# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete th	his form.	Filer ID (Ethics Commis 00067738	sion Filers)	2 Total pages f	iled: 06
3 CANDIDATE /	MS / MRS / MR FIR	RST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable Jef	ff C.			Date Received  ELECTRONIC	
	NICKNAME LAS	ST		SUFFIX	07/15/2024	
		ach				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	ITE#; CITY	;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	800 Glen Rose Dr.				Receipt #	Amount
Change of Address	Allen, TX 75013					
🗀 🐧	Training TX 70010				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRS	ST		MI		
TREASURER NAME	Mr. Dar	n				
	NICKNAME LAS	 2T		SUFFIX		
	Par			301117		
		iotti				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	( PLEASE);	APT	/ SUITE #; CITY	Y; ST.	ATE; ZIP CODE
TREASURER ADDRESS	3513 Cross Bend Rd.					
(Residence or Business)	Plano, TX 75023					
7 CAMPAIGN	AREA CODE PHONE NU	UMBER EX	KTENSION			
TREASURER PHONE	(214) 682-9248					
8 REPORT TYPE	January 15 3	30th day before e	election	Runoff	15th day after ca	ımpaign treasurer
	X   July 15   8	8th day before ele	ection $\square$	Exceeded modified	Final Report (Att	
		ar day belore en		reporting limit	- mar report ( na	
9 PERIOD	Month Day Year			Month Day		
COVERED	02/25/2024	THR	ROUGH	06/30/20	)24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Prir	mary	Runoff	Other	
	11/05/2024	χGer	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District 6	57		State Represer	ntative District 67	
	1			1		
		GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 106

13 C / OH NAME	Leach, Jeff C. (The F	lonorable)	<b>14</b> Filer ID (	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to difficeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	X GENERAL	Texas Nurse Practioners PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	4425 S Mopac Expy		
		Suite 405		
		Austin, TX 78735		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Eastin, Emily		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4425 S Mopac Expy		
		Suite 405		
		Austin, TX 78735		
16 CONTRIBUTION	1. TOTAL UNITEM	I DESCRIPTIONS (OTHER THAI	N PLEDGES LOANS	
TOTALS	\$ 0.00			
	5)	<b>\$</b> 323,183.41		
EXPENDITURE TOTALS		<b>\$</b> 3,768.93		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 400,775.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRICT ${\sf CAST}$	AST DAY OF THE	\$ 202,670.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hon	norable Jeff C. Leach	ı
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

3 of 106

					3 01 100	
<b>18</b> FIL	ER NAN		19 Filer ID	(Eth	ics Commission Filers)	
Le	ach, Je	ff C. (The Honorable)	00067738			
		E SUBTOTALS		SUBTOTAL AMOUNT		
N/	ME OF	SCHEDULE		Щ		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	317,330.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,853.41	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		\$				
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	310,346.22	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	90,429.13	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
				•		

	MONET	ARY POLITICAL (	CONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/106	
2	FILER NAME Leach, Jeff C	C. (The Honorable)			3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 06/28/2024	<ul><li>5 Full name of contributor Adams, Will</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$2,700.00
8	Principal occu	Katy, TX 77494 pation / Job title (See Instructions	) la	Employer (See Instructions	·/-		
•	Lawyer	pation / Job title (See Instructions	9	The Adams Law Firm	•)		
	Date 06/30/2024	Full name of contributor Anawaty, Kimberly Contributor address; City; St		)		Amount of Contribution (\$)	\$400.00
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions		Employer (See Instructions	-, 		
	i illicipai occu	pation / Job title (See matidetions		Employer (See instructions	')		
	Date 03/22/2024	Full name of contributor Ancira Strategic Partners Contributor address; City; St		)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 06/27/2024	Full name of contributor Andres, Warren Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Construction	pation / Job title (See Instructions	)	Employer (See Instructions Andres	<u> </u> 5)		
	Date 02/27/2024	Full name of contributor Apartment Association of Contributor address; City; St		)		Amount of Contribution (\$)	\$2,250.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)
4	Date 03/22/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$3	10,000.00
_	Daine in all account	Houston, TX 77007				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor X out-of-state PAC (ID#: CALL BASF Corp Employees PAC Contributor address; City; State; Zip Code	000340075		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20005 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Baker, Grizelda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_Baker, Susan  Contributor address; City; State; Zip Code  Houston, TX 77055	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Barrett, Renee  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Euless, TX 76039				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Bishop, Don Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Fort Worth, TX 76185 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· 					
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#: Blackridge Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Bresnen, Amy Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Bressert, Mindy Contributor address; City; State; Zip Code  Wylie, TX 75098	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/106	
2	FILER NAME Leach, Jeff (	c. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)
4	Date 03/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	New Braunfels, TX 78132				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/22/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Justin, TX 76247 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Calpine Corporation PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•					
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Carlisle, Laurie  Contributor address; City; State; Zip Code  Houston, TX 77043	)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Chappell, Peggy  Contributor address; City; State; Zip Code  Plano, TX 75074			Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)
4	Date 03/22/2024	5 Full name of contributor out-of-state PAC (ID#:_ Clark, Amy  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$300.00
_		Austin, TX 78757				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Clayton, Shawn  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$	510,000.00
	Principal occu	Prosper, TX 75078 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Landscaper	pation / 300 title (See Instructions)	Self			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners LLC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Coronado, Carolyn Contributor address; City; State; Zip Code Houston, TX 77005			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Cortopassi, Christy  Contributor address; City; State; Zip Code  Flower Mound, TX 75028			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/106			
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)		
4	Date 03/22/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>				
_	rincipal occu	pation / 300 title (See Instructions)	2 Employer (See Instructions	,				
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Crowley, Terrilyn  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00		
	Principal occu	Houston, TX 77018 pation / Job title (See Instructions)	Employer (See Instructions	)				
	•							
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Curtis, Scott  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00		
		Allen, TX 75002						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Davila, Rose Contributor address; City; State; Zip Code San Antonio, TX 78230			Amount of Contribution (\$)	\$30.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Carolyn  Contributor address; City; State; Zip Code  Cat Spring, TX 78933			Amount of Contribution (\$)	\$200.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/106
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067738
4	Date 03/26/2024	Full name of contributor	)	7	Amount of Contribution (\$) \$1,500.00
_	<u> </u>	Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
	Date 03/22/2024	Full name of contributor  out-of-state PAC (ID#:_ Enterprise Products Partners Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Ewing, Anthony Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$50,000.00
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions)	Employer (See Instructions		
	Owner	pation / 300 title (3ee instructions)	Advanced Fixtures	,	
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Eye PAC of the Texas Opthalmological Assoc Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$600.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Fred Shannon LLC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDU	LE A1
	The Instruc	ction Guide explains hov	v to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/106	
2	FILER NAME Leach, Jeff C	C. (The Honorable)				3	Filer ID (Ethics Commissi 00067738	on Filers)
4	Date 06/28/2024	<ul><li>5 Full name of contributor Gallagher, Lisa</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		)	7	Amount of Contribution (\$)	\$10,000.00
		Dallas, TX 75218						
8	Principal occu CEO	pation / Job title (See Instruction	9		Employer (See Instructions Gallagher Construction			
	Date 06/30/2024	Full name of contributor Gallagher, Michael Contributor address; City; S					Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instruction	5)		Employer (See Instructions	)		
	Lawyer				The Gallagher Law Firm			
	Date 03/22/2024	Full name of contributor Griggs, Susan Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$100.00
	5	Coffeyville, KS 67337	,		5 1 (0 1 1 1			
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	)		
	Date 02/27/2024	Full name of contributor HOSPAC - State  Contributor address; City; S  Austin, TX 78701	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor HillCo PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 06/30/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Houston, TX 77092 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 		
0	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	>)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Humphrey, Randall Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Deinsinal	Argyle, TX 76226	Frankrije (O. a. kratinski ara			
	Contractor	pation / Job title (See Instructions)	Employer (See Instructions HA	5)		
	Date 03/22/2024	Full name of contributor X out-of-state PAC (ID#: CID#: CID#	00128512	•	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Jaye, Olin Contributor address; City; State; Zip Code  Plano, TX 75023			Amount of Contribution (\$)	\$100.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Olin Jaye Associates Li			
	Date 03/22/2024	Full name of contributor	00171843		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 03/22/2024			7	Amount of Contribution (\$)	\$50.00
_	Dein ein al. a ann	Knott, TX 79748	D. Farakara (Carakara)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2024    Lumbermens Association of Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10,000.00	
	Austin, TX 78703  Principal occupation / Job title (See Instructions)  Employer (See Instruction			)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Martin Walker PC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Tyler, TX 75702 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_McCraw, John  Contributor address; City; State; Zip Code  Hawkins, TX 75765			Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Mccraw Law Group	)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_McCutcheon, Darrell Contributor address; City; State; Zip Code Plano, TX 75093	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	n Filers)
4	Date 03/22/2024			7	Amount of Contribution (\$)	\$500.00
_		Richmond, VA 23219				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Meadows, Janice  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
McKinney, TX 75070  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructions				
Timopal occupation 7 300 title (See Instituctions)				,		
	Date Full name of contributor out-of-state PAC (ID#:)  06/28/2024 NABIP Texas PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
		Cranford, NJ 07016				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Nelson, Terri Contributor address; City; State; Zip Code  Coppell, TX 75019			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Newton, Jarrett Contributor address; City; State; Zip Code Arlington, TX 76017			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)			3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O3/22/2024 Oakley, Keith 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
		Terrell, TX 75160					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2024 Patrick, Randy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
Plano, TX 75093		·/					
	Principal occupation / Job title (See Instructions)  engineer  Employer (See Instructions self		) )				
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2024 Perdue, Jim  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
		Houston, TX 77056					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
Date Full name of contributor			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/22/2024	Full name of contributor out-of-state  Powell, Kimberly  Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			<b>'</b>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 03/22/2024 Precast PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Austin, TX 78716 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
_	Timolpai occa	panon / coo une (coo monacaone)	C Employer (Geo mondono)	,		
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Richer, Gerard  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
Houston, TX 77024						
Principal occupation / Job title (See Instructions)  Employer (See Instruction			)			
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Rives, Kearby  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_Scott, Susan  Contributor address; City; State; Zip Code  Houston, TX 77009			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sledgelaw Group LLC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/106		
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067738		
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7  Smith III, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00			
		Texarkana, TX 75503					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2024 Taylor, Bill  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00			
	Allen, TX 75013  Principal occupation / Job title (See Instructions)  retired  Employer (See Instruction retired		<u> </u> ;)				
	Date Full name of contributor out-of-state PAC (ID#:)  04/30/2024 Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$50,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	  -  s)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$50,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Business PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Texas Association of Crane Owners PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78716				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2024 Texas Building Branch AGC PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instruction		)				
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2024 Texas Impact PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78726 pation / Job title (See Instructions)	Employer (See Instructions	)		
		panon, cos uno (coo monasmono)		,		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Oral & Maxillofacial Surgeons PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78230	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Psychological PAC Contributor address; City; State; Zip Code San Antonio, TX 78206	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission F 00067738	ilers)
4	Date 03/22/2024  5 Full name of contributor out-of-state PAC (ID#:) Texas Restaurant Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1	,000.00	
_		Austin, TX 78767				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2024 Texas Right to Life PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2	,500.00	
Bellaire, TX 77401  Principal occupation / Job title (See Instructions) Employer (See Instructions)		)				
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Texas Sands PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$4	,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$11	,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Assoc of Fire Fighters PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/106		
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	on Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)  Texas Trial Lawyers Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10,000.00		
_	<u> </u>	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2024 The Herrera Law Firm, Inc. (A Professional Corporation)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	San Antonio, TX 78207 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ The Real Estate Council PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions	)			
	· 	,					
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ The Storage Place Contributor address; City; State; Zip Code Corpus Christi, TX 78412	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Treat, Vonda  Contributor address; City; State; Zip Code  New Boston, TX 75570	)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/106	
2	FILER NAME Leach, Jeff (	C. (The Honorable)		3	Filer ID (Ethics Commission 00067738	ion Filers)
4	Date 03/22/2024			7	Amount of Contribution (\$)	\$250.00
_		Allen, TX 75013				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Vinson, Tamara  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
Sugar Land, TX 77479  Principal occupation / Job title (See Instructions)  Employer (See Instruction		)				
- Improyer (eee metastion)						
	Date Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Bentonville, AR 72716	Franks var (Cas Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Webb, James  Contributor address; City; State; Zip Code  Frisco, TX 75034	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution (\$)	\$10,000.00
	Principal occu Real Estate	ipation / Job title (See Instructions) Developer	Employer (See Instructions Self	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/106	
2	FILER NAME Leach, Jeff C. (The Honorable)		3	Filer ID (Ethics Commissio 00067738	n Filers)	
4			7	Amount of Contribution (\$)	\$100.00	
		Houston, TX 77004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date Full name of contributor out-of-state PAC (ID#:)  03/22/2024 Wright, Brenda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	<u>-,</u>		
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	>)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: Wyatt, Lucile Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$500.00
		McKinney, TX 75070				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	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: 23/106 3 Filer ID (Ethics Commission Filers) FILER NAME Leach, Jeff C. (The Honorable) 00067738 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 03/12/2024 Greg Abbott Campaign \$4,975.24 Campaign texting 7 Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 03/12/2024 Greg Abbott Campaign \$878.17 I Travel for Contributor address; City; State; Zip Code campaign/officeholder event Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/80 Rpt: 24/106	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	•
	05/22/2024	7-Eleven - Allen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.70	1004 W McDermott	
		Allen, TX 75013	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if trav	el outside of Texas. Complete Schedule T.
	EXI ENDITORE		tin, TX, officeholder living expense
		Campaignin	officeholder fuel charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_	Date		
	05/21/2024	Payee name 7-Eleven - Austin	
	Amount (\$) \$5.72	Payee address; City; State; Zip Code 917 N Lamar Blvd	
	Φ5.72	917 N Lamai Bivu	
		Austin TV 70702	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel out of District	tin, TX, officeholder living expense
		Campaign/o	officeholder fuel charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	н	
	Date	Payee name	
	02/26/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.82	8400 TX-121	
		McKinney, TX 75070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.
	-	· · · · · · · · · · · · · · · · · · ·	tin, TX, officeholder living expense ampaign poll greeters
		Conce for c	ampaign poil greeters
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	55

