

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

**FORM C/OH**  
**COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 32
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Leonard	MI
	NICKNAME	LAST Firestone	SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 817 )	PHONE NUMBER 932-3792	EXTENSION
	<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Paxton	FIRST MI
	NICKNAME	LAST Motheral	SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 Washington Terrace Fort Worth TX 76107		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE (817 )	PHONE NUMBER 312-0231	EXTENSION
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month 03	Day 23	Year 2021
	THROUGH		Month 04
			Day 21
			Year 2021
<b>11</b> ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	<b>12</b> OFFICE OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) Fort Worth City Council District 7
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



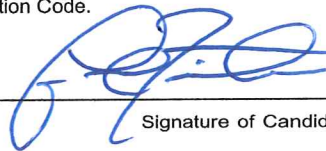
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

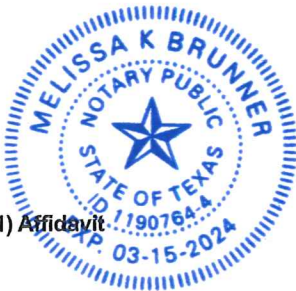
<b>15 C/OH NAME</b> Leonard Firestone		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 55.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 74221.75
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 102175.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48099.80
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

**18 SIGNATURE** 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.



Signature of Candidate or Officeholder

**Please complete either option below:**



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Leonard Firestone this the 23<sup>rd</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Melissa K Brunner Melissa K Brunner Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Leonard Firestone</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73180.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1041.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 102175.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>15</b>
<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/23/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Geren <hr/> <b>6</b> Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	<b>7</b> Amount of contribution (\$)  1000
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 3/23/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gay F Wray <hr/> <b>Contributor address;</b> City; State; Zip Code 5700 McDonald Dr #4 Paradise Valley AZ 85253	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/23/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Freeman <hr/> <b>Contributor address;</b> City; State; Zip Code 1301 Lawson Road Fort Worth TX 76131	<b>Amount of contribution (\$)</b>  5000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/25/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Powie French <hr/> <b>Contributor address;</b> City; State; Zip Code 4104 Clarke Ave Fort Worth TX 76107	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



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<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/25/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Holm <hr/> <b>6</b> Contributor address; City; State; Zip Code 3216 Westcliff Road West Fort Worth TX 76109	<b>7</b> Amount of contribution (\$)  1000
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 3/28/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Holland <hr/> <b>Contributor address;</b> City; State; Zip Code 6209 Cahoba Drive Fort Worth TX 76135	<b>Amount of contribution (\$)</b>  500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/29/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Campbell <hr/> <b>Contributor address;</b> City; State; Zip Code 3882 Bellaire Circle Fort Worth TX 76109	<b>Amount of contribution (\$)</b>  2500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/29/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnathan Balch <hr/> <b>Contributor address;</b> City; State; Zip Code 3811 Monticello Drive Fort Worth TX 76107	<b>Amount of contribution (\$)</b>  1500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/30/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Young</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code 2821 West 7th St Suite 500 Fort Worth TX 76107	<b>7</b> Amount of contribution (\$)  5000
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 3/30/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Parkey</b> <hr/> <b>Contributor address; City; State; Zip Code</b> 3113 Westcliff Rd W Fort Worth TX 76109	<b>Amount of contribution (\$)</b>  500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/31/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Chappell</b> <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 10056 Fort Worth TX 76114	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/31/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Goble</b> <hr/> <b>Contributor address; City; State; Zip Code</b> 6916 Saucon Valley Dr Fort Worth TX 76132	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan &amp; Karen Dickerson</b>	7 Amount of contribution (\$) <b>1000</b>
6 Contributor address; City; State; Zip Code <b>4455 Camp Bowie #114 Fort Worth TX 76107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julia Roberts</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>5081 Pershing Ave Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David and Stephanie Tryba</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>1600 Logan St Denver CO 80203</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric Fox</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>3513 Overton Park Dr E Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 4/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Ward</b>	7 Amount of contribution (\$)  <b>100</b>
6 Contributor address; City; State; Zip Code <b>2300 Hillcrest Street Fort Worth TX 76107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Leonard</b>	Amount of contribution (\$)  <b>1000</b>
Contributor address; City; State; Zip Code <b>1411 Shady Oaks Ln Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jonny Brumley</b>	Amount of contribution (\$)  <b>500</b>
Contributor address; City; State; Zip Code <b>4455 Camp Bowie #114-49 Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Coleman</b>	Amount of contribution (\$)  <b>100</b>
Contributor address; City; State; Zip Code <b>245 Casa Blanca Avenue Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/3/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Gachman	<b>7</b> Amount of contribution (\$) 1000
<b>6</b> Contributor address; City; State; Zip Code PO Box 308 Fort Worth TX 76101		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/5/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Crumley	<b>Amount of contribution (\$)</b> 350
<b>Contributor address; City; State; Zip Code</b> 420 Crestwood Drive Fort Worth TX 76107		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/5/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Harwood	<b>Amount of contribution (\$)</b> 500
<b>Contributor address; City; State; Zip Code</b> 3904 Monticello Drive Fort Worth TX 76107		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/5/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Berry	<b>Amount of contribution (\$)</b> 1000
<b>Contributor address; City; State; Zip Code</b> 6217 Genoa Road Fort Worth TX 76116		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Goff</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>500 Commerce Street #700 Fort Worth TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denny Alexander</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>2928 Alton Rd Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danny Jensen</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code <b>4004 Hartwood Dr Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wade Chappell</b>	Amount of contribution (\$) <b>200</b>
Contributor address; City; State; Zip Code <b>6329 Klamath Rd Fort Worth TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

