Office sou	Int		Office he	ela
_	_	<u> </u>								
	Date		Payee name							
	06/20/2023		Southwest							
	Amount (\$)		Payee addre		State	; Zip Co	le			
	\$33.60		2702 Love	Field Dr						
			Dallas, TX	75235						
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							•	
							Campaign/of	nce	anoider airiin	C 1662
		Ļ	Condidate (Off	acholder neme		Office com	ubt		0#	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluate/Offi	iceholder name	C	Office sou	jrit		Office he	eiu

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memor nmittee Legal Services	pense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 96/139 Rpt:		Leach, Jeff C. (The Hond	vrable)				00067738		
4	Date	5	Payee name							
	06/20/2023		Southwest Airlines							
6	Amount (\$) \$633.96		Payee address; City; 2702 Love Field Dr Dallas, TX 75235	State;	; Zip Coc	le				
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Travel Out of District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	Γ	Payee name							
	06/19/2023		Stripe							
	Amount (\$) \$1,713.31		Payee address; City; 510 Townsend St San Francisco, CA 94103		; Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed Fees	at the top of this sch	nedule)	Check if Austin	ı, TX,	de of Texas. Comp officeholder living tion online pr		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date		Payee name							
	06/27/2023		TD Auto							
	Amount (\$) \$3,649.26		Payee address; City; PO Box 100295	State;	; Zip Coo	le				
			Columbiz, SC 29202		i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed Transportation Equipmer Expense		nedule)	Check if Austin	ı, ТХ,	de of Texas. Comp officeholder living holder transp		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment of Travel in District Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not categor								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 97/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738		
4	Date	5	Payee name							
	04/10/2023		TPC Craig Ranch							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$59.53		8000 Collin McKinney Pkwy							
			McKinney, TX 75070							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b)	Description				
-	OF		Food/Beverage Expense	iedule)	()		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE							officeholder living expense		
						Meeting to dis	scu	iss. Campaign/officeholder duties		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	06/27/2023		TPC Craig Ranch							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$146.96 8000 Collin McKinney Pkwy									
			McKinney, TX 75070							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Expense	Check if travel outside of Texas. Complete Schedule T.						
	-							officeholder living expense Campaign/officeholder supporters		
						Gon outing w	iui	Campaign/onicenoider supporters		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held		
	expenditure to benefit C/OF				gin					
	Date		Poveo nomo							
	01/06/2023		Payee name Target T0002 - Austin							
			-	, Zin Co	do					
	Amount (\$) \$205.68		Payee address; City; State; 12901 N IH35, Suite 3-300	; Zip Co	ue					
	φ205.00		12901 N IH35, Suite 3-300							
			Austin, TX 78753							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	de of Texas. Complete Schedule T. officeholder living expense						
								s for Capitol office		
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	aht			Office held		
	expenditure to benefit C/Oł				g. n					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Food/Beverage Expense Polling Expense Travel in District Printing Expense Travel Out of District						quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 98/139 Rpt:			C. (The Honora	ble)				00067738	
4	Date	5	Payee name	•						
	01/09/2023		Target T00	02 - Austin						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	le			
	\$397.22		12901 N I⊦	135, Suite 3-300						
			Austin, TX	78753						
8	PURPOSE	(a)	Category (S	See Categories listed at t	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Exp	oense				ide of Texas. Com	
									, officeholder living	
							Office supplie	es t	or Capitol of	псе
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ïceholder name	(Office sou	Jht		Office he	eld
	Date		Payee name	2						
	01/30/2023		Target T00	02 - Austin						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le			
	\$11.67		12901 N IF	135, Suite 3-300						
	+==:01									
			Austin, TX	78753						
	PURPOSE	(a)	Category (S	See Categories listed at t	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beve	rage Expense					ide of Texas. Com	
									, officeholder living	
							Refreshment	S TC	or Capitol off	ice
	Complete ONLY if direct		Candidate/Of	iceholder name	(Office sou	ıht		Office he	eld
	expenditure to benefit C/OI						,		0	
	Date		Payee name)						
	02/27/2023		Target T00							
	Amount (\$)	\vdash	Payee addre	ess; City;	State	; Zip Co	le			
	\$225.05			135, Suite 3-300		•				
			Austin, TX	78753						
	PURPOSE	(a)	Category (S	See Categories listed at t	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
									, officeholder living	
							Refreshment	s to	or the Capito	I OTTICE
	Complete ONLY if direct	L	Candidate/Off	iceholder name		Office sou	iht		Office he	h
	expenditure to benefit C/OI			icentities name	(500 SUU	jin			JIU

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAM	Ξ					3	Filer ID	(Ethics Commission File	ers)
	Sch: 99/139 Rpt:		Leach, Jeff	C. (The Hono	rable)					00067738		
4	Date	5	Payee name	1								
	04/03/2023		Target T00	02 - Austin								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$159.30		12901 N I⊢	35, Suite 3-30	0							
			Austin, TX	78753								
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b) Descrip	otion				
	OF EXPENDITURE			rage Expense							plete Schedule T.	