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/80 Rpt: 25/106	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	03/12/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.24	8400 TX-121
L		McKinney, TX 75070
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign/officeholder fuel charge
		Campaig. vemeer older 146. Orange
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.79	8400 TX-121
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
		Campaign on control of large
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┢	Date	Payee name
	04/03/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.39	8400 TX-121
		McKinney, TX 75070
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign/officeholder fuel charge
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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#### 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

	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: 3/80 Rpt: 26/106	Leach, Jeff C. (The Honorable)	"
4	Date	5 Payee name	
	04/18/2024	7-Eleven	
6	Amount (\$) \$52.58	7 Payee address; City; State; Zip Code 8400 TX-121	
		McKinney, TX 75070	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Compaign/afficabalder fuel charge	
		Campaign/officeholder fuel charge	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
3	expenditure to benefit C/OI	and the state of t	
	Date	Payee name	
	04/19/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.12	8400 TX-121	
		McKinney, TX 75070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign/officeholder fuel charge	
		Campaign/onicenolaer raci charge	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/10/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.90	8400 TX-121	
		McKinney, TX 75070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign/officeholder fuel charge	
		Campaign/onicenduct fuel charge	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/80 Rpt: 27/106	2 FILER NAME Leach, Jeff C. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067738
4 Date 03/04/2024	5 Payee name AT&T Inc
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 208 S Akard St Suite 2954 Dallas, TX 75202
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 cell, internet charge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/21/2024	Payee name AT&T Inc
Amount (\$) \$416.83	Payee address; City; State; Zip Code 208 S Akard St Suite 2954 Dallas, TX 75202
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 wireless and internet services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/08/2024	Payee name AT&T Inc
Amount (\$) \$120.00	Payee address; City; State; Zip Code 208 S Akard St Suite 2954 Dallas, TX 75202
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 cell, internet fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/80 Rpt: 28/106	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/19/2024	AT&T Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$428.76	208 S Akard St
		Suite 2954
		Dallas, TX 75202
8	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.
		Campaign/officeholder living expense  Campaign/officeholder cell, internet
		Campaign/oincertoider cen, internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2024	AT&T Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	208 S Akard St
		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.
		Campaign/officeholder living expense  Campaign/officeholder cell, internet
		Campaign/oinicerrolaer cen, internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/20/2024	AT&T Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$428.76	208 S Akard St
		Suite 2954
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign/officeholder cell phone charges
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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	committee	Gift/Awards/Memor Legal Services The Instruction	als Expense  Guide explains		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:			• •				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/80 Rpt: 29/106		Jeff C. (The Hono	rable)					00067738	(Earles Commission Filets)	
4	Date	Payee r	name								
	06/10/2024	AT&T I	nc								
6	Amount (\$)	Payee a	address; City;	State	; Zip Co	de					
	\$120.00	208 S	Akard St								
		Suite 2	954								
		Dallas,	TX 75202								
8	PURPOSE	<b>a)</b> Categor	y (See Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Overhead/Rental E		,		Check if travel			plete Schedule T.	
	LXI LINDITORL						_		officeholder living		
							Campaign/off	lice	riolder cell,	internet	
_	Complete ONLY if direct	Condidat	e/Officeholder name		Office com	aht			Office	74	
9	expenditure to benefit C/OI	Candidai	e/Onicenoider name		Office sou	gnı			Office he	eia	
	Date	Payee r	name								
L	06/17/2024	AT&T I	nc								
	Amount (\$)	Payee a	address; City;	State	; Zip Co	de					
	\$428.76	208 S	Akard St								
		Suite 2	954								
		Dallas,	TX 75202								
	PURPOSE	<b>a)</b> Categor	y (See Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Office (	Overhead/Rental E	Expense			<b>—</b>			plete Schedule T.	
							Campaign/off		officeholder living		
							Campaign/on		molder dell'e	marge	
	Complete ONLY if direct expenditure to benefit C/OI	Candidat	e/Officeholder name	(	Office souç	ght			Office he	eld	
_	Date	Payee r	name								_
	03/27/2024	-	chamber of Comm	erce							
	Amount (\$)	Payee a			; Zip Co	de					_
	\$442.00	•	McDermott	2.340	, , , , , , , , , , , , , , , , , , , ,						
	÷ 30										
		Allen, 7	ΓX 75013		<u>.</u>						
	PURPOSE OF		y (See Categories listed	•	nedule)	(b)	Description		d- 4T -	alete Oakeada l. T	
	EXPENDITURE		outions/Donations    ate/Officeholder/P		nittee		브		de of Texas. Com officeholder living	plete Schedule T.	
		Cariulu	ate/Onicendidel/P	ontical Cullill	iiiiee		Chamber due		T. NOON ON HAIT	,,	
	Complete ONLY if direct	Candidat	e/Officeholder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI										

### 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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/80 Rpt: 30/106	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	<u> </u>
	03/20/2024	Aloft Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.92	109 E 7th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Meeting to discuss Campaign/officeholder duties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	05/21/2024	Aloft Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$87.89	109 E 7th St	
		Austin, TX 78701	
	PURPOSE OF	2 (	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Meeting to discuss Campaign/officeholder duties
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/14/2024	Aloft Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.86	109 E 7th St	
		Austin, TX 78701	
	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Meeting to discuss Campaign/officeholder duties
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ising Expense Event Expense Loan Repayment/Reimbur

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

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		
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 8/80 Rpt: 31/106	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	'
	03/04/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.08	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Omec Overneau/ventar Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		I — I —	n/officeholder office supplies
			- политический под образование
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	04/04/2024	Amazon	
_	Amount (\$)		
	\$70.32		
	\$10.32	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Office Overficacintental Expense	ravel outside of Texas. Complete Schedule T.
		I — I —	Austin, TX, officeholder living expense n/officeholder office supplies
		Campaig	infolliceriolider office supplies
	Complete ONLY if direct	Condidate Office helder nove	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	·		
	Date	Payee name	
	05/28/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$123.24	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficaci/Nertical Experise   L	ravel outside of Texas. Complete Schedule T.
		l	Austin, TX, officeholder living expense n/officeholder office supplies
		Campaig	Tromocriolaci omoc supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Helu
	rme provided by Tayas E	thice Commission www.athice state ty us	Version V// 1 0 d278aha0

