CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commi 00067738		2 Total pages f	filed: 35
3	CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE	USE ONLY
		The Honorable	Jeff C.				
	NAME					Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	10/28/2024	
			Leach				
4	CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #: CI	TY:	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER	800 Glen Rose Dr.	, .	,			
	MAILING ADDRESS					Receipt #	Amount
	Change of Address	Allen, TX 75013				Date Processed	•
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
	TREASURER NAME	Mr.	Dan				
		NICKNAME	LAST		SUFFIX		
			Panetti				
6	CAMPAIGN	STREET ADDRESS (NO		ΔΡ	r / SUITE #; CITY;		ATE; ZIP CODE
ľ	TREASURER	3513 Cross Bend Rd.	FO BOX FLEASE),		1730HL#, CH1,	51	ATE, ZIF CODE
	ADDRESS	SSTS CIOSS Della Ru.					
	(Residence or Business)						
		Plano, TX 75023					
7	CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
Ľ	TREASURER		IONE NOMBER	EXTENSION			
	PHONE	(214) 682-9248					
	DEDODT						
8	REPORT TYPE	January 15	30th day befo		Runoff	15th day after ca	ampaign treasurer
						appointment (off	ficeholder only)
		July 15	X 8th day before	e election	Exceeded modified	Final Report (At	tach C/OH-FR)
			—		reporting limit	_	
9	PERIOD	Month Day Ye	ar		Month Day	Year	
	COVERED	09/27/2024	Т	HROUGH	10/26/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Ye	ar 🗌	Primary	Runoff	Other	
		11/05/2024		General	Special	_	
11						(if known)	
	OFFICE	OFFICE HELD (if any) State Representative D	District 67 Collin		12 OFFICE SOUGHT State Represent		
L							
	GO TO PAGE 2						
	ms provided by Ta	exas Ethics Commission	1404041 0	thice state ty u	c	Var	sion V4.1.0.48da51f7
гU	ins provided by Te	nas Eurics Commission	vvvvV.e	ethics.state.tx.u	3	vers	5011 V4.1.0.40Ud311/

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 3	35
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13 C / OH NAME	Leach, Jeff C. (The H	lonorable)	14 Filer ID 00067738	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$	253,207.18
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	2,540.61	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	45,018.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	270,495.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required		
		The Ho	onorable Jeff C. Leacl	h	
		Signature of Signa	of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid ertify which, witness my hand and seal of office.	, this the		day
Signature of offic	cer administering	Printed name of officer administering	Title of office	er administe	ring oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version \	/4.1.0.48da51f7

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 35 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Leach, Jeff C. (The Honorable) 00067738 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 238,702.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 14,505.18 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 45,018.86 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		C. (The Honorable)			-	00067738	
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	10/07/2024	Alberts, Bradley					\$2,500.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75244					
8	Principal occu President/Cl	pation / Job title (See Instructions) EO	9	Employer (See Instructions Dallas Stars)		
	Date	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Alist Consulting LLC				(1)	\$500.00
							+000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	·						
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	Allen Boone Humphries Robinson LLF))				\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	American Pharmacy Inc GPAC		/			\$1,000.00
							+_,
		Corpus Christi, TX 78401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Ancira Strategic Partners LLP					\$500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/19 Rpt: 5/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Leach, Jeff C. (The Honorable) 00067738 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Apartment Association of Greater Dallas PAC \$1,250.00 6 Contributor address; City; State; Zip Code Irving, TX 75038 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Bank of America State and Federal PAC \$1,000.00 Contributor address; City; State; Zip Code Wilmington, DE 19884 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/18/2024 Beach, Gordon \$100.00 Contributor address; City; State; Zip Code Plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2024 **Bearbacker PAC** \$10,000.00 Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/25/2024 \$1,000.00 Beef PAC Contributor address; City; State; Zip Code Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[C. (The Honorable)		ľ	00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/18/2024	Beer Alliance of Texas PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#:	l)	Γ	Amount of Contribution (\$)	
	10/18/2024	Ben E Keith Company Texas PAC)			\$1,500.00
	10/10/2024					φ1,000.00
