CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00067738		2 Total pages filed 20	:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	The Honorable	Jeff C.			Date Received	
10 WIL					ELECTRONICALI	I V EII ED
					02/05/2024	LI FILLD
	NICKNAME	LAST		SUFFIX	02/05/2024	
		Leach				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	ate Postmarked
OFFICEHOLDER MAILING	800 Glen Rose Dr.					
ADDRESS					Receipt #	Amount
Change of Address	Allen, TX 75013					
					Date Processed	
					Data lara and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER		Dan		1411		
NAME	IVII.	Dan				
	NICKALANE					
		LAST		SUFFIX		
		Panetti				
• • • • • • • • • • • • • • • • • • • •	OTREET ARRESC (NO DO D		4.00	- / OLUTE // OLTY	07.475	710 0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	3OX PLEASE);	AP	T / SUITE #; CITY;	STATE	E; ZIP CODE
ADDRESS	3513 Cross Bend Rd.					
(Residence or Business)						
	Plano, TX 75023					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER	(214) 682-9248	INDIVIBER E	EXTENSION			
PHONE	(214) 002-9240					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campa	aign treasurer
				<u>L</u>	appointment (officeh	older only)
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
				Toporting iiiiii		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE	_	
	Month Day Year	XPI	rimary	Runoff	Other	
	03/05/2024	∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
0o_	State Representative District	ct 67 Collin		State Represent		
	.,					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Leach, Jeff C. (The H	lonorable)	14 Filer ID 00067738	(Ethics Con	nmission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of a candidate / officeholder. consent. Candidates and	iceholder's kn	owledge or							
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME									
	X GENERAL	X GENERAL Texas Alliance for Life PAC								
		COMMITTEE ADDRESS								
	SPECIFIC	8000 Centre Park Drive								
		Suite 380								
		Austin, TX 78754								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Shaw, James								
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
		4505 Corazon Cv								
		Round Rock, TX 78681								
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$										
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	27,400.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	1,899.60							
	4. TOTAL POLITIC	AL EXPENDITURES		\$	175,578.27					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	348,647.24					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00					
17 AFFIDAVIT										
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required							
		The Ho	norable Jeff C. Lead	ch						
		Signature of	of Candidate or Officeh	older						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	crihed hefore me, by the s	aid	this the		day					
		ertify which, witness my hand and seal of office.	,							
Signature of offi	cer administering	Printed name of officer administering	Title of offic	er administer	ing oath					
	-	•								

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 20

				Fage 3 01 20
C / OH NAME	Leach, Jeff C. (The H	onorable)	Filer ID 00067738	(Ethics Commission Filers)
7 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have I	of political expenditures by political committees to so been made without the candidate's or officeholder's d to report this information only if they receive notice	s knowledge or co	onsent. Candidates and
(=)	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TREPAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd		
	-	Suite 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		PO Box 2246		
		Austin, TX 78768		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

18 FILER NAME19 Filer IDLeach, Jeff C. (The Honorable)00067738									
		SUB	TOTAL AMOUNT						
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,700.00						
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	13,700.00						
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$								
SCHEDULE E: LOANS		\$							
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	175,578.27							
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$								
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$								
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$							
J	JULE SUBTOTALS DEF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS TO SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS TO SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL EXPENDITUR	JULE SUBTOTALS JOHE SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	JULIE SUBTOTALS OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES FROM PERSONAL FUNDS SCHEDULE F6: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE F1: PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE F1: PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE F1: PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: VON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS FROM POLITICAL CONTRIBUT						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/20		
2	FILER NAME Leach, Jeff (c. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)	
4	Date 01/20/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$50.00		
_	Daine in all access	Round Rock, TX 78681	le Frankrick (On Instruction				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: Friends of TTU System PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00		
	Dringinal occu	Lubbock, TX 79409 pation / Job title (See Instructions)	Employer (See Instructions	·/-			
	Fillicipal occu	Janott 7 Job tille (See Instructions)	Employer (See instructions	·)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: Hamilton, Mary Jane Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00		
		Allen, TX 75002					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Lamkin, Jack Contributor address; City; State; Zip Code Allen, TX 75013			Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			1				

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/20	
2	FILER NAME Leach, Jeff (C. (The Honorable)			3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 01/17/2024			7	Amount of Contribution (\$)	\$1,000.00	
0	Dringing con	Dallas, TX 75229	ا م	Employer (See Instructions	<u></u>		
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self	»)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/03/2024 Richards, Matt Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
	Dallas, TX 75287						
	Principal occupation / Job title (See Instructions) Managing Director Employer (See Instruction KPMG				5)		
	Date 01/25/2024					Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/25/2024 Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 6)		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID Union Pacific Corporation Fund for Effective C Contributor address; City; State; Zip Code Washington, DC 20004	Sove		•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/20		
FILER NAME Leach, Jeff (C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067738
Date 01/04/2024	 Full name of contributor out-of-state PAC (ID#: Waddill, David Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$) \$250.00		
Principal occu	Richardson, TX 75082 spation / Job title (See Instructions)	9	Employer (See Instructions Collin County	<u> </u> S)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leach, Jeff C. (The Honorable) 00067738 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/25/2024 Texans for Lawsuit Reform PAC \$13,700.00 Campaign polling 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 9/20	Leach, Jeff C. (The Honorable)		00067738
4	Date	5 Payee name		
	01/19/2024	AT&T Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$422.35	208 S Akard St		
		Suite 2954		
		Dallas, TX 75202		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Campaign/officeholder cell & data charges
				campaign/onicenduct cen a data charges
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
	expenditure to benefit C/O		ym	Office field
	Data			
	Date	Payee name		
	01/25/2024	Atkinson, Julie (Ms.)		