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-1-1 01 11 =:	
1 Total pages Schedule F1:	
Sch: 9/80 Rpt: 32/106	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
06/17/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$107.57	410 Terry Ave N
	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Complete Schedule T.  Complete Schedule T.
EXPENDITURE	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/O	1
Date	Payee name
04/09/2024	American Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$594.10	4333 Amon Carter BoulevardFort
	Ft. Worth, TX 76155
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  X Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airline fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/17/2024	American Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$394.48	4333 Amon Carter BoulevardFort
	Ft. Worth, TX 76155
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.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Campaign/officeholder airline fee
0 1 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
- p - 1.12.12 12 30.10.11 0/0	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 10/80 Rpt:		Leach, Jeff	C. (The Honorable)	<u> </u>					00067738	
4	Date	5	Payee name								
L	05/20/2024		American A	irlines							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$40.00		4333 Amon	Carter BoulevardF	ort						
			Ft. Worth, T	X 76155							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					느		de of Texas. Com	
								Campaign/off		officeholder living	
								Campaignion	100	noider diriin	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	office sou	l aht			Office he	eld
_	expenditure to benefit C/OI		zandidate/Om	centioder flame			gnt			Office fic	STU .
	Date	ı	Payee name								
	02/26/2024		Anasofia M	exican Grill							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$44.35		1328 W Mc	Dermott Dr # 260							
			Allen, TX 75	5013							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				<b>=</b>		de of Texas. Com	
								ш		officeholder living	n/officeholder duties
								weeting to dis	Jou	oo dampaigi	nyomocholaci aatics
-	Complete ONLY if direct		andidate/Offi	ceholder name	Ω	office sou	l aht			Office he	eld
	expenditure to benefit C/OI				J		J				
H	Date	Π	Payee name								
	03/04/2024		Anasofia Me	exican Grill							
	Amount (\$)	_	Payee addres		State:	Zip Co	ode				
	\$69.80	ı	,	Dermott Dr # 260	Juic,	p 00					
	455.00										
			Allen, TX 75	5013					_		
	PURPOSE OF			ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expense				ш		de of Texas. Com officeholder living	
								Lunch for can			
									,	J 2.220	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ght			Office he	eld
	expenditure to benefit C/OI				_		J -				

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	03/04/2024	Anasofia Mexican Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$473.03	1328 W McDermott Dr # 260
		Allen, TX 75013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal for campaign supporters
		Medi for earlipaight supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	03/04/2024	Atkinson, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1508 Cool Springs Drive
		Allen, TX 75013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Campaign staff wages
		Campaigh stail wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/08/2024	Atkinson, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff wages
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

### 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						OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission	n Filers)	
	Sch: 12/80 Rpt:	Leach, Jef	f C. (The Honorable	)				00067738			
4	Date	5 Payee nam	е								
	05/02/2024	Atkinson, 、	Julie (Ms.)								
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip (	Code						
	\$1,000.00	1508 Cool	Springs Drive								
		Allen, TX	75013								
8	PURPOSE OF		See Categories listed at the to		(b)	Description					
	EXPENDITURE	Salaries/W	/ages/Contract Labo	or		<u>—</u>		ide of Texas. Com , officeholder living	plete Schedule T.		
						Campaign sta			у схрензе		
						oapa.g oa		agee			
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	<u>l</u> ought			Office h	eld		
	Date	Payee nam									
	06/10/2024	Atkinson,									
	Amount (\$)	Payee addr		State; Zip (	Codo						
	\$1,000.00	1	Springs Drive	State, Zip C	Joue						
	Ψ1,000.00	1308 0001	Springs Drive								
		Allen, TX	75013								
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/W	/ages/Contract Labo	or					plete Schedule T.		
						Campaign sta		, officeholder living	g expense		
						Campaign sa	<b>A</b> 11	wages			
	Complete ONLY if direct	Candidate/Of	fficeholder name	Office so	nuaht			Office h	ald		
	expenditure to benefit C/OI		incendider name	Office St	Jugin			Office III	eiu .		
	Date	Payee nam	е								
	03/13/2024	Atkinson, 、	Julie (Ms.)								
	Amount (\$)	Payee addr	ess; City;	State; Zip (	Code						
	\$20,000.00	1508 Cool	Springs Drive								
		Allen, TX	75013								
	PURPOSE OF	(a) Category (	See Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Salaries/W	/ages/Contract Labo	or					plete Schedule T.		
						Campaign sta		, officeholder living	g expense		
						Campaign sa	<b>A</b> 11	wages			
	Complete ONLY if direct	Candidata/O	fficabolder name	Office	nuaht			Office	ald		
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ougril			Office h	zi <b>u</b>		
	•										
_			_				_			1070 1 6	

### 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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	03/22/2024	Austin Airport Food & Beverage Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.03	3600 Presidential Blvd
		Austin, TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal during Campaign/officeholder travel
		mod during sampaignomosticides daver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/05/2024	Austin Airport Food & Beverage Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.99	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal during Campaign/officeholder travel
		mod during sampaignomosticides daver
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	05/01/2024	Austin Airport Food & Beverage Court
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.28	3600 Presidential Blvd
		Austin TV 70740
		Austin, TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  FOOD/Rayarage Eynense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal during Campaign/officeholder travel
$\vdash$	Complete ONLY 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 -Candidate/Officeholder/Political Committee

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

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction	<b>Guide explains</b>	how to complete	this form.
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**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1: Sch: 14/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067738
4 Date 06/14/2024	Payee name     Austin Airport Food & Beverage Court	•
6 Amount (\$) \$45.21	7 Payee address; City; State; Zip Code 3600 Presidential Blvd  Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal during Campaign/officeholder travel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date 03/21/2024	Payee name Austin Country Club	
Amount (\$) \$294.17	Payee address; City; State; Zip Code 4408 Long Champ Dr  Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Golf outing with campaign supporters
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date 06/20/2024	Payee name Beacon Strategies	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 1696	
	Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign consulting service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/21/2024	Beacon Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 1696
		Liberty Hill, TX 78642
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/21/2024	Blue Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.34	2707 Fairmont St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Gifts for campaign supporters
		Cities for earlipaight supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Cabela's - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$974.25	1 Cabela Dr
		Allen, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gifts for campaign supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditacy/Officebulder/Political Committee

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/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: 16/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4	Date	5 Payee name	٦
	03/11/2024	Camelback	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$60,000.00	2801 E Camelback Rd, Ste 200	
		Phoenix, AZ 85016	
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 canvassers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	04/05/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	۲
	\$12.99	2 Lacey Street	
		Surry Hills Surry Hills Australia	
	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 graphic design program	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
_	Date	Payee name	=
	05/10/2024	Capital Grille - Plano	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	7300 Dallas Pkwy	
	Ψ230.00	7300 Dalias i kwy	
		Plano, TX 75024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Meeting to discuss Campaign/officeholder duties	
	Complete ONLY 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		ttee L	egal Services	S		ages	/Contract Labor		OTHER (enter	a category not listed above)	
			7	The Instruction Gu	iide explains ho	w to con	nple	te this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 17/80 Rpt:	Le	each, Jeff C	. (The Honoral	ble)					00067738		
4	Date	<b>5</b> Pa	yee name									
	05/22/2024	Ca	apitol Gift S	Shop								
6	Amount (\$)	<b>7</b> Pa	yee address	s; City;	State; 2	Zip Cod	de					
	\$217.58	14	100 Congre	ss Ave								
		l <sub>Au</sub>	ustin, TX 78	3701								
8	PURPOSE	-				[	(h)	Description				
ľ	OF			Categories listed at the		ule)	(12)	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	"	iii/ waias/i	vicinoriais Expe	51130			<b>=</b>		officeholder livin		
								Gifts for camp	paiç	gn supporte	ers	
9	Complete ONLY if direct		ndidate/Office	eholder name	Offi	ice soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Pa	yee name									
	04/30/2024	Ca	ascade Stra	ategies								
	Amount (\$)	Pa	yee address	s; City;	State; 2	Zip Cod	de					
	\$5,000.00	57	65-F Burke	e Center Pkwy								
		Su	uite 208									
		Bu	ırke, VA 22	2015								
	PURPOSE	-		Categories listed at th	no ton of this school	ula)	(b)	Description				
	OF	1	onsulting E		ie top of this scriedo	ile)	` '	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		<b>.</b>					Check if Austin,	, TX,	officeholder livin	g expense	
								Campaign co	ทรเ	ulting exper	ise	
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder name	Offi	ice soug	jht			Office h	eld	
	experientare to benefit 6/61											
	Date	l	ayee name									
	05/23/2024	Ch	nick Fil-a #0	02992 Austin								
	Amount (\$)	Pa	yee address	s; City;	State; 2	Zip Cod	de					
	\$40.51	50	3 W MLK									
		Au	ustin, TX 78	3701								
	PURPOSE	<b>(a)</b> Ca	ategory (See	Categories listed at th	ne top of this schedu	ule) (	(b)	Description				
	OF EXPENDITURE	Fo	od/Bevera	ge Expense				ш			nplete Schedule T.	
								ш		officeholder livin		
								Lunch for Cap	μιίΟ	n onice stat	I	
	Complete ONLY if direct		didata/Off:-:	ahaldar nama	O#:	ioo cour	ıb+			Office h	old	
	Complete ONLY if direct expenditure to benefit C/O		iuiuate/Office	eholder name	Omi	ice soug	JIIL			Office n	eiu	
	· 											

#### 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		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
		_		The Instruction Gu	uide explains no	w to con	npie	te this form.	_			
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 18/80 Rpt:		Leach, Jeff	C. (The Honora	ble)					00067738		
4	Date	5	Payee name									
	02/26/2024		Chick-Fil-A	- Allen								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zin Coo	de.					
ľ	\$22.54	ı	902 W McD		Ctato, .	p 000						
	Ψ22.0 1		002 11 11102	omou								
			A.U> /	.0.1.0								
			Allen, TX 75	013								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			nplete Schedule T.	
								Lunch for Cai		officeholder livin		
								Lunch for Car	mp	aigii poli git	eelers	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Offi	ice soug	ght			Office h	eld	
	experialitate to bettern over											
	Date		Payee name									
	02/26/2024		Chick-Fil-A	- Allen								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$69.23		902 W McD	ermott								
			Allen, TX 75	:013								
		_					<i>.</i>					
	PURPOSE OF	(a)		e Categories listed at t	he top of this schedu	ule)	(b)	Description	outoi.	do of Toyon Con	anlete Cebedule T	
	EXPENDITURE		Food/Bevera	age Expense				<b>=</b>		officeholder livin	nplete Schedule T. g expense	
								Lunch for car				
										3 1 3		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	tht			Office h	eld	
	expenditure to benefit C/O						,					
	D-t-	_										
	Date		Payee name	A.II.								
	02/28/2024		Chick-Fil-A	- Allen								
	Amount (\$)		Payee addres		State;	Zip Cod	de					
	\$67.32		902 W McD	ermott								
			Allen, TX 75	5013								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this schedu	ule)	(b)	Description				
	OF	<b> </b> `´		age Expense	ne top of this schedu	uic)	` ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Lunch for can	npa	aign poll gre	eters	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 19/80 Rpt:	Leach, Jeff C. (The Honorable)			00067738	
4	Date	5 Payee name				
	02/29/2024	Chick-Fil-A - Allen				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$18.80	902 W McDermott				
		All TV 75040				
		Allen, TX 75013				
8	PURPOSE OF	,	Description	Louto	ide of Texas. Com	nloto Cahadula T
	EXPENDITURE	Food/Beverage Expense	ш		, officeholder living	
			Lunch for ca			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	03/01/2024	Chick-Fil-A - Allen				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.50	902 W McDermott				
		Allen, TX 75013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Food/Beverage Expense	ш		ide of Texas. Com , officeholder living	
			Lunch for ca			
				-		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	03/04/2024	Chick-Fil-A - Allen				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.99	902 W McDermott				
		Allen, TX 75013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Food/Beverage Expense			ide of Texas. Com , officeholder living	
			Lunch for ca			
				٠.٣		
-	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/O					
ı						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	03/07/2024	Chick-Fil-A - Allen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.54	902 W McDermott
		Allen, TX 75013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch for campaign volunteers
		Eulion for campaign volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/22/2024	Chick-Fil-A - Allen
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.27	902 W McDermott
	Ψ2 1.21	OSE W MODELMON
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meeting to discuss Campaign/officeholder duties
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	05/31/2024	Payee name Chick-Fil-A - Allen
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.11	902 W McDermott
		Allen, TX 75013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss Campaign/officeholder duties
		Weeting to discuss Campaign/oniceriolider duties
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 21/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4	Date	5 Payee name	
	03/20/2024	Children's Advocacy Center of Collin County	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	2205 Los Rios Blvd	
		Plano, TX 75074	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	
	05/09/2024	Clown Around Party Rental	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$360.00	116 N Tennessee St	
		Suite 200	
		McKinney, TX 75069	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Campaign/officeholder event expense	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	_
	05/03/2024	Congressional Country Club	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$376.30	8500 River Road	
		Bethesda, MD 20817	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Golf outing with legislative stakeholders	
		Con during with registative static holders	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
$\vdash$			-

