

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089660		2 Total pages filed:  36	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Leslie S.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026		
	NICKNAME LAST SUFFIX Barrows				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 520 E. Southlake Blvd. Ste. 140 Southlake , TX 76092			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jeffrey				
	NICKNAME LAST SUFFIX Sanford				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2317 Plaza Parkway Ste. 300 Bedford , TX 76021				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 691-7119				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    Month Day Year 07/01/2025    THROUGH    12/31/2025				
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 231		

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Barrows , Leslie S.	<b>14 Filer ID</b> (Ethics Commission Filers) 00089660
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<div>COMMITTEE TYPE</div> <div><input type="checkbox"/> GENERAL</div> <div><input type="checkbox"/> SPECIFIC</div>	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,850.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 20,552.35
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,567.34
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,959.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Leslie S. Barrows

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

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<b>18 FILER NAME</b> Barrows , Leslie S.		<b>19 Filer ID</b> (Ethics Commission Filers) 00089660
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 11,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 26,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,552.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Mona <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Debra <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title None
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchette, Brian <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Real Estate		Contributor's Job Title None
Contributor's employer/law firm The Blanchette Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/12 Rpt: 5/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bucek, Michael <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$900.00
Contributor's Principal Occupation Retired		Contributor's Job Title None
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edson, Karie <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Parish Secretary		Contributor's Job Title None
Contributor's employer/law firm St. Laurence Church		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/12 Rpt: 6/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edson, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Vice President of Sales		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm KST Data		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jonathan <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75067	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title None
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Dennis <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title None
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/12 Rpt: 7/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Constance <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title None
Contributor's employer/law firm Law Office of Constance K Hall		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernz, Ed <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Director FP&A		Contributor's Job Title None
Contributor's employer/law firm Spectral AI		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herr, Phillip <hr/> <b>6</b> Contributor address; City; State; Zip Code  Argyle, TX 76226	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Dankesreiter & Emmet, LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffmans, Anne <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Homemaker		Contributor's Job Title None
Contributor's employer/law firm Homemaker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffmans, Anne <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Homemaker		Contributor's Job Title None
Contributor's employer/law firm Homemaker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffmans, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Homemaker		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Homemaker		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jobe, Jeannie <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Court Reporter		Contributor's Job Title None
Contributor's employer/law firm Tarrant County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, M Beth <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	Amount of Contribution (\$)  \$350.00
Contributor's Principal Occupation Attorney		Contributor's Job Title None
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafavers, Frances <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, Lyndsay <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Chief Human Resources Officer		Contributor's Job Title None
Contributor's employer/law firm Deca Dental Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martillo, John <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$2,000.00
Contributor's Principal Occupation Management		Contributor's Job Title None
Contributor's employer/law firm SignaPay		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/12 Rpt: 11/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMullen, Brent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm McMullen Law Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Purvis Law, PLLC <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Brett <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title None
Contributor's employer/law firm Nelson Law Group, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/12 Rpt: 12/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obinado, Jerome <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation IT Consultant		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Self-Employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Christian <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation VP of Sales Operations		Contributor's Job Title None
Contributor's employer/law firm Five9		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Mercedes <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title None
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/12 Rpt: 13/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Aleed <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm MHMR of Tarrant County		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seroka, David <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Self-Employed		Contributor's Job Title None
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Larry <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Home Builder		Contributor's Job Title None
Contributor's employer/law firm Larry Stewart Custom Homes		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/12 Rpt: 14/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strohmeyer, Damaris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Early Childhood Director		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Zion Lutheran School		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tassone Jr, Dominick <hr/> Contributor address; City; State; Zip Code  Euless, TX 76039	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Insurance Executive		Contributor's Job Title None
Contributor's employer/law firm Am Specialty Insurance Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tefera, Chrissy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title None
Contributor's employer/law firm Tefera Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/12 Rpt: 15/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomann, Tabitha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Senior Counsel		<b>9</b> Contributor's Job Title None
<b>10</b> Contributor's employer/law firm Publicist Resources		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wewers, Mark <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title None
Contributor's employer/law firm Law Office of Mark E Wewers PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrel, Joseph <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Self-Employed		Contributor's Job Title None
Contributor's employer/law firm ReCoat		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# LOANS (JUDICIAL)

## SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/2 Rpt: 16/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/30/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrows, Leslie	<b>9</b> Loan Amount (\$) \$1,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Southlake, TX 79092	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Owner
<b>14</b> Lender's Employer/Law Firm The Barrows Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		