		Contributor address; City; State; Zip Code				
		Fort Morth TV 70102				
		Fort Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Brauer, Steve				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76107				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Bresnen, Amy)		/ income of Continuation (+)	\$1,000.00
	10/10/2024	-				φ <u>1</u> ,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Dringinglassy					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Centene Corporation PAC				\$500.00
		Contributor address; City; State; Zip Code				
		St. Louis, MO 63105				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

SCHEDULE	A1
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The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	C. (The Honorable)		00067738
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/26/2024	Chapman, Randall		\$150.00
	6 Contributor address; City; State; Zip Code		
Dringingloggy	Austin, TX 78704	2 Employer (Cool Instructions)	\ N
B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Chevron Employees PAC		\$1,500.00
	Contributor address; City; State; Zip Code		
	Can Daman CA 04592		
Drincinal occu	San Ramon, CA 94583 pation / Job title (See Instructions)	Employer (See Instructions)	<u>`````````````````````````````````````</u>
ΗΠισμαί στου)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Choctaw Nation of Oklahoma		\$3,000.00
	Contributor address; City; State; Zip Code		
	Durant, OK 74702		L
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/07/2024	Clayton, Shawn		\$10,000.00
	Contributor address; City; State; Zip Code	,	
	Prosper, TX 75078		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Landscaper		Self	
Date	Full name of contributor X out-of-state PAC (ID#: C)	Amount of Contribution (\$)
10/18/2024	Comcast Corporation and NBCUniversal PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Philadelphia, PA 19103		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	Υ
ΓΠισμά σουα)
	I		

	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/35
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		C. (The Honorable)		00067738
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
	10/18/2024	ConocoPhillips Spirit PAC		\$500.00
		6 Contributor address; City; State; Zip Code		1
		Bartlesville, OK 74004		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	10/23/2024	Darling, William		\$1,500.00
		Contributor address; City; State; Zip Code		·
		Mckinney, TX 75071		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	retired		retired	
╞	Date	Full name of contributor out-of-state PAC (II	<u>)</u>	Amount of Contribution (\$)
	10/26/2024	Deason, Doug)#)	\$3,000.00
	10/20/2024			
		Contributor address; City; State; Zip Code		
		Dallas, TX 75229		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	2)
	Investor		DCS	5)
	Date	Full name of contributor X out-of-state PAC (II		Amount of Contribution (\$)
	10/18/2024	Employees of Raytheon Technologies Corpo		\$1,000.00
		Contributor address; City; State; Zip Code		
		Arlington, VA 22209		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	Amount of Contribution (\$)
	10/18/2024	Excelsior Pain Management PLLC		\$2,000.00
		Contributor address; City; State; Zip Code		1
		Austin, TX 78717		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
			1	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Focused Advocacy PAC				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		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#:)		Amount of Contribution (\$)	
	10/18/2024	Foley & Lardner LLP Texas Campaign Fund				\$2,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Friends of UT Dallas PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Friends of the University PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78763				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Funds Available for Involved Reporters				\$500.00
		Contributor address; City; State; Zip Code				
		Athens, TX 78751				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/35	
2	FILER NAME			_	Filer ID (Ethics Commissi	on Filers)
-		C. (The Honorable)		1	00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Gallagher, Lisa				\$10,000.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75218				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	CEO		Gallagher Construction	Co		
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2024	Gill, John				\$500.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75254				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·			,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Golden Corridor Republican Women PAC				\$200.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Grace & McEwan Consulting LLC Political Fund				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	HCA Texas Good Government Fund				\$500.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240				
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
				~)		