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/05/2024	Cool River - Love Field
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.59	8008 Cedar Springs Rd
		Love Field Airport
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal during Campaign/officeholder travel
		Medi during Campaign/onicentituel travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/09/2024	Cool River - Love Field
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.59	8008 Cedar Springs Rd
		Love Field Airport
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal during Campaign/officeholder travel
		Medi during Campaign/onicentituel travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/30/2024	Cool River - Love Field
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.82	8008 Cedar Springs Rd
		Love Field Airport
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Meal during Campaign/officeholder travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		)
_	Sch: 23/80 Rpt:	Leach, Jeff C. (The Honorable)	,
4	Date	5 Payee name	
	05/24/2024	Cool River - Love Field	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$118.72	8008 Cedar Springs Rd	
		Love Field Airport	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Meal during Campaign/officeholder travel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	_
	02/29/2024	Dallas Bulldog Marketing LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,836.00	4310 Buena Vista 31	
		Dallas, TX 75205	
	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 billboard truck	
		Gampaign sinsoard track	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
_	Data	Γ.	
	Date	Payee name Discount Tire	
	06/07/2024	Discount Tire	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$589.47	2260 State Highway 121	
		Plano , TX 75025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Campaign/officeholder vehicle maintenance - apportioned	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memon Legal Services  The Instructio	orials Expense  n Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abov	e)
1	Total pages Schedule F1:	) [II [F		· ·		-		3	Filer ID	(Ethics Commission	n Filere\
•	Sch: 24/80 Rpt:		h, Jeff C. (The Hon	orable)					00067738	(201103 CO11111135101	i i lieloj
4	Date	5 Payee	e name								
	02/29/2024	Drop									
6	Amount (\$)	<b>7</b> Payee	address; City;	State	e; Zip Co	de					
	\$172.69	•	Brannan St,		·						
			-								
		San I	Francisco, CA 9410	)7							
8	PURPOSE	<b>(a)</b> Categ	ory (See Categories liste	d at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE	Office	e Overhead/Rental	Expense			<b>=</b>		de of Texas. Com		
							Campaign/off		officeholder living		
							-ampaign/on			- 5.0.ag0	
9	Complete ONLY if direct	Candid	ate/Officeholder nam	e	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI	Callaid		-	300 00u	J. 10			200 110		
H	Date	Pave	e name								
	03/28/2024	Drop									
_	Amount (\$)	Payee	e address; City;	State	e; Zip Co	de					
	\$172.69		Brannan St,		, ,						
	÷=:=:30		,								
			Francisco, CA 9410		-						
	PURPOSE OF		Ory (See Categories liste		chedule)	(b)	Description		d4.T C	alata Cabada II. T	
	EXPENDITURE	Office	e Overhead/Rental	Expense			<b>—</b>		de of Texas. Com officeholder living		
							Campaign/off				
							. 5			C	
	Complete ONLY if direct expenditure to benefit C/OI	Candid	ate/Officeholder nam	e	Office sou	ght			Office he	eld	
	Date	Pavee	e name								
	04/29/2024	Drop									
	Amount (\$)		e address; City;	State	e; Zip Co	de					
	\$172.69		Brannan St,	Sidil	o, <u>Lip</u> 00	40					
	41.2.00	200 1									
		San I	Francisco, CA 9410	)7							
	PURPOSE OF		ory (See Categories liste		chedule)	(b)	Description				
	EXPENDITURE	Office	e Overhead/Rental	Expense			ш		de of Texas. Com officeholder living		
							Campaign on			l evhelise	
							Jampaigii Vii		- 0.0.090		
	Complete ONLY if direct	Candid	ate/Officeholder nam	e	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI										

### 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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	05/29/2024	Dropbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.69	333 Brannan St,
		San Francisco, CA 94107
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 online storage
		Campaigh online storage
_	Operation ONLY if all parts	On did to 10 ff as hald a grant Off as a south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/23/2024	Element Hotel Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$901.96	109 E 7th Street
		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 outside of Texas. Complete Schedule T.
		<ul> <li>X Check if Austin, TX, officeholder living expense</li> <li>Campaign/officeholder lodging</li> </ul>
		Campaign/onicenduct loaging
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/07/2024	Element Hotel Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.09	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.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Campaign/officeholder lodging
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### 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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/80 Rpt:	Leach, Jeff C. (The Honorable)		00067738
4	Date	5 Payee name		
L	06/17/2024	Element Hotel Austin		
6	Amount (\$) \$456.12	<b>7</b> Payee address; City; State; Zip Code 109 E 7th Street	е	
	Ψ430.12	109 E 7th Street		
		Austin, TX 78701		
8	PURPOSE		b)	Description
	OF EXPENDITURE	Travel Out of District	į	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign/officeholder lodging
				Campaign of the Control of the Contr
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	04/16/2024	Enterprise Rent a Car		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$816.37	452 Airways Ave		
		Covernel CA 21400		
_	PURPOSE	Savannah, GA 31408	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	υ) 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel out of Bistrict	j	Check if Austin, TX, officeholder living expense
				Campaign/officeholder ground transportation
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	04/11/2024	Erben & Yarbrough		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1,650.00	807 Brazos Street		
		Suite 402		
		Austin, TX 78701		
	PURPOSE OF	,	b) 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Legal Services		Check if Austin, TX, officeholder living expense
				Campaign legal services
	Complete ONII V if allows	Condidate/Officeholder research	b.t	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	JII	Office held
_				
l				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2								Filer ID	(Ethics Commission Filers)	
L	Sch: 27/80 Rpt:		Leach, Jeff	C. (The Honorabl	e)					00067738		
4	Date	5	Payee name									
	03/25/2024		Firestone									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					_
	\$1,271.91		1330 W Mc	Dermott Drive								
			Allen, TX 75	5013								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			ion Equipment An				_ ·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Expense					<b>—</b>		officeholder living		
								campaign/off apportioned	ice	nolaer venic	cle maintenance -	
Ļ	Commiste ONE V. C.	L_	Samuel de la 1000	a a la a la la como e e e		vtt: :	ا داره			O#: 1	al al	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	0	office sou	ght			Office he	eia	
	Date		Payee name									
	04/01/2024		Firestone									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					_
	\$763.68		1330 W Mc	Dermott Drive								
			Allen, TX 75	5013								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Transportat	ion Equipment An				<b>=</b>		de of Texas. Com		
			Expense					ш		officeholder living		
								apportioned	ice	noluer venic	cle maintenance -	
L	Complete ONLY if direct	<u> </u>	andidate/Off	ceholder name		office corr	aht			Office he	nld	_
	expenditure to benefit C/O		zariuiuate/O∏i	сеношен патте	O	office sou	ynı			Office ne	tiu	
_	Data	1										_
	Date		Payee name									
	04/22/2024		Firestone									_
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$882.10		1330 W Mc	Dermott Drive								
L		L	Allen, TX 75	5013								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ion Equipment An	d Related					de of Texas. Com		
	-		Expense					_		officeholder living	expense cle maintenance -	
								apportioned	100	HOIGEL VEHIL	oo mamenance -	
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name		Office sou	aht			Office he	eld	_
	expenditure to benefit C/O		Jan Ididato/OIII	co.loidoi lidillo	Ü	oc 50u	ar			Cilioc IIC		
												_

#### 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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gu	Sá		ages	/Contract Labor		OTHER (enter a	a category not listed above)
		_			ide explains nov	w to con	пріє	te this form.			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 28/80 Rpt:		Leach, Jeff (	C. (The Honorab	ole)					00067738	
4	Date	5	Payee name								
	06/24/2024		Firestone								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	7in Coc	de				
ľ	\$33.00	ľ	•	Dermott Drive	State, 2	p	40				
	Ψ33.00		1000 11 11101	Jermon Brive							
			Allen, TX 75	013							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedul	ile)	(b)	Description			
	OF EXPENDITURE		Transportati	on Equipment A	nd Related			<b>=</b>			nplete Schedule T.
	_,,,_,,,,		Expense					<b>—</b>		officeholder living	
								apportioned	ice	noider veni	cle maintenance -
								аррогионеа			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld
	experialiture to benefit C/Or	П									
	Date		Payee name								
	03/13/2024		Golden Corr	idor Republican	Women						
	Amount (\$)	┢	Payee addres	ss; City;	State: Z	Zip Cod	de				
	\$500.00		•	endence Parkwa	•						
	4000.00		oroo maope	maonoo r antiva	.9						
			Diama TV 7	F07F							
			Plano, TX 7	5075							
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	e top of this schedul	ile)	(b)	Description			
	EXPENDITURE			s/Donations Ma	,			<u></u>			nplete Schedule T.
			Candidate/C	Officeholder/Polit	ical Committe	ee		Contribution t		officeholder livin	
								Continuation	.0 1	(epublican (	Ciub
_	Operation ONE With disease	<u> </u>	011-1-4-10#		O#:					Office Is	-1-1
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cenoider name	Опіс	ce soug	gnt			Office h	ela
	Date		Payee name								
	04/18/2024		Harvest Kitc	hen							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de				
	\$792.60		215 N Kentu	ıcky							
				-							
			McKinney, T	X 75060							
		_				1					
	PURPOSE OF	(a)		e Categories listed at th	e top of this schedul	ile)	(b)	Description	outoi	do of Toyon Com	nplete Schedule T.
	EXPENDITURE		Food/Bevera	age Expense				ш		officeholder living	
								_			gn/officeholder duties
								3			<b>y</b>
_	Complete ONLY if direct	Щ	Candidate/Offic	reholder name	Offic	ce soug	tdr			Office h	eld
	expenditure to benefit C/O		Januluale/OIII	Cholder Haille	Offic	ce soug	JIIL			Onice II	Ciu