										officeholder living		
							Refres	snments	s to	r Capitol off	ice	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Off	iceholder name	(Office sou	ght			Office he	eld	
	Date		Payee name	1								
	04/04/2023		Target T00	02 - Austin								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$60.60		12901 N I⊢	35, Suite 3-30	0							
			Austin, TX	78753								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b) Descrip	otion				
	OF EXPENDITURE		Food/Beve	rage Expense							plete Schedule T.	
										officeholder living		
							Refres	snments	s to	r Capitol off	ice	
	Complete ONLY if direct		andidate/Off	iceholder name	(Office sou	aht			Office he	eld	
	expenditure to benefit C/OI	Н					0					
	Date		Payee name									
	04/17/2023		Target T00	02 - Austin								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$130.12		12901 N I⊢	35, Suite 3-30	0							
			Austin, TX	78753								
	PURPOSE			ee Categories listed a	at the top of this sch	nedule)	(b) Descrip					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
	-									r Capitol off		
							Relies	ments	5 10			
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Off	iceholder name	(Office sou	ght			Office he	eld	

Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Candidate/Officeholder/Politick- Credit Card Payment Event Expense Fees Fees Giff/Wards/Memorials Expense Giff/Wards/Memorials Expense Legal Services The Instruction Guide explains 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: Sch: 100/139 Rpt: 2 FILER NAME Leach, Jeff C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067738 4 Date 05/05/2023 5 Payee name Target T0002 - Austin Target T0002 - Austin Event Expense Solicitation/Fundraising Expense Poling Expense Salaries/Wages/Contract Labor 3 Filer ID (Ethics Commission Filers) 00067738
Sch: 100/139 Rpt: Leach, Jeff C. (The Honorable) 00067738 4 Date 05/05/2023 5 Payee name Target T0002 - Austin
4 Date 5 Payee name 05/05/2023 Target T0002 - Austin
05/05/2023 Target T0002 - Austin
6 Amount (\$) 7 Payee address; City; State; Zip Code
\$38.31 12901 N IH35, Suite 3-300
Austin, TX 78753
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Food/Beverage Expense
EXPENDITURE Check if Austin, TX, officeholder living expense
Refreshments for Capitol office
9 Complete <u>QNLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
01/06/2023 Target T0002 - Austin
Amount (\$) Payee address; City; State; Zip Code
\$304.05 12901 N IH35, Suite 3-300
Austin, TX 78753
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
Check if Austin, TX, officeholder living expense Refreshments for Capitol office
Relies intents for Capitor once
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Pavee name
Date Payee name 03/13/2023 TechOnTheGo
Amount (\$) Payee address; City; State; Zip Code
\$357.21 8008 Cedar Springs Rd
Dallas, TX 75235
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officenoider living expense
Campaign/officeholder technology expenses
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Overh Polling Expense Printing Expense	nse es/Contract Labor	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:	LER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 101/139 Rpt:	each, Jeff C. (The Honorable	e)		00067738						
4	Date 05/01/2023	ayee name echOnTheGo									
6			State: Zip Code								
0	Amount (\$) \$303.09	Payee address; City; State; Zip Code 8008 Cedar Springs Rd									
	Dallas, TX 75235										
_				-							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder technology purchase 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sough	t	Office held						
	Date	ayee name									
	03/07/2023	exas Conservative Coalition									
	Amount (\$)	ayee address; City;	State; Zip Code	;							
	\$2,000.00 919 Congress Ave # 450										
		ustin, TX 78701									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to ontributions/Donations Made andidate/Officeholder/Politic	e By	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder membership dues						
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sough	t	Office held						
	Date	ayee name									
	02/17/2023	exas Federation of Republica	an Women								
	Amount (\$)	ayee address; City;	State; Zip Code	•							
	\$250.00	15 Capitol of Tx Hwy, Suite 1									
		ustin, TX 78746									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the tr ontributions/Donations Made andidate/Officeholder/Politic	e By	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder membership dues						
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sough	t	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nmittee L	egal Services	Office Overhead/Rental Expense verage Expense Polling Expense rds/Memorials Expense Printing Expense					Travel in District Travel Out of Dis	quipment & Related Ex	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 102/139 Rpt:		Leach, Jeff C	C. (The Honora	ble)					00067738		
4	Date	5	Payee name									
	04/04/2023		Texas House	GOP Caucus								
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	de					
	\$1,000.00		P.O. Box 133	305								
		Austin, TX 78711										
8	PURPOSE	(a)	Category (See	Categories listed at t	ho top of this sch	odulo)	(b)	Description				
	OF	ľ		S/Donations Ma		ieuuie)	Ì		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			fficeholder/Poli		nittee	l			officeholder living		
								Officeholder ı	mer	mbership du	les	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	05/30/2023		Texas House	e of Representa	atives							
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de					
	\$500.00 PO Box 2910											