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/35	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
-		C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	10/18/2024	Halliburton Company PAC				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77072	- I			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	10/18/2024	HillCo PAC				\$15,000.00
		Contributor address; City; State; Zip Code				
	Dringing ago	Austin, TX 78701	Employer (Cao Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Date	Full name of contributor out-of-state PAC (II			Amount of Contribution (\$)	
	10/18/2024	Holland and Knight Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (II)		Amount of Contribution (\$)	
	10/18/2024	HomePAC of Texas				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (II	D#: <u>C00128512</u>)		Amount of Contribution (\$)	
	10/18/2024	JPMorgan Chase & Co PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20005				
	Principal occu		Employer (See Instructions	<u> </u>		
	r muipai oucu	pation / Job title (See Instructions)	Employer (See Instructions	9		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Keffer Konsulting LLC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Eastland, TX 76448				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	.)		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Khit Chiropractic & Wellness Center				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Mission, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		,	— r-y- (-)	,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	Linebarger Goggan Blair & Sampson LLP	,			\$1,000.00
						Ψ1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78760				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Pincipai occa			J		
_	Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	10/18/2024	Locke Lord LLP	/		Amount of Continuation (+)	\$500.00
						Ψυυυ.υυ
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75201				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	Г шора осса			,		
<u> </u>	Date	Full name of contributor X out-of-state PAC (ID#: Q	00005240	—	Amount of Contribution (\$)	
	10/18/2024	McGuire Woods Federal PAC Fund	,00223342			\$500.00
	10/10/2024					φ300.00
		Contributor address; City; State; Zip Code				
		1				
		Richmond, VA 23219				
<u> </u>	Dringing ogg	l	Employer (See Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/35	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
	Leach, Jeff C. (The Honorable)				00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	10/18/2024	4 McGuire, Michael				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75205				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President Andrews Distributing)			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	McLane Jr., Drayton (Mr.)				\$30,000.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76503				
	Principal occu	· ·	Employer (See Instructions	<u> </u>		
	Principal occupation / Job title (See Instructions)Employer (See InstructionCEOThe McLane Group			,		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/18/2024	McRae, Cody (Mr.))		Amount of Contribution (\$)	\$334.00
		Contributor address; City; State; Zip Code				+00.000
		Houston, TX 77042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor x out-of-state PAC (ID#:	C00283135)		Amount of Contribution (\$)	
	10/18/2024	NABIP Texas PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Cranford, NJ 07016				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	NCHA's Texas Events PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Ft. Worth, TX 76107	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 11/19 Rpt: 14/35	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		C. (The Honorable)			00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/18/2024	Nall, Mike	1			\$334.00
		6 Contributor address; City; State; Zip Code				
		Kingwood, TX 77345				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
—			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	* 250.00
	10/18/2024					\$250.00
		Contributor address; City; State; Zip Code				
			1			
		Allen, TX 75013	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Optometrist		Fairview EyeCare	0)		
	Date	Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	10/09/2024	Phillips, Elizabeth	/			\$500.00
	10,00,202.	Contributor address; City; State; Zip Code				4000.00
		Continuation address, City, State, Zip Code				
		Dallas, TX 75219	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)		
_						
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Τ	Amount of Contribution (\$)	
	10/07/2024	Pipe Fitters Local Union 211	1			\$500.00
		Contributor address; City; State; Zip Code		1		
			1			
			1			
<u> </u>		Deer Park, TX 77536				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)		
⊨			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 500.00
	10/18/2024 Plumbers Local Union No. 68 PAC					\$500.00
	Contributor address; City; State; Zip Code					
		Houston, TX 77249				