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		xpense Vages/Contract La		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: 29/80 Rpt:	Leach, Jeff C. (The Honorable)			00067738
4	Date 05/23/2024	Payee name Hertz			
6	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$286.10	3390 Harrison Ave			
		Beaumont, TX 77706			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion	
	OF EXPENDITURE	Travel Out of District			de of Texas. Complete Schedule T. officeholder living expense
					holder ground transportation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght		Office held
	Date	Payee name			
	05/28/2024	Hilton Garden Inn - Beaumont			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$236.79	3755 I-10			
		Houston, TX 77705			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b) Descript		
	EXPENDITURE	Travel Out of District			de of Texas. Complete Schedule T. officeholder living expense
					holder lodging
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght		Office held
	Date	Payee name			
	02/28/2024	Home Depot - Allen			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$46.57	909 W McDermott			
		Allen, TX 75013			
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Descript		
	OF EXPENDITURE	Polling Expense			de of Texas. Complete Schedule T. officeholder living expense
					ing locations
				•	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght		Office held

#### 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

	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: 30/80 Rpt:	Leach, Jeff C. (The Honorable)
4	Date	5 Payee name
	02/29/2024	Home Depot - Allen
6	Amount (\$) \$151.49	7 Payee address; City; State; Zip Code 909 W McDermott
		Allen, TX 75013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for polling locations
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Hyatt Place Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.56	333 N Central Expy
		Allen, TX 75013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for campaign staff
		Loughly for campaign stail
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Hyatt Place Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.81	333 N Central Expy
		Allen, TX 75013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging for campaign staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067738
4	Date 03/06/2024	5 Payee name Hyatt Place Allen
6	Amount (\$) \$107.81	7 Payee address; City; State; Zip Code 333 N Central Expy
8	PURPOSE OF EXPENDITURE	Allen, TX 75013  (a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging for Campaign staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/08/2024	Payee name Hyatt Place Allen
	Amount (\$) \$215.62	Payee address; City; State; Zip Code  333 N Central Expy  Allen, TX 75013
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging for campaign staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/27/2024	Payee name Install Connect
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 505 W State Street
		Garland, TX 75040
	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 road sign installation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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
Travel Out of District
OTHER Contract of Charles (Applied Contract)

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	03/25/2024	JW Marriott - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,438.38	110 E 2nd St
		Austin, TX 78701
8	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.
		Campaign/oincertoider todging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/17/2024	JW Marriott Savannah
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,711.64	400 W River St
		Savannah, GA 31401
	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.
		Campaign/officeholder living expense  Campaign/officeholder lodging
		Campaign on conclude loaging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/11/2024	Kenneth Cook Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1160 Montgomery Blvd
		#4114
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	paramate to benefit of the	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		ages.	/Contract Labor		Travel Out of OTHER (ente		not listed above)
1	Total pages Schodule F1:	2			p.wo		.,,,,,		2	Filer ID	(Ethio:	s Commission Filers)
	Total pages Schedule F1: Sch: 33/80 Rpt:	<b> </b>		: C. (The Honora	able)				3	00067738	•	s commission filers)
4	Date	5	Payee name									
	04/15/2024		•	ok Campaign								
6	Amount (\$)	7	Payee addres		State;	; Zip Co	de					
	\$2,500.00			onlery bivu								
			#4114	-010								
			Allen, TX 75									
8	PURPOSE OF	(a)		ee Categories listed at		nedule)	(b)	Description	a	do of T	amml-+- 0 '	adula T
	EXPENDITURE			ns/Donations M Officeholder/Po		nittee		Check if travel of Check if Austin,				
			Canada (C/C	7111061101U61/FU	iiiicai Coiiiiii			Campaign do			3 - pando	
								· -				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	Date		Payee name									-
	03/25/2024		Kroger #056	88 - Allen - Fue	l Center							
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$72.00		1320 W Mc	Dermott Dr								
			Allen, TX 75									
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description				and the T
	EXPENDITURE		Travel In Di	strict				Check if travel of Check if Austin,				
								Campaign/off				
								. •			J	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	Date		Payee name									
	03/26/2024		Kroger #056	88 - Allen - Fue	l Center							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$65.27		1320 W Mc	Dermott Dr								
			Allen, TX 75	5013								
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description			17 1	
	EXPENDITURE		Travel In Di	strict				Check if travel of Check if Austin,				
								Campaign/off				
								1 3	_		3-	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

### 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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 34/80 Rpt:	Leach, Jeff C. (The Honorable)		00067738
4	Date	5 Payee name		
L	05/21/2024	Kroger #0568 - Allen - Fuel Center		
6	Amount (\$) \$66.74	7 Payee address; City; State; Zip Coc 1320 W McDermott Dr	de	
		Allen, TX 75013		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
L	03/04/2024	Kroger #0568 - Allen		
	Amount (\$) \$276.69	Payee address; City; State; Zip Coo 1320 W McDermott Dr	de	
		Allen, TX 75013		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Refreshments for campaign event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
Г	Date	Payee name		
	03/04/2024	Kroger #0568 - Allen		
	Amount (\$) \$511.92	Payee address; City; State; Zip Coo 1320 W McDermott Dr	de	
		Allen, TX 75013		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gifts for campaign staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

### SCHEDULE F1

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

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 35/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4	Date	5 Payee name	
	02/29/2024	Leach, Jeff	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$25,005.50	800 Glen Rose	
		Allen, TX 75013	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Reimbursement for legal fees	
		Total and the following the first term and the firs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+
J	expenditure to benefit C/O		
_	Date	Davies warms	=
	02/29/2024	Payee name  Leach, Jeff	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11,268.13	800 Glen Rose	
		Allen, TX 75013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Reimbursement for legal fees	
		Neimbursement for legal rees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			=
	Date	Payee name	
	04/19/2024	Leach, Jeff	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24,155.50	800 Glen Rose	
		Allen, TX 75013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	
		Check if Austin, TX, officeholder living expense	
		Reimbursement for legal fees	
	0 1 0 0 1 1 1 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

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

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: 36/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4 Date	5 Payee name	
05/30/2024	Leach, Jeff	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$30,000.00	800 Glen Rose	
	Allen, TX 75013	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Reimbursement for legal fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
03/18/2024	Legislative Solutions	
Amount (\$)	Payee address; City; State; Zip Code	_
\$295.00	PO Box 5643	
	Austin, TX 78763	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising email service	
Complete ONII V if divest	Condidate/Office helder page	_
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
D-1-	T _	_
Date 03/11/2024	Payee name Levington Strategy Group	
	Lexington Strategy Group	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 6608 N Western Ave	
Φ5,000.00		
	#457	
	Oklahoma City, OK 73116	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign consulting services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

### 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

	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: 38/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/12/2024	Love Field Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.00	8008 Herb Kelleher Way
		Dallas, TX 75235
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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign/officeholder airport parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	David and the second se
	04/30/2024	Payee name Love Field Parking
		0
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	8008 Herb Kelleher Way
		_ "
		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 airport parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2024	Love Field Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign/officeholder airport parking
L	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

#### 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

Travel in District
Travel Out of District
Contract Labor OTHER (enter a category not listed above)

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/80 Rpt: 00067738 Leach, Jeff C. (The Honorable) 4 Date Payee name Love Field Parking 05/06/2024 6 Amount (\$) Payee address; State; Zip Code \$71.00 8008 Herb Kelleher Way Dallas, TX 75235 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/officeholder airport parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/28/2024 Love Field Parking Amount (\$) Payee address; City; State; Zip Code \$66.00 8008 Herb Kelleher Way Dallas, TX 75235 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/officeholder airport parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2024 Love Field Parking Amount (\$) Payee address: City; State; Zip Code \$54.00 8008 Herb Kelleher Way Dallas, TX 75235 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/officeholder airport parking

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

### 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

	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: 40/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/14/2024	Love Field Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.00	8008 Herb Kelleher Way
		Dallas, TX 75235
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 airport parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/24/2024	Love Field Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.00	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/25/2024	Love Field Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.00	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 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 -Event Expense 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 41/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4	Date	5 Payee name	
	06/04/2024	Mail Pro USA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,745.47	2016 Randol Mill	
	·	Suite 408	
L		Arlington, TX 76011	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Congratulatory certificates for graduating seniors	
		Softgratulatory continuates for graduating softlors	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	Complete ONLY if direct expenditure to benefit C/O		
⊨	<u> </u>		_
	Date	Payee name	
	03/11/2024	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.60	675 Ponce de Leon Ave NE Suite 5000	
		Atlanta, GA 30308	
	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 email service	
L	Commiste ONII V if diseast	Condidate/Officeholder name Office sought Office hold	_
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
┕	·		_
	Date	Payee name	
	04/11/2024	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.60	675 Ponce de Leon Ave NE Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign/officeholder email service	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	Superiord to borient 0/01	· 	_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense		oense ages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 42/80 Rpt:	Leach, Jeff C. (The Honorable)			00067738	
4	Date	Payee name				
	05/13/2024	MailChimp				
6	Amount (\$)		Zip Coo	le		
	\$106.60	675 Ponce de Leon Ave NE Suite 5000				
		Atlanta, GA 30308				
8	PURPOSE	a) Category (See Categories listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE	Advertising Expense		<b>=</b>	outside of Texas. Com n, TX, officeholder living	
				ш	ficeholder emai	
				. •		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Of	ffice souç	ht	Office he	eld
H	Date	Payee name				
	06/11/2024	MailChimp				
	Amount (\$)	Payee address; City; State;	Zip Cod	le		
	\$106.60	675 Ponce de Leon Ave NE Suite 5000				
		Atlanta, GA 30308				
	PURPOSE	a) Category (See Categories listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE	Advertising Expense		<u> </u>	outside of Texas. Com n, TX, officeholder living	
				Campaign er		d evherige
				P9 0		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Of	ffice souç	ht	Office he	eld
	Date	Payee name				
	04/22/2024	Marriott JW - Austin				
	Amount (\$)	Payee address; City; State;	Zip Cod	le		
	\$837.50	110 E 2nd Street				
		Austin, TX 78701				
	PURPOSE	a) Category (See Categories listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE	Travel Out of District			outside of Texas. Com n, TX, officeholder living	•
					ificeholder lodgi	
						J
	Complete ONLY if direct	Candidate/Officeholder name Of	ffice soug	ıht	Office he	eld
	expenditure to benefit C/OH					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 43/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	02/26/2024	Orlando's Magic Designs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1109 Emerald Gate Drive
		Princeton, TX 75407
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Decorations for campaign event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/07/2024	Orlando's Magic Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$370.00	1109 Emerald Gate Drive
		Princeton, TX 75407
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Decor for campaign event
		2000 for campaign over
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/03/2024	PGA Frisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$858.99	3255 PGA Pkwy
	φ030.99	3233 FGA FRWY
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign/officeholder merchandise - polos,
		pullovers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Or	7