			Austin, TX 78	3768								
	PURPOSE OF	(a)		Categories listed at t	he top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	ge Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
										-	etings with legis	lators
								Childen	uoo		stings with legic	Jatoro
_	Complete ONLY if direct		Candidate/Office	eholder name		Office sour	aht			Office he	۶ld	
	expenditure to benefit C/Oł					01100 004	gin					
_	Date		Bayoo namo									
	05/10/2023		Payee name Texas House	e of Representa	atives							
						; Zip Co	do					
	Amount (\$) \$100.00		Payee address PO Box 2910		State,	, ZIP CO	ue					
	\$100.00		FO DUX 2910)								
			Austin, TX 78	3768								
	PURPOSE OF	(a)		Categories listed at t	he top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	ge Expense							plete Schedule T.	
										officeholder living	etings with Legi	slators
									400		sangs war eeyi	SIGUIS
-	Complete ONLY if direct	Ľ	Candidate/Office	aholder name	(Office soug	aht			Office he	J	
	expenditure to benefit C/OI				(Since 200(gnt				Ju	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 103/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	02/21/2023		The Elwood McKinney						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode				
	\$431.51		7530 TX-121 Suite 250						
			McKinney, TX 75070						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chodulo)	(b)	Description			
	OF	Ľ	Food/Beverage Expense	chedule)	l`´		outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITURE		5					officeholder living e	
						Refreshment	s at	t campaign ev	vent
					Ļ				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held]
	Date		Payee name						
	04/13/2023		The Grove Wine Bar						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				
	\$239.70		6317 Bee Caves Rd						
			#380						
			Austin, TX 78746						
	PURPOSE	(a)	Category (See Categories listed at the top of this s		(b)	Description			
	OF		Food/Beverage Expense	chequie)		·	outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living e	xpense
						Meeting to dis	scu	iss Campaign	/officeholder duties
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght			Office held	t
	Date		Payee name						
	02/24/2023		The UPS Store						
	Amount (\$)			e; Zip Co	ode				
	\$82.74		190 E Stacy Road						
			Allen, TX 75002						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comple	
						Campaign/off		officeholder living e	
						Sampaign/01	nee		
-	Complete ONLY if direct	L	andidate/Officeholder name	Office sou	l Jaht			Office held	1
	expenditure to benefit C/Oł			200 000					-
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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			3	Filer ID (Ethics Commission Filers)
	Sch: 104/139 Rpt:		Leach, Jeff C. (The Honorable)				00067738
4	Date 05/09/2023	5	Payee name The UPS Store				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$90.23		190 E Stacy Road Allen, TX 75002				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch		(b) Description		
0	OF		Office Overhead/Rental Expense	nedule)	Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense holder postage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	05/23/2023		The UPS Store				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$22.42		190 E Stacy Road Allen, TX 75002				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	hedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense holder postage fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	02/08/2023		Tumble 22				
	Amount (\$)	\vdash	Payee address; City; State	; Zip Co	de		
	\$185.34		7211 Burnett Rd				
			Austin, TX 78757	i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ISS Campaign/officeholder duties
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 105/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738			
4	Date 03/31/2023	Payee name Tumble 22				
6	Amount (\$)	Payee address; City; State; Zip Code				
U	\$76.55	7211 Burnett Rd Austin, TX 78757				
8	PURPOSE	(b) Description				
0	OF		outside of Texas. Complete Schedule T. , TX, officeholder living expense scuss Campaign/officeholder duties			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/11/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.89	1455 Market St #400 San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder ground transportation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/07/2023	Uber				
	Amount (\$) \$43.15	Payee address;City;State;Zip Code1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder ground transportation			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Oiling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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:		3 Filer ID (Ethics Commission Filers)				
	Sch: 106/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 02/09/2023	Payee name Uber					
6	Amount (\$) \$22.16	Payee address; City; State; Zip Code 1455 Market St #400					
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense fficeholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/13/2023	Uber					
	Amount (\$) \$42.15	Payee address; City; State; Zip Code 1455 Market St #400					
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense fficeholder ground transportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/14/2023	Uber					
	Amount (\$) \$42.67	Payee address;City;State;ZipCode1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense fficeholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 107/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 02/14/2023	Payee name Uber					
6	Amount (\$) \$22.16	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/14/2023	Uber					