<u> </u>	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	1 1000	parent, 200 and (200),		-,		
<u> </u>			<u> </u>			

			1 Total pages Cabadula A1;
The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/35
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Leach, Jeff (C. (The Honorable)		00067738
4 Date	5 Full name of contributor out-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
10/18/2024	Rolf, Rita		\$100.00
	6 Contributor address; City; State; Zip Code		
	1		
	Allen, TX 75013		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	,		,
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Ron Lewis & Associates		\$500.00
	Contributor address; City; State; Zip Code		
	1		
D inside a la casi	Austin, TX 78701		<u> </u>
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor Out-of-state P		Amount of Contribution (\$)
Dale 10/18/2024	Full name of contributor out-of-state P Route, Neal	JAC (ID#:)	\$1,000.00
	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	1		
	Dallas, TX 75244		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
10/18/2024	Sampson Public Affairs LLC		\$500.00
	Contributor address; City; State; Zip Code		
	1		
	Austin, TX 78701		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
			5)
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
10/07/2024	Seliger, Lane		\$1,000.00
	Contributor address; City; State; Zip Code		
	1		
	1		
	Dallas, TX 75205		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/35		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Leach, Jeff C. (The Honorable)				00067738	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/04/2024	Shaddock, Bill				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Plano, TX 75093				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction			5)		
	Attorney/Rea	al Estate	Shaddock Companies			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/04/2024	Stevens, Dick	/			\$250.00
	10/0 1/2021					¢200.00
		Contributor address; City; State; Zip Code				
		McKinnov, TX 75070				
⊢		McKinney, TX 75070		Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Susser, Sam				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Susser Holdings			
╞	Date	Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution ([¢])	
	10/18/2024	TALHI Life Insurance PAC)		Amount of Contribution (\$)	\$750.00
	10/10/2024					Φ120.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	i			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/18/2024	TBA Bank PAC - State				\$5,000.00
	Contributor address; City; State; Zip Code		1			
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	i moipai occu			וי		

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/35		
2 FILER NAME	FILER NAME			ion Filers)
	C. (The Honorable)		Filer ID (Ethics Commissi 00067738	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/18/2024				\$5,000.00
	6 Contributor address; City; State; Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
	Austin, TX 78768			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
10/01/2024	Texans for Lawsuit Reform PAC			\$50,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
10/18/2024	Texas Alliance for Life PAC			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78754			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()	
	paron / 200 and (200		,	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
10/18/2024	Texas Association of Pawn Brokers PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Crawford, TX 76638			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
10/18/2024	Texas Chemical Council FreePAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/19 Rpt: 18/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Leach, Jeff C. (The Honorable) 00067738 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 **Texas Construction Association PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78707 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 \$500.00 **Texas Dairyman PAC** Contributor address; City; State; Zip Code Austin, TX 78711 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/18/2024 **Texas Dental Association PAC** \$500.00 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/18/2024 Texas Farm Bureau AgFund \$1,000.00 Contributor address; City; State; Zip Code Waco, TX 76702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/18/2024 \$2,000.00 **Texas Instruments Inc PAC** Contributor address; City; State; Zip Code Dallas, TX 75374 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/35	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Leach, Jeff C	C. (The Honorable)		00067738	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
10/18/2024	Texas Mortgage Bankers PAC		I	\$2,000.00
	6 Contributor address; City; State; Zip Code			
	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#	:)	Amount of Contribution (\$)	
10/18/2024	Texas Optometric PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
- 1 - 1 - 1	Austin, TX 78705			