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 44/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067738
<b>4</b> Date 04/12/2024	5 Payee name Pearl and Fin Oyster Bar
6 Amount (\$) \$246.79	7 Payee address; City; State; Zip Code 1611 W 5th St Suite 105 Austin, TX 78703
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
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date 06/24/2024	Payee name Pine Dunes Golf Club
Amount (\$) \$426.60	Payee address; City; State; Zip Code  159 Private Road 7019  Frankston, TX 75763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Golf outing to legislative stakeholders
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 06/24/2024	Payee name Pine Dunes Golf Club
Amount (\$) \$289.28	Payee address; City; State; Zip Code 159 Private Road 7019
	Frankston, TX 75763
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Golf outing to legislative stakeholders
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/26/2024	Pine Dunes Golf Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$289.28	159 Private Road 7019
		Frankston, TX 75763
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Golf outing with legislative stakeholders
		Con outing with regislative stakeholders
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<u> </u>	Data	
	Date	Payee name
	05/02/2024	Plano Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1200 East 15th Street
		Plano, TX 75074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign/officeholder chamber member fee
	Complete ONLY if direct	Condidate/Office helds name Office accepts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/20/2024	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,695.99	1251 W Exchange
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Campaign/officeholder storage
	Commission ON 11 V 11 11	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/26/2024	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,476.00	1251 W Exchange
		Allen, TX 75013
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.
		Campaign/officeholder living expense  Campaign/officeholder storage fee
		Campaign/onicenduct storage fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/07/2024	Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	3002 Bryker Drive
	<b>\$2,000.00</b>	SOUL BIJNOI BINO
		Austin, TX 78703
	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.
		Campaign social media services
		Campaigh social media services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/08/2024	Purple Sage Strategies
	Amount (\$)	
	\$1,500.00	
	\$1,500.00	3002 Bryker Drive
		Austin, TX 78703
	PURPOSE	I ma
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign social media services
	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 -

Event Expense 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	05/06/2024	Purple Sage Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3002 Bryker Drive
		Austin, TX 78703
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 social media services
		Campaigh social media services
<u>_</u>	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/14/2024	Purple Sage Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	3002 Bryker Drive
		Austin, TX 78703
	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.
		Campaign social media services
		Campaigh social media services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/08/2024	QT - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.20	802 W. McDermott
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign/officeholder fuel charge
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

### 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/80 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	·
	03/18/2024	QT - Allen	
6	Amount (\$) \$72.26	7 Payee address; City; State; Zip Code 802 W. McDermott	
		Allen, TX 75013	
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/27/2024	QT - Allen	
	Amount (\$) \$70.44	Payee address; City; State; Zip Code 802 W. McDermott	
		Allen, TX 75013	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/12/2024	Payee name QT - Allen	
	Amount (\$)	<u> </u>	
	\$54.13	Payee address; City; State; Zip Code 802 W. McDermott	
		Allen, TX 75013	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

	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: 49/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/24/2024	QT - Allen
6	Amount (\$) \$53.68	7 Payee address; City; State; Zip Code 802 W. McDermott Allen, TX 75013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2024	Qi Austin
	Amount (\$) \$157.17	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Ī	Date	Payee name
	06/13/2024	Qi Austin
	Amount (\$) \$172.33	Payee address; City; State; Zip Code 835 W 6th St
L		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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee I	Legal Services  The Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 50/80 Rpt:		C. (The Honorable)					00067738	
4	Date	5 Payee name							
	05/13/2024	Racetrac - A	llen						
6	Amount (\$)	<b>7</b> Payee addres		State; Zip C	ode				
	\$74.32	840 W Exch	ange Pkwy						
		Allen, TX 75	013		_				
8	PURPOSE OF		e Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Travel In Dis	trict			므		de of Texas. Com officeholder living	nplete Schedule T.
						Campaign/off			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught			Office h	eld
	experientare to serious ever	·							
	Date	Payee name							
	06/03/2024	Racetrac - A	llen						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$69.31	840 W Exch	ange Pkwy						
		Allen, TX 75	013						
	PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dis	trict			<b>=</b>			plete Schedule T.
						Campaign/off		officeholder living holder fuel (	
						oupa.g."o			oa.go
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name							
	06/17/2024	Racetrac - A	llen						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$72.49	840 W Exch	ange Pkwy						
		Allen, TX 75	013						
	PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dis	trict						pplete Schedule T.
						Campaign/off		officeholder living	• •
						Campaign/011		molaci laci	ona.go
_	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI				J -				

#### 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

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/80 Rpt: Leach, Jeff C. (The Honorable) 00067738 4 Date Payee name 04/02/2024 Rhoback 6 Amount (\$) Payee address; City; State; Zip Code \$585.63 1180 Seminole Trail Charlottesvill, VA 22901 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/officeholder merchandise - polos, pullovers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/18/2024 Ryan Data & Research Amount (\$) Payee address; City; State; Zip Code \$1,500.00 P.O. Box 202675 Austin, TX 78720 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign data consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 Shell Gasoline - Allen Amount (\$) Payee address: City: State; Zip Code \$58.85 301 S Federal Allen, TX 75013 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign/officeholder fuel charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	02/29/2024	Shell Gasoline - Allen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.83	301 S Federal
		Allen, TX 75013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
		Campaign/onicendider luer charge
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/04/2024	Shell Gasoline - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.34	301 S Federal
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
		Campaign/onicenduel luel charge
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	04/12/2024	Shell Gasoline - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.08	301 S Federal
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign/officeholder fuel charge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 53/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067738
4	Date 04/19/2024	5 Payee name Shell Gasoline - Allen
6	Amount (\$) \$68.72	7 Payee address; City; State; Zip Code 301 S Federal
_	PURPOSE	Allen, TX 75013
8	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/22/2024	Payee name Shell Gasoline - Allen
	Amount (\$) \$80.11	Payee address; City; State; Zip Code 301 S Federal
		Allen, TX 75013
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/06/2024	Payee name Shell Gasoline - Allen
	Amount (\$) \$79.79	Payee address; City; State; Zip Code 301 S Federal
		Allen, TX 75013
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Paymen	ıt	The Instruction Guide exp	plains how to compl	ete this form.		
1 Total pages Sch	edule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 54/80	Rpt:	Leach, Jeff C. (The Honorable)			00067738	
4 Date		5 Payee name		<u> </u>		
05/16/2024		Shell Gasoline - Allen				
6 Amount (\$)		7 Payee address; City;	State; Zip Code			
	\$77.70	301 S Federal				
		Allen, TX 75013				
8 PURPOSE		(a) Category (See Categories listed at the top of	this schedule) (b)	Description		
OF EXPENDITURE	=	Travel In District	,	Check if travel outs		
EXI ENDITORE	-			Check if Austin, TX		
				Campaign/office	enoluer luer (	marge
9 Complete ONLY	if direct	Candidate/Officeholder name	Office sought		Office he	nd
expenditure to be			Office sought		Office fit	eiu
Date		Payee name				
05/20/2024		Shell Gasoline - Allen				
Amount (\$)			State; Zip Code			
	\$49.71	301 S Federal				
		Allen, TX 75013				
PURPOSE OF		(a) Category (See Categories listed at the top of	this schedule) (b)	Description		
EXPENDITURE	<b>≣</b>	Travel In District		Check if travel outs Check if Austin, TX		
				Campaign/office		
				γ 3		<b>g</b> .
Complete ONLY	if direct	Candidate/Officeholder name	Office sought		Office he	eld
expenditure to be		1	3			
Date		Payee name				
05/20/2024		Shell Gasoline - Allen				
Amount (\$)			State; Zip Code			
γιποσητ (φ)	\$6.90	301 S Federal	otate, zip code			
	Ψ0.50	oor or ederal				
		Allen, TX 75013				
			100			
PURPOSE OF		(a) Category (See Categories listed at the top of	this schedule) (D)	Description  Check if travel outs	ide of Texas, Com	nlete Schedule T
EXPENDITURE	Ē	Travel In District		Check if Austin, TX		
				Campaign/office	eholder fuel o	charge
Complete ONLY		Candidate/Officeholder name	Office sought		Office he	eld
expenditure to be	enefit C/OI	1				

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	05/28/2024	Shell Gasoline - Allen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.68	301 S Federal
		Allen, TX 75013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign/officeholder fuel charge
		Campagnomoonoloo idoi ohalgo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Davies were
	06/10/2024	Payee name Shell Gasoline - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.38	301 S Federal
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
		Campaign/onicenduel fuel charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davida marra
	06/24/2024	Payee name Shell Gasoline - Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.37	301 S Federal
		Allen, TX 75013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign/officeholder fuel charge
		Campaign/oincerioider ider charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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/Politica Credit Card Payment		•	Office Ove Polling Ex Printing E Salaries/V	pens pens xpens /ages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
L			The Instruction Guide explains	s how to co	mpl	ete this form.	_		
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)
L	Sch: 56/80 Rpt:		Leach, Jeff C. (The Honorable)					00067738	
4	Date	5	Payee name						
	03/28/2024		Southwest Airlines						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de				
	\$351.97	l	2702 Love Field Dr						
			Dallas, TX 75235						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	shoods do	(b)	Description			
	OF	``	Travel Out of District	nedule)	( - ,		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	l				_		, officeholder living	
						Campaign/of	fice	eholder airlin	e fees
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office he	eld
F	Date		Payee name						
	04/09/2024		Southwest Airlines						
H	Amount (\$)	H	Payee address; City; State	e; Zip Co	de				
	\$5.60		2702 Love Field Dr	-, -,-					
	Ψ0.00		2702 2000 7 1010 21						
			Dallas, TX 75235						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	chedule)	(b)	Description			
	OF EXPENDITURE		Fees					ide of Texas. Com	
						Campaign/of		, officeholder living cholder airlin	
						Campaignoi	1100	crioider airiiri	c icc
⊢	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	ald
	expenditure to benefit C/OI		Candidate/Officerolder frame	Office 300	giit			Office file	aru -
⊨		1							
	Date		Payee name						
L	04/10/2024		Southwest Airlines						
	Amount (\$)			e; Zip Co	de				
	\$421.98		2702 Love Field Dr						
			Dallas, TX 75235						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE	l	Travel Out of District			ш		ide of Texas. Com	
		l				_		, officeholder living	
						Campaign/of	псе	andiuel allilli	ਦ । <b>ਦ</b> ਦ
┝	Complete ONLY if direct	Ц	Condidate/Officeledday.sec.	Office	au la 4			Office le	al al
1	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	gnt			Office he	eiu
L									
1									
Fo	rms provided by Texas E	thic	cs Commission www.ethics.	.state.tx.ι	IS				Version V4.1.0.d378aba0