# LOANS (JUDICIAL)

## SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/2 Rpt: 17/36
<b>2</b> FILER NAME Barrows , Leslie S.		<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/31/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrows, Leslie	<b>9</b> Loan Amount (\$) \$25,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Southlake, TX 79092	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Owner
<b>14</b> Lender's Employer/Law Firm Barrow's Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/19 Rpt: 18/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 07/16/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/19 Rpt: 19/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/25/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/19 Rpt: 20/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/26/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Anedot, Inc.	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/19 Rpt: 21/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/04/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/19 Rpt: 22/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/16/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$8.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.30	Payee name Anedot, Inc.  Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/19 Rpt: 23/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$2.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$40.30	Payee name Anedot, Inc.	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/05/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.30	Payee name Anedot, Inc.	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/05/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.30	Payee name Anedot, Inc.	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/19 Rpt: 24/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Anedot, Inc.	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Anedot, Inc.	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/19 Rpt: 25/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 11/20/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/19 Rpt: 26/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 11/22/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$2.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot, Inc.		
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/19 Rpt: 27/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/21/2025	<b>5</b> Payee name Anedot, Inc.	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770  New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Platform Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Barrows, Leslie	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 520 E Southlake Blvd #140  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name CFO Shield, LLC dba Red Elephant Reports	
Amount (\$) \$1,150.36	Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/19 Rpt: 28/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/11/2025	<b>5</b> Payee name CFO Shield, LLC dba Red Elephant Reports	
<b>6</b> Amount (\$) \$81.19	<b>7</b> Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name CFO Shield, LLC dba Red Elephant Reports	
Amount (\$) \$261.19	Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name CFO Shield, LLC dba Red Elephant Reports	
Amount (\$) \$461.19	Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/19 Rpt: 29/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/08/2025	<b>5</b> Payee name CFO Shield, LLC dba Red Elephant Reports	
<b>6</b> Amount (\$) \$481.19	<b>7</b> Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name CFO Shield, LLC dba Red Elephant Reports	
Amount (\$) \$411.19	Payee address; City; State; Zip Code 959 W. Glade Rd.  Hurst, TX 76054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Bookkeeping and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Dragon Blooms	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1501 W Southlake Blvd  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Centerpieces for Republican High Tea Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/19 Rpt: 30/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/22/2025	<b>5</b> Payee name Francine Delongchamp	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 6957 Shoreview Drive  Grand Prairie, TX 75054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Door Hangers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Frost Bank	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 641 E Southlake Blvd  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Service Charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name Frost Bank	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 641 E Southlake Blvd  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Service Charges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/19 Rpt: 31/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 08/18/2025	<b>5</b> Payee name HALO	
<b>6</b> Amount (\$) \$211.04	<b>7</b> Payee address; City; State; Zip Code 1500 HALO Way  Sterling, IL 61081	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Barrows Campaign Pens
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name HALO	
Amount (\$) \$312.85	Payee address; City; State; Zip Code 1500 HALO Way  Sterling, IL 61081	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Barrows Tablecloth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name HALO	
Amount (\$) \$358.29	Payee address; City; State; Zip Code 1500 HALO Way  Sterling, IL 61081	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Barrows Rubber Jar Openers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/19 Rpt: 32/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 11/13/2025	<b>5</b> Payee name HALO	
<b>6</b> Amount (\$) \$956.52	<b>7</b> Payee address; City; State; Zip Code 1500 HALO Way  Sterling, IL 61081	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations for Event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Harland Clarke	
Amount (\$) \$27.30	Payee address; City; State; Zip Code 15955 La Cantera Parkway  San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks for Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name McDonalds	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 225 N Kimball Ave  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/19 Rpt: 33/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Metropolis Parking	
<b>6</b> Amount (\$) \$7.99	<b>7</b> Payee address; City; State; Zip Code 1314 7th Street  Santa Monica, CA 90401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Republican Women of Arlington	
Amount (\$) \$781.56	Payee address; City; State; Zip Code PO Box 14317  Arlington, TX 76094	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for High Tea Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Republican Women of Arlington	
Amount (\$) \$2,604.48	Payee address; City; State; Zip Code PO Box 14317  Arlington, TX 76094	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jingle & Mingle 2025 Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/19 Rpt: 34/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/23/2025	<b>5</b> Payee name Taco Shop	
<b>6</b> Amount (\$) \$11.07	<b>7</b> Payee address; City; State; Zip Code 1101 E State Hwy 114 #110  Southlake, TX 76092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Tarrant County Republican Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 201 N Rupert St #117  Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Application Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Thaddeus Harden Photography, LLC	
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/19 Rpt: 35/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 09/11/2025	<b>5</b> Payee name Thaddeus Harden Photography, LLC	
<b>6</b> Amount (\$) \$1,082.50	<b>7</b> Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Thaddeus Harden Photography, LLC		
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Thaddeus Harden Photography, LLC		
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/19 Rpt: 36/36	<b>2</b> FILER NAME Barrows , Leslie S.	<b>3</b> Filer ID (Ethics Commission Filers) 00089660
<b>4</b> Date 12/19/2025	<b>5</b> Payee name Thaddeus Harden Photography, LLC	
<b>6</b> Amount (\$) \$1,082.50	<b>7</b> Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Thaddeus Harden Photography, LLC	
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 1501 Corporate Cir #110  Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Wave German Design	
Amount (\$) \$1,017.00	Payee address; City; State; Zip Code 11500 W Olympic Blvd #400  Los Angeles, CA 90064	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held