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/18/2024	Texas Society of Certified Public Accountants I		I	\$500.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75254			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:	└ ₩)	Amount of Contribution (\$)	
10/18/2024	Texas State Association of Fire Fighters PAC		I	\$1,200.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/18/2024	Texas Telephone Association PAC	·/		\$1,000.00
	Contributor address; City; State; Zip Code			*= ,
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
1				
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SCHEDULE	A1
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The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 17/19 Rpt: 20/35	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	C. (The Honorable)			00067738	-
4 Date	5 Full name of contributor X out-of-state PAC (ID#: C)))	7	Amount of Contribution (\$)	
10/18/2024	The Boeing Company PAC				\$1,500.00
	6 Contributor address; City; State; Zip Code		1		
	Arlington, VA 22202	Employer (Cap Instructions			
	pation / Job title (See Instructions)	9 Employer (See Instructions	5) 		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/18/2024	The Chickasaw Nation				\$2,500.00
	Contributor address; City; State; Zip Code]		
	Ada, OK 74820				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
i incipal occu			5)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/18/2024	— — —				\$750.00
	Contributor address; City; State; Zip Code		1		
Drivering Lange	Austin, TX 78768	England (Or a la struction			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor X out-of-state PAC (ID#: C	00542365)		Amount of Contribution (\$)	
10/18/2024	Toyota Motor North America PAC				\$2,000.00
	Contributor address; City; State; Zip Code		1		
	Washington, DC 20004				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/18/2024	Tracy, Charles				\$334.00
	Contributor address; City; State; Zip Code		1		
Drivering Lange	Houston, TX 77005	England (Or a la struction			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1:		
					_	Sch: 18/19 Rpt: 21/35	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
		C. (The Honorable)				00067738	
4	Date		e PAC (ID#:		7	Amount of Contribution (\$)	
	10/18/2024	Two Hands Chiropractic IncTwo Hand	s Chiropra				\$1,000.00
		6 Contributor address; City; State; Zip Code					
L	<u> </u>	Austin, TX 78741	i.		Ļ		
8	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions)		
	Date	Full name of contributor X out-of-state	e PAC (ID#: <u>C</u>	00064766)		Amount of Contribution (\$)	#F 000 00
	10/18/2024	UPSPAC					\$5,000.00
		Contributor address; City; State; Zip Code					
		Atlanta, GA 30328					
⊢	Principal occu		r	Employer (See Instructions	<u>ا</u>		
	Principal occupation / Job title (See Instructions) Employer (See Instruction				9		
⊢	Date	Full name of contributor)		Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Vistra Employee PAC				\$500.00		
						4000.00	
	Contributor address; City; State; Zip Code						
		Irving, TX 75039					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
F	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Webb, James					\$5,000.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75034	r		Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	retired			reurea	-		
	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024 Weekley, Richard				\$10,000.00		
	Contributor address; City; State; Zip Code						
	Houston, TX 77027						
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Real Estate			Self	9		
\vdash							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/19 Rpt: 22/35 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Leach, Jeff C. (The Honorable) 00067738 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 10/18/2024 Wholesale Beer Distributors of Texas PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2024 \$100.00 Yarbrough, James Contributor address; City; State; Zip Code Plano, TX 75025 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor X out-of-state PAC (ID#: C00235036 Amount of Contribution (\$) 10/25/2024 Zurich Holding of America PAC \$1,500.00 Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 23/35			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Leach, Jeff	C. (The Honorable)	00067738			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
10/17/2024	Texas Defense PAC		contribution (\$) description \$14,500.00 Research and data		
	7 Contributor address; City; State; Zip Code				
			I I		
	Austin, TX 78768	i	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or'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 out-of-state PAC (ID#:)	Amount of In-kind contribution		
10/04/2024			contribution (\$) description		
	Contributor address; City; State; Zip Code		\$5.18 Website endorsement		
	Waco, TX 76702		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)			
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)				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/12 Rpt: 24/35	Leach, Jeff C. (The Honorable)	00067738			
4	Date	5 Payee name				