	Amount (\$) \$22.16	Payee address; City; State; Zip Code 1455 Market St #400					
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
-	Date	Payee name					
	02/16/2023	Uber					
	Amount (\$) \$56.93	Payee address;City;State;Zip Code1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)				
	Sch: 108/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 02/21/2023	5 Payee name Uber					
6	Amount (\$) \$63.15	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/22/2023	Uber					
	Amount (\$) \$48.19	Payee address; City; State; Zip Code 1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date 02/22/2023	Payee name Uber					
	Amount (\$) \$43.19	Payee address;City;State;Zip Code1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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:		3 Filer ID (Ethics Commission Filers)				
	Sch: 109/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 02/27/2023	Payee name Uber					
6	Amount (\$) \$39.83	Payee address; City; State; Zip Code 1455 Market St #400					
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/27/2023	Uber					
	Amount (\$) \$59.51	Payee address; City; State; Zip Code 1455 Market St #400					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder ground transportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/03/2023	Uber					
	Amount (\$) \$20.27	Payee address;City;State;ZipCode1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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:		3 Filer ID (Ethics Commission Filers)				
	Sch: 110/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 03/03/2023	Payee name Uber					
6	Amount (\$) \$24.47	Payee address;City;State; Zip Code1455 Market St #400San Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/03/2023	Uber					
	Amount (\$) \$9.63	Payee address; City; State; Zip Code 1455 Market St #400					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/10/2023	Uber					
	Amount (\$) \$4.89	Payee address;City;State;Zip Code1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 111/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 03/24/2023	Payee name Uber					
6	Amount (\$) \$63.90	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/24/2023	Uber					
	Amount (\$) \$54.24	Payee address; City; State; Zip Code 1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/24/2023	Uber					
	Amount (\$) \$54.24	Payee address;City;State;Zip Code1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)			
	Sch: 112/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738			
4	Date 03/27/2023	Payee name Uber				
6	Amount (\$) \$49.79	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ceholder ground transportation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/27/2023	Uber				
	Amount (\$) \$13.56	Payee address; City; State; Zip Code 1455 Market St #400				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ceholder ground transportation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date 03/27/2023	Payee name Uber				
	Amount (\$) \$51.07	Payee address;City;State;Zip Code1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ceholder ground transportation			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 113/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 03/27/2023	Payee name Uber					
6	Amount (\$) \$10.21	Payee address; City; State; Zip Code 1455 Market St #400					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder ground transportation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/28/2023	Uber					
	Amount (\$) \$48.83	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder ground transportation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/29/2023	Uber					
	Amount (\$) \$32.32	Payee address;City;State;ZipCode1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ficeholder ground transportation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide explain	Office O Polling E Printing B Salaries/	verhea xpens Expens Wages	se s/Contract Labor		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				3	Filer ID (Ethics Commission Filers))
	Sch: 114/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	03/29/2023		Uber						
6	Amount (\$)	7	Payee address; City; Sta	te; Zip C	ode				
	\$92.20		1455 Market St #400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaign/or	nce		
9	Complete <u>ONLY</u> if direct		andidate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/Oł	H							
	Date		Payee name						
	04/03/2023		Uber						
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$45.68		1455 Market St #400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaignion	nce		
	Complete ONLY if direct		andidate/Officeholder name	Office so	l ught			Office held	
	expenditure to benefit C/OF	Н			0				
	Date		Payee name						=
	04/03/2023		Uber						
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$7.13		1455 Market St #400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
	LAFENDITORE							, officeholder living expense	
						Campaign/of	rice	holder ground transportation	
	Complete ONLY if direct		andidate/Officeholder name	Office so				Office held	
	expenditure to benefit C/OF				agiit				
-									

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 115/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/03/2023	5 Payee name Uber							
6	Amount (\$) \$9.13	7 Payee address; City; State; Zip Code 13 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense (c) Category Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	Uber							
	Amount (\$) \$48.14	Payee address; City; State; Zip Code 1455 Market St #400							