,	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$400.00	1508 Cool Springs Drive		
		Allen, TX 75013		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign staff wages
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	01/16/2024	Camelback		
	Amount (\$)	Payee address; City; State; Zip Coo	da	
,	\$20,000.00	2801 E Camelback Rd, Ste 200	ue	
	Ψ20,000.00	2001 L Camelback Na, Ste 200		
		Dhooniy AZ 95016		
		Phoenix, AZ 85016		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
				Campaign consulting services
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/12 Rpt: 10/20	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
01/04/2024	Capital One Auto
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,800.00	PO Box 60511
	City of Industry, CA 91716
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
	Campaign/officeholder auto transportation -
	apportioned
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/08/2024	Eagle Designs - Allen
Amount (\$)	Payee address; City; State; Zip Code
\$1,380.19	705 N Greenville Ave #300
	Allen, TX 75002
PURPOSE	(a) 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 sweatshirts
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Davies same
Date	Payee name
01/19/2024	Element Hotel Austin
Amount (\$)	Payee address; City; State; Zip Code
\$311.74	109 E 7th Street
	Austin, TX 78701
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.
D. LIBITORE	X Check if Austin, TX, officeholder living expense
	Campaign/officeholder lodging
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 11/20	Leach, Jeff	C. (The Honorable))				00067738	
4	Date	5 Payee name							
	01/08/2024	Harvest Kite	chen						
6	Amount (\$) \$798.62	7 Payee addre 215 N Kent		State; Zip C	ode				
		McKinney,	TX 75069						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			Check if Austin,	, TX,	officeholder living	
						Dinner with ca	am	paign suppo	orters
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/10/2024	Install Conr	ect						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$5,000.00	505 W State	e Street						
		Garland, T	75040						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			=		officeholder living	plete Schedule T.
						Campaign sig			, - , - , - , - , - , - , - , - , - , -
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/09/2024	Lexington S	trategy Group						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$4,800.00	6608 N We	stern Ave						
		#457							
		Oklahoma (City, OK 73116						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense						plete Schedule T.