### 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
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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 57/80 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	
	04/10/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$421.98	2702 Love Field Dr	
		Dallas, TX 75235	
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 airline fee
			Campaign/onicendider ainine lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/O		Office field
L	Data		
	Date	Payee name	
	04/15/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,103.92	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/officeholder airline fee
			Campaign/omcended anime lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	04/16/2024	Southwest Airlines	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2702 Love Field Dr	
	φ100.00	2702 Love Field Di	
		D. II TV 75005	
		Dallas, TX 75235	
	PURPOSE OF	,	Description Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Campaign/officeholder airline fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	experiantic to benefit 6/01		
	experiations to benefit 6/01		
	experiations to benefit 6/61		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	;)
-	Sch: 58/80 Rpt:	Leach, Jeff C. (The Honorable)	,
4	Date	5 Payee name	
	04/22/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.20	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	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
_	Dete	Г	
	Date	Payee name	
	04/22/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.99	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	
		Campaignomositoras ammis 188	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Payee name	_
	04/22/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.00	2702 Love Field Dr	
		Dallas, TX 75235	
	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 fees	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/22/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$631.09	2702 Love Field Dr
		Dallas, TX 75235
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.
		Campaign/officeholder living expense  Campaign/officeholder airline fee
		Campaign/ointerrolder anime rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	04/23/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2702 Love Field Dr
		Dallas, TX 75235
	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.
		Compaign/officeholder living expense
		Campaign/officeholder airline fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/26/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$965.96	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.
		Campaign/officeholder living expense  Campaign/officeholder airline fees
		Campaign/onicenduel ainine lees
_	Complete ONLY 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/29/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$932.95	2702 Love Field Dr
		Dallas, TX 75235
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 airline fee
		Campaign/oincerioider diffine lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	04/30/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.99	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.
		Compaign/officeholder living expense
		Campaign/officeholder airline fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/06/2024	Payee name
		Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2702 Love Field Dr
		Dallas, TX 75235
	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 fees
		Campaign/onicendider ainline lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		ense ages/Contra		Trav	el in District el Out of Di IER (enter a		
1	Total pages Schedule F1:					;	<b>3</b> File		(Ethics Commission File	rs)
	Sch: 61/80 Rpt:	Leach, Je	ff C. (The Honorable)				000	067738		
4		5 Payee nam								
	05/15/2024	Southwes	st Airlines							
6	Amount (\$)	<b>7</b> Payee add	. , , ,	ate; Zip Cod	le					
	\$58.80	2702 Love	e Field Dr							
		Dallas, T	< 75235							
8	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Desc	ription				
	OF EXPENDITURE	Fees							plete Schedule T.	
						neck if Austin, <sup>1</sup> 1 <b>paign/offi</b>				
					•	.pea.g.,, o			0.000	
9	Complete ONLY if direct expenditure to benefit C/OI		officeholder name	Office soug	ht			Office h	eld	
	Date	Payee nam	 ne							
	05/24/2024	Southwes								
	Amount (\$)	Payee add	ress; City; St	ate; Zip Cod	le					
	\$545.96	2702 Love	e Field Dr							
		Dallas, T	< 75235							
	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Desc	ription				
	OF EXPENDITURE		t of District	ŕ					plete Schedule T.	
						neck if Austin, <sup>†</sup> I <b>paign/offi</b>				
					Cam	ipaigi // Oili	CCHOIC	acı alılılı	C ICCS	
	Complete ONLY if direct	Candidate/C	Officeholder name	Office soug	ht			Office h	eld	
	expenditure to benefit C/OI									
	Date	Payee nam	<u> </u>							
	06/20/2024	Southwes								
	Amount (\$)	Payee add	ress; City; St	ate; Zip Cod	le					
	\$16.80	2702 Love		, '						
		Dallas, T	K 75235							
	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Desc	ription				
	OF EXPENDITURE	Fees	(eee eategenee noted at the top of this	o concadio)	Ch	neck if travel or			plete Schedule T.	
	LAFLINDITORE					neck if Austin,				
					Call	npaign/offi	cenoid	uei aiiiii	e lee	
	Complete ONLY if direct	Candidate/C	Officeholder name	Office soug	ht			Office h	əld	
	expenditure to benefit C/OI		and of the file	Office 30ug				Jinoc III	51 <b>u</b>	

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1: Sch: 62/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067738
4	Date 06/26/2024	5 Payee name Southwest Airlines	00001130
6	Amount (\$) \$1,573.26	7 Payee address; City; State; Zip Code 2702 Love Field Dr	
8	PURPOSE OF EXPENDITURE	Check if	on I travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense gn/officeholder airline tickets
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/27/2024	Payee name Southwest Airlines	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense gn/officeholder airline fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/28/2024	Payee name Southwest Airlines	
	Amount (\$) \$302.46	Payee address; City; State; Zip Code 2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense gn/officeholder airline tickets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### 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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	05/17/2024	Spectrum - Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$340.15	P.O. Box 790261
		St. Louis, MO 63179
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 internet charge
		Campaign/oincerioider internet charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/17/2024	Spectrum - Dallas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$340.15	P.O. Box 790261
		St. Louis, MO 63179
	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 internet fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/28/2024	St. Regis Houston
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$784.10	1919 Briar Oaks
		Houston, TX 77027
Г	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 lodging
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 64/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738	
4	Date	5 Payee name	
	05/24/2024	Stephanie Klick Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,000.00	PO Box 7592	
		Fort Worth, TX 76111	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Onicenoide//Political Committee  Campaign contribution	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
٥	expenditure to benefit C/O		
_	Date	Davisa maria	=
	04/08/2024	Payee name Target T0001 - Allen	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$297.60	907 W McDermott Dr	
	!		
		Allen, TX 75013	
	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 office supplies	
	!	Campaign/onicentities supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	T -	=
	Date	Payee name	
	04/15/2024	Target T0002 - Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.52	12901 N IH35, Suite 3-300	
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Refreshments for Capitol office	
	Commission ONLL V if disposit	Condidate/Office helder no rec	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	<u> </u>		

### 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

	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: 65/80 Rpt:	Leach, Jeff C. (The Honorable)	00067738
4	Date	5 Payee name	•
	03/06/2024	Targeted Victory	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18,286.84	2311 Wilson Blvd	
		Suite 200	
		Arlington, VA 22201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense advertising, direct mail, texting
		Gampaign	tavertioning, direct main, texting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	03/06/2024	Targeted Victory	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$390.42	2311 Wilson Blvd	
	*****	Suite 200	
		Arlington, VA 22201	
	PURPOSE		
	OF	, , , , , , , , , , , , , , , , , , , ,	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	tin, TX, officeholder living expense
		Campaign a	advertising, direct mail, texting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/28/2024	Targeted Victory	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9,096.29	2311 Wilson Blvd	
		Suite 200	
		Arlington, VA 22201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense advertising, direct mail, texting
		Campaign	taverusing, direct mail, texting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		55

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	06/05/2024	TechOnTheGo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$357.21	8008 Cedar Springs Rd
		Dallas, TX 75235
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 technology supplies
		Campaign/oincertoider teermology supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/28/2024	Texas Trade Graphics
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,175.00	2935 Irving
		Suite 201
		Dallas, TX 75247
Г	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 road signs
		Campaigh road signs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	04/02/2024	The Apron Frisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.97	4341 PGA Pkwy
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Meeting to discuss Campaign/officeholder duties
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)		
	Sch: 67/80 Rpt:	Leach, Jeff C. (The Honorable)		00067738			
4	Date	5 Payee name		-			
	04/03/2024	The Apron Frisco					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$63.30	4341 PGA Pkwy					
		Frisco, TX 75033					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedul	le T.		
	EXPENDITURE	. coa/zeverage z/penee		Check if Austin, TX, officeholder living expense			
				Meeting to discuss Campaign/officeho	older duties		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held			
	experioration benefit C/O	1					
	Date	Payee name					
	05/13/2024	The Yard					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$615.51	107 S. Church Street					
		McKinney, TX 75069					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedul	le T.		
	EXPENDITORE	· ,		Check if Austin, TX, officeholder living expense			
				Lunch with campaign supporters			
	0 1: 0.11.7.7.1.						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held			
	Date	Payee name					
	03/22/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$20.23	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 Schedul	le T.		
				Check if Austin, TX, officeholder living expense  Campaign/officeholder ground transp	ortation		
				Campaign/onicendider ground transp	ortation		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ah+	Office held			
	expenditure to benefit C/OI		ynı	Office field			

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide e	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 68/80 Rpt:	Leach, Jeff	C. (The Honorable)					00067738	
4	Date	5 Payee name							
	03/25/2024	Uber							
6	Amount (\$)	<b>7</b> Payee addre		State; Zip C	ode				
	\$110.97	1455 Marke	et St #400						
		San Francis	sco, CA 94103						
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description		d4.T O	ordata Cabaduda T
	EXPENDITURE	Travel Out	of District					officeholder living	plete Schedule T. g expense
						ш			nd transportation
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	03/26/2024	Uber							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$139.84	1455 Marke	et St #400						
		San Francis	sco, CA 94103						
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description		d4.T O	ordata Cabaduda T
	EXPENDITURE	Travel Out	of District					officeholder living	plete Schedule T. g expense
						Campaign/off	fice	holder grou	nd transportation
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Dayee name							
	03/27/2024	Payee name Uber							
_	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$10.74	1455 Marke		State, Zip C	Juc				
	\$±0.11±	2.00 marke							
		San Francis	sco, CA 94103						
	PURPOSE OF	1	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	plete Schedule T.
						_			nd transportation
						, 5		<b>5</b>	•
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