	DUDDOSE	San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/05/2023	Uber							
	Amount (\$) \$19.18	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)						
	Sch: 116/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/05/2023	5 Payee name Uber							
6	Amount (\$) \$6.99	7 Payee address; City; State; Zip Code 6.99 1455 Market St #400 San Francisco, CA 94103							
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/06/2023	Uber							
	Amount (\$) \$24.47	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/06/2023	Uber							
	Amount (\$) \$4.89	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)		
	Sch: 117/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738		
4	Date 04/07/2023	5 Payee name Uber			
6	Amount (\$) \$27.82	 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/07/2023	Uber			
	Amount (\$) \$27.62	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/11/2023	Uber			
	Amount (\$) \$29.07	Payee address; City; State; Zip Code 1455 Market St #400			
		San Francisco, CA 94103			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)						
	Sch: 118/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/13/2023	Payee name Uber							
6	Amount (\$) \$35.28	7 Payee address; City; State; Zip Code 3 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
04/14/2023 Uber									
	Amount (\$) \$44.17	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Ceholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/14/2023	Uber							
	Amount (\$) \$7.30	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 119/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/17/2023	5 Payee name Uber							
6	Amount (\$) \$44.61	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Control of District Image: Control of District Image: Control of District of Control of District Image: Control of District Image: Control of District of Control of District Image: Control of District of Control of Control of District of Control of								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	04/17/2023								
	Amount (\$) \$4.36								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Travel Out of District Check if travel o Check if Austin, Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense iceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/17/2023	Uber							
	Amount (\$) \$8.67	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 120/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/18/2023	5 Payee name Uber							
6	Amount (\$) \$119.70	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	OF Travel Out of District							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	Amount (\$) \$42.59								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/20/2023	Uber							
	Amount (\$) \$19.68	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation Check if Austin, TX, officeholder ground transportation								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 121/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/20/2023	5 Payee name Uber							
6	Amount (\$) \$8.29	7 Payee address; City; State; Zip Code 8.29 1455 Market St #400 San Francisco, CA 94103							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/24/2023	Uber							
	Amount (\$) \$57.62	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Officeholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/24/2023	Uber							
	Amount (\$) \$3.00	Payee address;City;State;ZipCode1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense 'officeholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 122/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 04/25/2023	5 Payee name Uber							
6	Amount (\$) \$34.86	7 Payee address; City; State; Zip Code 34.86 1455 Market St #400 San Francisco, CA 94103							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/25/2023	Uber							
	Amount (\$) \$11.28	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
-	Date	Payee name							
	04/28/2023	Uber							
	Amount (\$) \$54.18	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 123/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 05/01/2023	5 Payee name Uber							
6	Amount (\$) \$55.26	7 Payee address; City; State; Zip Code 1.26 1455 Market St #400 San Francisco, CA 94103							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/01/2023	Uber							
	Amount (\$) \$10.83	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense officeholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/01/2023	Uber							
	Amount (\$) \$8.10	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense officeholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CA	ATEGO	RIES FOF	BC)X 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T					Travel in District Travel Out of Dis	quipment & Related Expens	se	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 124/139 Rpt:		Leach, Jeff C. (The Honorable) 00067738						,	,	
4	Date 05/02/2023	5	Payee name Uber								
6	Amount (\$) \$47.87	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103									
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation					expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	05/03/2023		Uber								
	Amount (\$) \$44.28		Payee address; City; 1455 Market St #400	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94103 Category (See Categories listed at the top Travel Out of District	of this sch	nedule)	(b)	Check if Austin,	, TX,	de of Texas. Comp officeholder living holder grour		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office he	eld	
	Date		Payee name								
	05/04/2023		Uber								
	Amount (\$) \$35.27		Payee address; City; 1455 Market St #400	State;	; Zip Co	de					