						Campaign co		officeholder living	g expense
						Campaign co	113	aning let	
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		/ages	/Contract Labor		Travel Out of OTHER (ente		ict ategory not listed above)
1	Total pages Schedule F1:	2	EII ER NIAME				•		3	Filer ID		(Ethics Commission Filers)
	Sch: 4/12 Rpt: 12/20			C. (The Hone	orable)					0006773		()
4	Date	5	Payee name									
	01/09/2024		Lexington S	trategy Grou	р							
6	Amount (\$)	7	Payee addre		State	e; Zip Co	de					
	\$5,000.00		6608 N We	stern Ave								
			#457									
			Oklahoma (City, OK 7311	L6		_				_	
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense				Check if travel				
								Campaign co			virig e	лрепов
								- spaigii 00				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name)	Office sou	ght			Office	helo	t
L	Data	<u> </u>	B									
	Date		Payee name MissionVide	2011								
_	01/19/2024	_			<u> </u>	. 7 6						
	Amount (\$)		Payee addre		State	e; Zip Co	de					
	\$34,874.00		2501 Ridge	mar Piz								
			Suite 102									
			Fort Worth,	TX 76116		_						
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				Check if travel of Check if Austin				
								Campaign me				лрепис
								9		- panor		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	•	Office sou	ght			Office	helo	d
	Date		Payee name									
	01/16/2024		MissionVide	eo LLC								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$16,000.00		2501 Ridge	mar Plz								
			Suite 102									
			Fort Worth,	TX 76116								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				Check if travel				
								Campaign me				хрензе
								-ampaign in	J 411	. onpond	-	
	Complete ONLY if direct		Candidate/Offi	ceholder name)	Office sou	ght			Office	helo	d
	expenditure to benefit C/OI	Н										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 13/20	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	
	01/16/2024	MissionVideo LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ü	\$23,789.00		
	Ψ23,709.00	2501 Ridgemar Plz	
		Suite 102	
		Fort Worth, TX 76116	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	2/11/2/10/12		TX, officeholder living expense
		Campaign me	edia expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Oi	1	
	Date	Payee name	
	01/24/2024	Orlando's Magic Designs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$324.75	1109 Emerald Gate Drive	
		Dringston TV 75407	
		Princeton, TX 75407	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			ampaign event
		24.100.10.00	ampaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	d Since sought	Cinice field
	Date	Payee name	
	01/22/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$449.96	2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Campaign/offi	iceholder airline fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

(ntributions/ Donations Made By Candidate/Officeholder/Politica dit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	s/Wage	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
1 Tota	al pages Schedule F1:	2 FILER NAM	 F		-		3	Filer ID	(Ethics Commis	sion Filers)
	h: 6/12 Rpt: 14/20	1	C. (The Honorable)			ľ	00067738	(=:::::::::::::::::::::::::::::::::::::	
4 Date	9	5 Payee name	1							
01/2	22/2024		Marketing Company	,						
6 Amo	ount (\$)	7 Payee addre	ess; City;	State; Zip (Code					
	\$8,717.69	95 Eddy R	oad							
		Suite 101								
		Mancheste	r, NH 03102							
8 8	PURPOSE	(a) Category (s	See Categories listed at the to	up of this schodulo)	(b)	Description				
5 7	OF DEALERS	Advertising		p of this scriedule)	`	:	outsi	de of Texas. Con	nplete Schedule T.	
EX	PENDITURE		'			Check if Austin	, TX,	officeholder living	g expense	
						Campaign dir	rect	t mail		
	nplete <u>ONLY</u> if direct enditure to benefit C/OI		iceholder name	Office so	ought			Office h	eld	
Date	9	Payee name	!							
01/1	17/2024	Spectrum I	Marketing Company	•						
Amo	ount (\$)	Payee addre	ess; City;	State; Zip (Code					
	\$8,717.69	95 Eddy R	oad							
		Suite 101								
			r, NH 03102							
	PURPOSE		<u> </u>		/h)					
'	OF		See Categories listed at the to	p of this schedule)	(6)	Description Check if travel	outsi	de of Texas Com	nplete Schedule T.	
EX	PENDITURE	Advertising	Expense			<u> </u>		officeholder livin		
						Campaign dir	rect	t mail		
	nplete <u>ONLY</u> if direct enditure to benefit C/O		ïceholder name	Office so	ought			Office h	eld	
Date	9	Payee name	<u> </u>							
01/1	12/2024	Spectrum I	Marketing Company	,						
Amo	ount (\$)	Payee addre	ess; City;	State; Zip (Code					
	\$13,032.05	95 Eddy R	•							
	, ==,, =====	Suite 101								
			r NILI 02102							
			r, NH 03102							
ı	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description Check if traval	outoi	do of Toyon Com	nplete Schedule T.	