	09/30/2024	Atkinson, Julie (Ms.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	1508 Cool Springs Drive Allen, TX 75013				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor 🛛 🗌 Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense ff wages			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/03/2024	Atkinson, Julie (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	1508 Cool Springs Drive				
		Allen, TX 75013				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff wages			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/16/2024	Beacon Strategies				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	PO Box 1696				
		Liberty Hill, TX 78642				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense hSulting fee			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Exper	nse Travel Out of District ss/Contract Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 2/12 Rpt: 25/35	Leach, Jeff C. (The Honorable)	00067738								
4	Date 10/23/2024	Payee name Cabela's - Allen									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$217.51	1 Cabela Dr Allen, TX 75002									
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for event with campaign supporters								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	: Office held								
	Date	Payee name									
	10/21/2024	Capitol Commission									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,500.00	12302 Marshal Magnolia, TX 77354									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship fee								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/02/2024	Capitol Gift Shop									
	Amount (\$) \$8.12	Payee address; City; State; Zip Code 1400 Congress Ave									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Gift/Awards/Memorials Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for campaign supporter 								
ļ	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	C Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel - Gift/Awards/Memorials Expense Printing Expense Travel							raising Expense quipment & Related Expense strict category not listed above)	9
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 3/12 Rpt: 26/35		Leach, Jeff C. (The Honorable)						00067738		-
4	Date	5	Payee name								
	10/17/2024		Capitol Gift Shop								
6	Amount (\$)	7	Payee address; City; St	ate;	Zip Coo	е					
	\$17.43		1400 Congress Ave								
			Austin, TX 78701								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedi	ule)	b) Descriptio					
	EXPENDITURE		Gift/Awards/Memorials Expense						de of Texas. Com officeholder living		
									n supporter	lexpense	
							Jumpu		roupporter		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht			Office he	eld	
	Date		Payee name								
	10/17/2024		Circle R Ranch								
	Amount (\$)		Payee address; City; St	ate;	Zip Coo	е					
	\$324.59		5901 Cross Timbers								
			Flower Mound, TX 75022								
	DUDDOOF					I -) - · · ·					
	PURPOSE OF		Category (See Categories listed at the top of this	s schedi	ule)	b) Descriptio		utsic	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						Meeting	to dis	cu	ss Campaig	n/officeholder dutie	s
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht			Office he	eld	
	Date		Payee name								
	10/15/2024		Collin County Republican Party								
	Amount (\$)		Payee address; City; St	ate;	Zip Coo	е					
	\$250.00		2963 W. 15th Street								
			Suite 2981								
		I	Plano, TX 75075								
	PURPOSE		Category (See Categories listed at the top of this	cohodi		b) Descriptio	on				
	OF		Event Expense	sscrieu	uie)			utsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living		
						Campaig	gn/offi	cel	holder dona	tion for GOP event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht			Office he	eld	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment											
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
Sch: 4/12 Rpt: 27/35	Leach, Jeff C. (The Honorable) 00067738										
4 Date	5 Payee name										
10/15/2024	Eggleston, King, Davis LLP										
6 Amount (\$)	7 Payee address; City; State; Zip Code										
\$22,500.00	102 Houston Ave										
	Suite 300										
	Weatherford, TX 76086										
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	Legal Services Check if travel outside of Texas. Complete Schedule T.										
EXPENDITURE	Check if Austin, TX, officeholder living expense										
	Campaign/officeholder legal fees										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H										
Date	Payee name										
09/27/2024	Element Hotel Austin										
Amount (\$)	Payee address; City; State; Zip Code										
\$12.85	109 E 7th Street										
	Austin, TX 78701										
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/O	Candidate/Officeholder name Office sought Office held										
Date	Payee name										
09/30/2024	Element Hotel Austin										
Amount (\$)	Payee address; City; State; Zip Code										
\$408.40	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.										