			San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this sch	nedule)	(b)	Check if Austin,	, тх,	de of Texas. Comp officeholder living holder grour		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	ld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)						
	Sch: 125/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 05/05/2023	5 Payee name Uber							
6	Amount (\$) \$7.05	7 Payee address; City; State; Zip Code 7.05 1455 Market St #400 San Francisco, CA 94103							
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/08/2023	Uber							
	Amount (\$) \$46.59	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 05/09/2023	Payee name Uber							
	Amount (\$) \$46.91	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE C	ATEGO	RIES FOR	BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr					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				3	Filer ID	(Ethics Commission Filers)	
	Sch: 126/139 Rpt:		Leach, Jeff C. (The Honorable)	00067738						
4	Date	5	Payee name							
	05/09/2023		Uber							
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	de				
	\$46.91		1455 Market St #400							
		San Francisco, CA 94103								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this coh	adula)	(b) Description				
-	OF		Travel Out of District	on this sch	ledule)		el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							, officeholder living		
						Campaign/o	office	holder grou	nd transportation	
_	Complete ONLY if direct		andidate/Officeholder name			wh+		Office he		
9	expenditure to benefit C/OF		andidate/Oniceholder name		Office soug	jnt		Once ne		
	Date		Payee name							
05/15/2023 Uber										
Amount (\$) Payee address; City; State; Zip Code										
	\$38.89 1455 Market St #400									
		<u> </u>	San Francisco, CA 94103							
	PURPOSE OF		Category (See Categories listed at the top	of this sch	nedule)	(b) Description		ide of Texas. Com	nlata Sabadula T	
	EXPENDITURE		Travel Out of District					, officeholder living		
						Campaign/o	office	holder grou	nd transportation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Dffice soug	ght		Office he	eld	
	Date		Payee name							
	05/15/2023		Uber							
	Amount (\$)		Payee address; City;	State	; Zip Coo	de				
	\$9.02		1455 Market St #400		•					
			San Francisco, CA 94103							
	PURPOSE OF		Category (See Categories listed at the top	of this sch	nedule)	(b) Description		ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		Travel Out of District					, officeholder living		
									nd transportation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name		Office soug	ght		Office he	eld	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)						
	Sch: 127/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 05/16/2023	5 Payee name Uber							
6	Amount (\$) \$46.70	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/16/2023	Uber							
	Amount (\$) \$7.53	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/19/2023	Uber							
	Amount (\$) \$6.99	Payee address;City;State; Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	3 Filer ID (Ethics Commission Filers)							
	Sch: 128/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 05/19/2023	Payee name Uber							
6	Amount (\$) \$6.99	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	DF Travel Out of District							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/22/2023	Uber							
	Amount (\$) \$52.87	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 05/22/2023	Payee name Uber							
	Amount (\$) \$50.02	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)						
	Sch: 129/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 05/22/2023	5 Payee name Uber							
6	Amount (\$) \$10.32	7 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	Travel Out of District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/22/2023	Uber							
	Amount (\$) \$66.66	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
			ceholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 05/22/2023	Payee name Uber							
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D y - Gift/Awards/Memorials Expense Printing Expense Travel Out							
1	Total pages Schedule F1:	FII FR NA				<u> </u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 130/139 Rpt:		eff C. (The Honorabl	e)				00067738	(
4	Date 05/22/2023	Payee na Uber	me						
6	Amount (\$) \$8.09		dress; City; rket St #400 ncisco, CA 94103	State;	Zip Coo	e			
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation							gexpense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	O	ffice soug	ht		Office he	eld
	Date	Payee na	me						
	05/23/2023	Uber							
	Amount (\$) \$46.20	Payee ad 1455 Ma	dress; City; rket St #400	State;	Zip Coc	e			
	PURPOSE OF EXPENDITURE) Category	Incisco, CA 94103 (See Categories listed at the ut of District	top of this sche	edule)	Check if Austir	η, TX,	ide of Texas. Com , officeholder living :holder grou	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/	Officeholder name	O	ffice soug	ht		Office he	eld
	Date	Payee na	me						
	05/26/2023	Uber							
	Amount (\$) \$57.13	Payee ad 1455 Ma	dress; City; rket St #400	State;	Zip Coc	e			
		San Frar	ncisco, CA 94103						
	PURPOSE OF EXPENDITURE		(See Categories listed at the ut of District	top of this sche	edule)	Check if Austir	ι, TX,	ide of Texas. Com , officeholder living :holder grou	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/	Officeholder name	O	ffice soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	ement Solicitation/Fundraising Expense pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above) rm.						