### 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

	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 69/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067738					
4	Date 03/27/2024	5 Payee name Uber					
6	Amount (\$) \$72.01	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/Oh	Candidate/Officeholder name Office sought Office held					
	Date 04/04/2024	Payee name Uber					
	Amount (\$) \$88.53	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 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/Oh	Candidate/Officeholder name Office sought Office held					
	Date 04/05/2024	Payee name Uber					
	Amount (\$) \$107.40	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 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					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/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: 70/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/12/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.09	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
		Campaign/omoonolider ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 04/16/2024	Payee name  Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.86	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
		Campaign/omeenolider ground transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Data	
	Date	Payee name
	04/19/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.77	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	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	al 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4	Date	5 Payee name
	04/29/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.73	1455 Market St #400
		San Francisco, CA 94103
8	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
		Campaign/onlock ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	05/02/2024	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$116.94	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign/officeholder ground transportation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	05/03/2024	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$149.77	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>
$\vdash$		
ı		

### 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

	Credit Card Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
_	Sch: 72/80 Rpt:	Leach, Jeff C. (The Honorable)	00067738				
4	Date 05/20/2024	5 Payee name Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$30.41	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	avel outside of Texas. Complete Schedule T.				
	EXI ENDITORE		ustin, TX, officeholder living expense /officeholder ground transportation				
		Campaign	Tomocholder ground transportation				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH	Н					
	Date	Payee name					
	05/20/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.56	1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Haver out of District	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
		I	/officeholder ground transportation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	<del></del>					
	Date	Payee name					
	05/21/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.09	1455 Market St #400					
		Con Francisco CA 04100					
		San Francisco, CA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if tra	avel outside of Texas. Complete Schedule T.				
	EXPENDITURE		ustin, TX, officeholder living expense				
		Campaign	officeholder ground transportation				
			200				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held				
$\vdash$	· 						

### 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

	Credit Card Payment	The Instruction Guide explains how to com	plete thi	nis form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 73/80 Rpt:	Leach, Jeff C. (The Honorable)			00067738	
4	Date	5 Payee name		<b>I</b>		
	05/22/2024	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$5.00	1455 Market St #400				
		San Francisco, CA 94103				
8	PURPOSE		(h) Doc	corintion		
٥	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		Scription Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX,		
			Car	mpaign/officel	nolder grou	nd transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	05/23/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$163.93	1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE		(h) Doo	scription		
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver Out or District		Check if Austin, TX,		
			Car	mpaign/officel	nolder grou	nd transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	<del>1</del>				
	Date	Payee name				
	05/24/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$51.23	1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE		(b) Dec			
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		scription Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver Out or district		Check if Austin, TX,		
			Car	mpaign/officel	nolder grou	nd transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	<del>1</del>				
_						

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	2 Filer ID (Ethias Commission Filers)	_
1	Total pages Schedule F1: Sch: 74/80 Rpt:	2 FILER NAME Leach, Jeff C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067738	
_	·		
4	Date	5 Payee name	
	05/28/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.18	1455 Market St #400	
		San Francisco, CA 94103	
8	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	05/28/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	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.	
		Campaign/officeholder ground transportation	
		Campaign/onicenduel ground transportation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Data		_
	Date	Payee name	
	06/04/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.63	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 alias -t	Condidate/Officeholder name Office cought	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	•		

#### 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

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 75/80 Rpt: 00067738 Leach, Jeff C. (The Honorable) 4 Date Payee name 06/04/2024 Uber 6 Amount (\$) Payee address; State; Zip Code \$84.80 1455 Market St #400 San Francisco, CA 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** 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/OH Date Payee name 06/11/2024 Uber Amount (\$) Payee address; City; State; Zip Code \$14.90 1455 Market St #400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** 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/OH Date Payee name 06/12/2024 Uber Amount (\$) Payee address: City: State; Zip Code \$123.38 1455 Market St #400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** 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/OH

#### 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	
1 Total pages Schedule F1:	
Sch: 76/80 Rpt:	Leach, Jeff C. (The Honorable)  00067738
4 Date	5 Payee name
06/13/2024	Uber
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$149.53	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/O	•
Date	Payee name
06/13/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$159.58	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
	Campaign/oincertoider ground transportation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
06/13/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$47.27	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.
-	Campaign/officeholder living expense  Campaign/officeholder ground transportation
	Campaign/onicenduel ground transportation
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>y</b>
,	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

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: 77/80 Rpt:	Leach, Jeff C. (The Honorable) 00067738
4 Date	5 Payee name
06/27/2024	Uber
6 Amount (\$) \$23.97	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/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	Valentine Direct
Amount (\$) \$375.00	Payee address; City; State; Zip Code 2344 Farrington
	Dallas, TX 75207
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 mailing list
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2024	Vici Media Group
Amount (\$) \$160.13	Payee address; City; State; Zip Code 7701 Rialto Blvd
	Austin, TX 78735
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 maintenance
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Co		OTHER (enter a c	ategory not listed above)	
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 78/80 Rpt:	Leach, Jeff C. (The Honorable)			00067738		
4	Date	5 Payee name					
	04/03/2024	Vici Media Group					
6	Amount (\$) \$160.13	7 Payee address; City; State 7701 Rialto Blvd Austin, TX 78735	; Zip Code				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this sch	nedule) (b) De	escription Theck if travel outside	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign website maintenance					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought		Office hel	d	
	Date	Payee name			_		
	05/23/2024	Vici Media Group					
	Amount (\$)	Payee address; City; State	; Zip Code				
	\$162.53	7701 Rialto Blvd					
		Austin, TX 78735	I				
	PURPOSE OF	(a) Category (See Categories listed at the top of this scl	nedule) (b) De	escription	do of Toyon Comp	lata Cabadula T	
	EXPENDITURE	Advertising Expense	-	Check if travel outsic Check if Austin, TX,			
			C	ے ampaign websi		·	
	Complete ONLY if direct expenditure to benefit C/O		Office sought		Office hel	d	
	Date	Payee name					
	06/11/2024	Vici Media Group					
	Amount (\$)	Payee address; City; State	; Zip Code				
	\$150.00	7701 Rialto Blvd					
		Austin, TX 78735					
	PURPOSE	(a) Category (See Categories listed at the top of this scl	nedule) (b) De	escription			
	OF EXPENDITURE	Advertising Expense		Check if travel outsic Check if Austin, TX,			
				ampaign websi			
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office hel	d	

### 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 79/80 Rpt:	Leach, Jeff C. (The Honorable)		00067738	3
4 Date	5 Payee name			
05/28/2024	Westin San Antonio			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,067.29	420 W Market Street			
	San Antonio, TX 78205			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Travel Out of District		vel outside of Texas. Co	omplete Schedule T.
EXPENDITURE			stin, TX, officeholder liv	
		Campaign/	officeholder lod	ging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office	held
experialitate to benefit 6/6	1			
Date	Payee name			
05/20/2024	Westin San Antonio			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,251.51	420 W Market Street			
	San Antonio, TX 78205			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel Out of District		vel outside of Texas. Co	omplete Schedule T.
EXPENDITORE			stin, TX, officeholder liv	
		Campaign/	officeholder lod	ging for convention
Onesalata ONU V % diseast	Occadidate (Office health and an anni		O#:	L - L-1
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office	neid
·				
Date	Payee name			
04/09/2024	Young, Lauren			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,000.00	7800 Northcrest Blvd.			
	Austin, TX 78752			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		vel outside of Texas. Co	
EXI ENDITORE			stin, TX, officeholder liv	ing expense
		Campaign	staff wages	
0	Open districts (Office has believe)		0"	L - L - L
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office	neia

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awa Legal S		als Expense	Printing Salarie		e se s/Contract Labor ete this form.		Travel in District Travel Out of Di OTHER (enter a	strict category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 80/80 Rpt:		Leach, Jef	f C. (Tł	he Honor	able)					00067738		
4	Date	5	Payee name	9									
	04/11/2024		Zgabay, C	assidy									
6	Amount (\$)	7	Payee addre	ess;	City;	Sta	ate; Zip	Code					
	\$2,000.00		712 W Moi	roe									
			Austin, TX	78704	ŀ			_					
8	PURPOSE	(a)	Category (	See Categ	ories listed a	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/W	ages/C	Contract	Labor						plete Schedule T.	
									Campaign		, officeholder living	j expense	
									Campaign	Staii	wayes		
Ļ		L											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ricenoid	ier name		Office s	ougnt			Office h	eia	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 104/106 Leach, Jeff C. (The Honorable) 00067738 Date Payee name 02/29/2024 Eggleston, King, Davis LLP Amount (\$) Payee address; City; State; Zip Code \$25,005.50 102 Houston Ave Suite 300 Reimbursement from political contributions Х intended Weatherford, TX 76086 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Legal Services EXPENDITURE** Campaign/officeholder legal fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Eggleston, King, Davis LLP Amount (\$) Payee address; City; State; Zip Code \$11,268.13 102 Houston Ave Suite 300 Reimbursement from political contributions Χ Weatherford, TX 76086 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Legal Services **EXPENDITURE** Campaign/officeholder legal fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2024 Eggleston, King, Davis LLP Payee address; State; Zip Code Amount (\$) City; \$24,155.50 102 Houston Ave Suite 300 Reimbursement from Χ political contributions intended Weatherford, TX 76086 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Legal Services EXPENDITURE** Campaign/officeholder legal fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 105/106 Leach, Jeff C. (The Honorable) 00067738 Date Payee name 05/30/2024 Eggleston, King, Davis LLP 6 Amount (\$) Payee address; City; State; Zip Code \$30,000.00 102 Houston Ave Suite 300 Reimbursement from political contributions intended Х Weatherford, TX 76086 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Legal Services **EXPENDITURE** Campaign/officeholder legal fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

CHEDINE	
SCHEDULE	

The Insti	ruction C	suide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 106/106
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Leach, Jeff C. (T	he Honor	able)	00067738
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee	
American Airline	S		
5 Contribution / Expe	enditure rep		
Schedule A2		Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2		Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel		of person(s) traveling	
	Leach	, Jeff (Rep.)	
		ure city or name of departure location	
04/10/2024	Dallas		
04/44/0004		tion city or name of destination location	
04/14/2024	Savan		
10 Means of transpor Commercial Airp		<b>11</b> Purpose of travel (including name of conference, seminar, of Sporting event with legislative stakeholders	or other event)
Commercial Airp	nane	Sporting event with registative stakeholders	