	X Check if Austin, TX, officeholder living expense										
	Campaign/officeholder lodging										
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									quipment & Related Exper	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 5/12 Rpt: 28/35		Leach, Jeff C. (The Honorab	le)					00067738		-
4	Date 10/02/2024		Payee name Fairmont Austin								
6	Amount (\$) \$364.10		Payee address; City; 101 Red River Street Austin, TX 78701	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	e top of this sch	edule)	(b)	Description Check if travel o Check if Austin, Campaign/off	, TX,		expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	10/03/2024		Fairmont Austin								
	Amount (\$) \$54.12		Payee address; City; 101 Red River Street Austin, TX 78701	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	e top of this sch	edule)	(b)	Check if Austin,	, TX,	de of Texas. Com officeholder living holder hotel		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name						-		
	10/04/2024		Fairmont Austin								
	Amount (\$) \$54.12		Payee address; City; 101 Red River Street	State;	; Zip Co	de					
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	e top of this sch	edule)	(b)	Check if Austin,	, TX,	de of Texas. Com officeholder living holder hotel		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Dis / - Gift/Awards/Memorials Expense Printing Expense Travel out or							Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/12 Rpt: 29/35		Leach, Jeff C. (The Honoral	ole)					00067738		
4	Date 10/07/2024	5	Payee name Fairmont Austin								
6	Amount (\$) \$54.12	7	Payee address; City; 101 Red River Street Austin, TX 78701	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Travel Out of District	e top of this sch	edule)		Check if Austin,	, тх,	officeholder living	plete Schedule T. g expense l parking charge	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	10/07/2024		Fairmont Austin								
	Amount (\$) \$1,589.58		Payee address; City; 101 Red River Street Austin, TX 78701	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE	<u> </u>	Category (See Categories listed at th Travel Out of District	e top of this sch	edule)		Description Check if travel o Check if Austin, Campaign/off	, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	10/07/2024		Hyatt Regency Lost Pines								
	Amount (\$) \$1,936.16		Payee address; City; 575 Hyatt Lost Pines Rd	State;	; Zip Co	de					
			Cedar Creek, TX 78612		i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Event Expense	e top of this sch	edule)		Check if Austin,	, TX,	officeholder living	plete Schedule T. g expense ng for Caucus retreat	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	С	Office sou	ght			Office he	əld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	;)		
	Sch: 7/12 Rpt: 30/35		Leach, Jeff C. (The Honorable)					00067738			
4	Date 10/17/2024	5	Payee name JW Marriott - Austin								
6	Amount (\$) \$72.37	7	Payee address; City; 110 E 2nd St Austin, TX 78701	State;	Zip Coo	e					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	of this sched	dule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense uss Campaign/officeholder duties			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held			
	Date		Payee name								
	10/18/2024		JW Marriott - Austin								
	Amount (\$)		Payee address; City;	State;	Zip Coo	е					
	\$409.11		110 E 2nd St Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this sched	dule)	X Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense eholder lodging			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held			
	Date	Γ	Payee name								
	10/23/2024		JW Marriott - Austin								
	Amount (\$) \$787.99		Payee address; City; 110 E 2nd St	State;	Zip Coo	e					
			Austin, TX 78701		,						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this sched	dule)	X Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense eholder lodging			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials ittee Legal Services The Instruction G	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 8/12 Rpt: 31/35	each, Jeff C. (The Honora	00067738								
4	Date	Payee name									
	10/23/2024	W Marriott - Austin									
6	Amount (\$)	Payee address; City;	State; Zip Co	de							
	\$522.13	.10 E 2nd St									
		Austin, TX 78701									
8	PURPOSE OF	Category (See Categories listed at t	he top of this schedule)	(b) Description							
	EXPENDITURE	ravel Out of District			outside of Texas. Complete Schedule T. I, TX, officeholder living expense						
					ficeholder lodging						
				Campaignio							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held						
	Date	ayee name									
	09/30/2024	ove Field Parking									
	Amount (\$)	Payee address; City;	State; Zip Co	de							
	\$191.00	008 Herb Kelleher Way									
		Dallas, TX 75235									
	PURPOSE OF	Category (See Categories listed at t	he top of this schedule)	(b) Description							
	EXPENDITURE	ravel Out of District			outside of Texas. Complete Schedule T. I, TX, officeholder living expense						
					ficeholder airport parking						
				Gampaignio	noenolder anport parking						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held						
-	Date	Payee name									
	10/01/2024	ove Field Parking									
	Amount (\$)	Payee address; City;	State; Zip Co	de							
	\$29.00	8008 Herb Kelleher Way	otato, <u>_</u> p oo								
	\$20100										
		Dallas, TX 75235									
	PURPOSE OF	Category (See Categories listed at t	he top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.						