1	Total pages Schedule F1:	-		3 Filer ID (Ethics Commission Filers)					
	Sch: 131/139 Rpt:	each, Jeff C. (The Honorable)		00067738					
4	Date 05/26/2023	ayee name Jber							
6	Amount (\$) \$6.60	ayee address; City; State; 455 Market St #400 Gan Francisco, CA 94103	Zip Code						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportatio									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	Office sought	Office held					
	Date	ayee name							
	05/26/2023	Iber							
	Amount (\$) \$94.68	455 Market St #400	Zip Code						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Travel Out of District	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign/officeholder ground transportation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	Office sought	Office held					
	Date	ayee name							
	05/31/2023	lber							
	Amount (\$) \$14.20	ayee address; City; State; 455 Market St #400	Zip Code						
		an Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Travel Out of District	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign/officeholder ground transportation					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name C	Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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:		3 Filer ID (Ethics Commission Filers)						
	Sch: 132/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 06/01/2023	Payee name Uber							
6	Amount (\$) \$41.55	Payee address; City; State; Zip Code 1455 Market St #400							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/08/2023	Uber							
	Amount (\$) \$6.23	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense officeholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/09/2023	Uber							
	Amount (\$) \$50.76	Payee address;City;State;Zip Code1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense officeholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr by - Gift/Awards/Memorials Expense Printing Expense Tr						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				3	Filer ID (Ethics Commission Filers)		
	Sch: 133/139 Rpt:		Leach, Jeff C. (The Honorable)					00067738		
4	Date	5	Payee name				L			
	06/09/2023		Uber							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$12.57		1455 Market St #400							
			San Francisco, CA 94103							
8	PURPOSE OF		Category (See Categories listed at the top	o of this sch	nedule)	(b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense		
								holder ground transportation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	06/27/2023		Uber							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$59.19		1455 Market St #400							
		<u> </u>	San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top Travel Out of District	o of this sch	nedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District					, officeholder living expense		
						Campaign/of	fice	holder ground transportation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	06/27/2023		Uber							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$55.47		1455 Market St #400							
			San Francisco, CA 94103		i					
	PURPOSE OF		Category (See Categories listed at the top	o of this sch	nedule)	(b) Description	oute:	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District					, officeholder living expense		
								cholder ground transportation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains 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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
	Sch: 134/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 06/27/2023	Payee name Uber							
6	Amount (\$) \$9.86	Payee address;City;State; Zip Code1455 Market St #400San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign/officeholder ground transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/27/2023	Uber							
	Amount (\$) \$56.20	Payee address;City;State;Zip Code1455 Market St #400							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder ground transportation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/27/2023	Uber							
	Amount (\$) \$8.31	Payee address;City;State;ZipCode1455 Market St #400							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 135/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 06/30/2023	5 Payee name Uber							
6	Amount (\$) \$16.61	Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/30/2023	Uber							
	Amount (\$) \$7.90	Payee address; City; State; Zip Code 1455 Market St #400							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ceholder ground transportation						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/06/2023	University Co-Op							
	Amount (\$) \$649.49	Payee address;City;State;Zip Code2246 Guadelupe St							
		Austin, TX 78705							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ative stakeholders						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 136/139 Rpt:	Leach, Jeff C. (The Honorable)	00067738						
4	Date 02/07/2023	Payee name Vici Media Group							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,521.19	7701 Rialto Blvd Austin, TX 78735							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website & graphic design							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/26/2023	Vici Media Group							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,279.03	7701 Rialto Blvd Austin, TX 78735							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ebsite maintenance, graphic design						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/26/2023	Vici Media Group							
	Amount (\$) \$880.69	Payee address;City;State;Zip Code7701 Rialto Blvd							
		Austin, TX 78735							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense htenance, graphic design						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense						Travel in Distr Travel Out of	n Equi ict Distric	ipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 137/139 Rpt:		Leach, Jeff (C. (The Honora	able)					00067738	3	
4	Date	5	Payee name									
	06/13/2023		Vici Media G	Group								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$640.50		7701 Rialto			· •						
			Austin, TX 7	8735								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	(elube)	(b)	Description				
			Advertising I			icuaic)		Check if travel of	outsid	de of Texas. Co	omple	te Schedule T.