EX	PENDITURE	Advertising	Expense			ш		officeholder living		
						Campaign dir			9	
						, 3				
Com	nplete ONLY if direct	I Candidate/∩f	iceholder name	Office so	<u> </u>			Office h	eld	
	enditure to benefit C/O			233 00	-9			200 11		
_			•	. (1.2)						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servic	Memorials Experies uction Guide			/ages	/Contract Labor		Travel Out of I OTHER (enter		ct ategory not listed above)
1	Total pages Schedule F1: Sch: 7/12 Rpt: 15/20	2	FILER NAME Leach, Jeff		Jonorable)					3	Filer ID 00067738		(Ethics Commission Filers)
Ļ		L		C. (THE)					00007730		
4	Date 01/12/2024	5	Payee name Spectrum M	larketing	Company								
6	Amount (\$) \$1,977.04	7	Payee addre 95 Eddy Ro Suite 101 Manchester	ad	ty; L02	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Si} Advertising			p of this sch	nedule)	(b)		n, TX	ide of Texas. Co , officeholder livi hangers		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	name	C	Office sou	ght			Office	helo	i
Т	Date		Payee name										
	01/08/2024		Spectrum M	larketing	Company								
	Amount (\$)		Payee addre	ss; Ci	ty;	State;	; Zip Co	de					
\$13,032.05			95 Eddy Road										
			Suite 101										
			Manchester	, NH 031	L02								
	PURPOSE OF EXPENDITURE	(a)	Category (So Advertising			p of this sch	nedule)	(b)	=	n, TX	ide of Texas. Cc , officeholder livi t mail		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	name	C	Office sou	ght			Office	helo	1
	Date 01/08/2024		Payee name Texas Trad	e Graphi	cs								
	Amount (\$) \$9,375.00		Payee addre 2935 Irving Suite 201 Dallas, TX	·	ty;	State;	; Zip Co	de					
	PURPOSE	(a)	Category (S	ee Categories	s listed at the top	p of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense	•					ı, TX	ide of Texas. Co , officeholder livi signs		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	name	C	Office sou	ght			Office	helo	İ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 8/12 Rpt: 16/20	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	
	01/09/2024	The Urban Loft	
6	Amount (\$) \$204.59	7 Payee address; City; State; Zip Code 209 E Louisiana	
		McKinney, TX 75069	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	7 Advertising Expense	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		Campaign/oi	ficeholder shirts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/23/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.64	1455 Market St #400	
	400.0		
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver out or bistrict	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		Campaign/oi	ficeholder ground transportation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/23/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.41	1455 Market St #400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
		l	n, TX, officeholder living expense
		Campaign/of	ficeholder ground transportation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiorare to benefit C/OI	n 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 9/12 Rpt: 17/20	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	01/24/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.96	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 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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/22/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.29	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/officeholder ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/18/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.22	1455 Market St #400
		San Francisco, CA 94103
	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 ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 18/20	Leach, Jeff C. (The Honorable)		00067738
4	Date	5 Payee name		
	01/17/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$57.26	1455 Market St #400		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Ŭ	OF	Travel Out of District	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign/officeholder ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/17/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$6.31	1455 Market St #400		
		San Francisco, CA 94103		
	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign/officeholder ground transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/16/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$15.66	1455 Market St #400		
		San Francisco, CA 94103		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or Bistrict		Check if Austin, TX, officeholder living expense
				Campaign/officeholder ground transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	_	vices truction Guide explains l		s/Contract Labor ete this form.	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 11/12 Rpt: 19/20	Leach, Jeff C. (The	e Honorable)			00067738	,
4	Date	5 Payee name			<u> </u>		
	01/17/2024	Uber					
6	Amount (\$)	7 Payee address;	City; State;	Zip Code			
	\$25.24	1455 Market St #4	00				
		San Francisco, CA	94103				
8	PURPOSE			(h)	Description		
o	OF	(a) Category (See Category Travel Out of Distri		edule)	Check if travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver Out of Distri	CL		Check if Austin, TX		
					Campaign/office	eholder grou	nd transportation
9	Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought		Office he	eld
	expenditure to benefit C/O	4					
	Date	Payee name					
	01/04/2024	Valentine Direct					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$351.06	2344 Farrington					
		Dallas, TX 75207					
	PURPOSE			(h)	Description		
	OF	(a) Category (See Category	ies listed at the top of this sch	edule)	Check if travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Printing Expense			Check if Austin, TX		
					Congratulatory	certificates fo	or graduating seniors
	Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought		Office he	eld
	expenditure to benefit C/O	Н					
	Date	Payee name					
	01/04/2024	Valentine Direct					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$885.25	2344 Farrington					
		_					
		Dallas, TX 75207					
	PURPOSE			(b)	Description		
	OF	(a) Category (See Category Advertising Expense		edule) (D)	Check if travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Auvertising Expens	5 C		Check if Austin, TX		•
					Campaign/office		
	Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought		Office he	eld
	expenditure to benefit C/O	Н		-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 20/20	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	01/04/2024	Valentine Direct
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$816.23	2344 Farrington
		Dallas, TX 75207
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign/officeholder Christmas cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/25/2024	Vici Media Group
		·
	Amount (\$) \$160.13	
	\$100.13	7701 Rialto Blvd
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign website maintenance and graphic design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/24/2024	Westin Houston
	Amount (\$)	Payee address; City; State; Zip Code 1520 Texas Ave
	\$672.29	1520 Texas Ave
		Houston, TX 77002
	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 lodging
		Campaiginomonoido loaging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	