	EXPENDITURE	ravel Out of District			n, TX, officeholder living expense						
					ficeholder airport parking						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related E Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed ab								
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 9/12 Rpt: 32/35		Leach, Jeff C. (The Honorable)				00067738				
4	Date 10/07/2024	5	Payee name Love Field Parking								
6	Amount (¢)	7	-	vi Zin Co							
6	Amount (\$) \$175.00		Payee address; City; State 8008 Herb Kelleher Way Dallas, TX 75235	e; Zip Co	16						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Travel Out of District	hedule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Pholder airport parking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held				
	Date		Payee name								
	10/09/2024		Purple Sage Strategies								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$1,500.00		3002 Bryker Drive Austin, TX 78703								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Consulting Expense	hedule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Il media consulting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	yht		Office held				
	Date		Payee name								
	10/09/2024		Purple Sage Strategies								
	Amount (\$) \$1,500.00		Payee address; City; State 3002 Bryker Drive	e; Zip Co	le						
			Austin, TX 78703								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Consulting Expense	hedule)	Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense Il media consulting				
ļ	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 33/35		Leach, Jeff C. (The Honorable)					00067738			
4	Date	5	Payee name								
	09/30/2024		Southwest Airlines								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$533.97		2702 Love Field Dr								
			Dallas, TX 75235								
8	PURPOSE OF		Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense			
								cholder airline fee			
						1					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office held			
	Date		Payee name								
	09/30/2024		Southwest Airlines								
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le					
	\$16.80		2702 Love Field Dr	,	, 1						
			Dallas, TX 75235								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Pholder airline fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	ht	Office held					
	Date		Payee name								
	10/24/2024		Targeted Victory								
	Amount (\$)		Payee address; City;	State	; Zip Coo	0					
	\$236.87		2311 Wilson Blvd	State,	, zip cot						
	φ230.07										
			Suite 200								
			Arlington, VA 22201								
	PURPOSE OF		Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
							fice	cholder website maintenance and			
	Complete ONLY if direct	C	andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 11/12 Rpt: 34/35	Leach, Jeff C. (The Honorable)	00067738								
4	Date 09/27/2024	5 Payee name Uber									
6	Amount (\$) \$77.39	 Payee address; City; State; Zip Code 1455 Market St #400 San Francisco, CA 94103 									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/27/2024	Uber									
	Amount (\$) \$19.34	Payee address; City; State; Zip Code 1455 Market St #400									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/27/2024	Uber									
	Amount (\$) \$51.09	Payee address; City; State; Zip Code 1455 Market St #400									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ficeholder ground transportation								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					/Reimbursement Rental Expense Contract Labor	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ot Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAM	1E					3	Filer ID	(Ethics Commission File	ers)
	Sch: 12/12 Rpt: 35/35			ff C. (The Hono	rable)					00067738		
4	Date	5	Payee nam	e								
	09/30/2024		Uber									
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Co	de					
	\$12.77		1455 Mark	ket St #400								
			San Franc	isco, CA 94103	3							
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) [Description				
	OF EXPENDITURE			t of District		,	Ε		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE									officeholder living		
							(Campaign/off	fice	holder grou	nd transportation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/O	fficeholder name	C)ffice sou	ght			Office h	eld	
	Date		Payee nam	e								
	09/30/2024		Uber									
	Amount (\$)		Payee addr	ess; City;	State;	Zip Co	de					
	\$52.32			ket St #400								
			San Franc	isco, CA 94103	3							
	PURPOSE OF	(a)		See Categories listed	at the top of this sche	edule)	(b) [Description				
	EXPENDITURE		Travel Out	t of District			Ļ				iplete Schedule T.	
							L			officeholder living	nd transportation	
							,	campaign/on	nce	noider grou	nu transportation	
	Complete ONLY if direct		Candidate/O	fficeholder name	C)ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н				·	0					