	EXPENDITURE		-	-				Check if Austin,			-	
								Campaign we	ebsi	ite maintei	nan	ce, graphic design
_	-											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ght			Office	held	
	Date		Payee name									
	06/20/2023		Westin Aust	in								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$355.51		310 E 5th St	:								
			Austin, TX 7	8701								
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Travel Out o	e Categories listed at f District	the top of this sch	nedule)	(b)	Description Check if travel of Check if Austin, Campaign/off	, тх,	officeholder liv	ing ex	pense
			Devedidate (Offic							Office	ام م ا ما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		-andidate/Offic	eholder name	(Office sou	ynt			Office	neia	
	Data	_										
	Date 06/27/2023		Payee name Westin Aust	in								
					01-1-1	7: 0	-1 -					
	Amount (\$)		Payee addres		State	; Zip Co	ue					
	\$466.90		310 E 5th St									
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District				Check if travel of				
								Compaign/off				
								Campaign/off	nce		yınıç	J
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght			Office	held	
	experience to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide expla	nt/Reimbursement d/Rental Expense e e //Contract Labor ete 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:	ILER NAME		3	Filer ID (Ethics Commission Filers)					
	Sch: 138/139 Rpt:	each, Jeff C. (The Honorable)			00067738					
4	Date	Payee name								
	01/11/2023	Vu Chow								
6	Amount (\$)	Payee address; City; St	ate; Zip Code							
	\$119.16	500 W 5th St								
		[±] 168								
		Austin, TX 78701								
_			(4.)							
8	PURPOSE OF	Category (See Categories listed at the top of this	s schedule) (D)	Description	tside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense			X, officeholder living expense					
					cuss Campaign/officeholder duties					
				10.000 g c						
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought		Office held					
	Date	Payee name								
	03/03/2023	Vu Chow								
	Amount (\$)	Payee address; City; St	ate; Zip Code							
	\$120.18	500 W 5th St								
	+ •·=-	±168								
		Austin, TX 78701								
	PURPOSE OF	Category (See Categories listed at the top of this	s schedule) (b)	Description						
	EXPENDITURE	Food/Beverage Expense			tside of Texas. Complete Schedule T.					
					X, officeholder living expense cuss Campaign/officeholder duties					
				meeting to disc	cuss campaign/onicenoider duties					
		andialate (Office to be be a second	0,55							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought		Office held					
	- p									
	Date	Payee name								
	03/17/2023	Vu Chow								
	Amount (\$)	Payee address; City; St	ate; Zip Code							
	\$150.50	500 W 5th St								
		[±] 168								
		Austin, TX 78701								
	PURPOSE		(b)	Description						
	OF	Category (See Categories listed at the top of this	s schedule) (D)	Description	tside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense			X, officeholder living expense					
					cuss Campaign/officeholder duties					
				0						
	Complete ONLY if direct	andidate/Officeholder name	Office sought		Office held					
	expenditure to benefit C/OF		0							

EXPENDITURES MADE BY CREDIT CARD											
						SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Constributions/ Donations Made By - Candidate/Officeholder/Political Committee Eagl Services Constributions Guide expense Candidate/Officeholder/Political Committee		Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement prhead/Rental Expense pense ypense /ages/Contract Labor	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 F4: Sch: 1/2 Rpt: 158/159	2 FILER NAME Leach, Jeff C. (Th	e Honorable)		3 Filer ID (Ethics Commission Filers) 00067738						
4	TOTAL OF UNITEMI		\$								
5	Date 06/27/2023	6 Payee name Marriott JW - Aust									
7	Amount (\$) \$5,051.30	8 Payee address; City; State; Zip Code 110 E 2nd Street Austin, TX 78701									
9	TYPE OF EXPENDITURE	X Politica		Non-Poli	tical						
10	PURPOSE (a) Category (See Categories OF Travel Out of District			this schedule)	X Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder lodging					
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde H	er name	Office sou	ght	Office held					
	Date 03/20/2023	Payee name Marriott JW - Aust	in								
	Amount (\$) \$4,111.77										
L	TVD5 05	Austin, TX 78701									
	TYPE OF EXPENDITURE	X Political		Non-Poli	tical						
	PURPOSE (a) Category (See Categories listed at the top OF Travel Out of District			this schedule)	X Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder lodging					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	er name	Office sou	ght	Office held					

EXPENDITURE	SCHEDULE F4							
Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Transportation I Travel in Distric Travel Out of Di	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 F4: Sch: 2/2 Rpt: 159/159	2 FILER NAM Leach, Jef		3 Filer ID 00067738	(Ethics Commission Filers)				
⁴ TOTAL OF UNITEMI	\$							
5 Date 06/27/2023								
7 Amount (\$) \$2,720.00	8 Payee addro 1251 W Ex Allen, TX 7	change	State; Zip Co	ode				
9 TYPE OF EXPENDITURE	XIICH, 1X 7	Political	Non-Pol	itical				
10 PURPOSE OF EXPENDITURE					n ⁱ travel outside of Texas. Complete Schedule T. ⁱ Austin, TX, officeholder living expense gn storage center			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight	Office h	eld		