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2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pete Bonds</b>	7 Amount of contribution (\$)  1000
6 Contributor address; City; State; Zip Code <b>PO Box 79590 Saginaw TX 76179</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Cornelson</b>	Amount of contribution (\$)  500
Contributor address; City; State; Zip Code <b>2220 Hawthorne Avenue Fort Worth TX 76110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Conservative Voters Forum</b>	Amount of contribution (\$)  1000
Contributor address; City; State; Zip Code <b>1144 Terrace Trail Hurst TX 76053</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Nichols</b>	Amount of contribution (\$)  50
Contributor address; City; State; Zip Code <b>6009 Worrel Drive Fort Worth TX 76133</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FWPOA Committee for Public Safety</b>	7 Amount of contribution (\$) <b>10000</b>
6 Contributor address; City; State; Zip Code <b>2501 Parkview #600 Fort Worth TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeffrey Davis</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code <b>13408 Quail View Dr Haslet TX 76052</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Radler</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>1320 S University Dr #500 Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert I Patton</b>	Amount of contribution (\$) <b>2000</b>
Contributor address; City; State; Zip Code <b>5201 Camp Bowie #200 Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



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<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Dunaway</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code 500 Alta Dr Fort Worth TX 76107	<b>7</b> Amount of contribution (\$)  250
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/11/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arlie Davenport</b> <hr/> <b>Contributor address; City; State; Zip Code</b> 4070 Clarke Avenue Fort Worth TX 76107	<b>Amount of contribution (\$)</b>  250
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/12/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Aughinbaugh</b> <hr/> <b>Contributor address; City; State; Zip Code</b> 5608 Byers Ave Fort Worth TX 76107	<b>Amount of contribution (\$)</b>  200
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/12/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert &amp; David Chicotsky</b> <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 471613 Fort Worth TX 76147	<b>Amount of contribution (\$)</b>  150
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <span style="float: right;"><b>15</b></span>
<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Ulrich <hr/> <b>6</b> Contributor address; City; State; Zip Code 3824 Monticello Drive Fort Worth TX 76107	<b>7</b> Amount of contribution (\$)  1500
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/12/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Keelin <hr/> <b>Contributor address;</b> City; State; Zip Code 1155 Filbert St Apt 202 San Francisco CA 94109	<b>Amount of contribution (\$)</b>  500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/12/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) FWFFA Committee for Responsible Government <hr/> <b>Contributor address;</b> City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	<b>Amount of contribution (\$)</b>  3880
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/14/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Johnson <hr/> <b>Contributor address;</b> City; State; Zip Code PO Box 707 Whitesboro TX 76273	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>15</b>
<b>2</b> FILER NAME <b>Leonard Firestone</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/14/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code 4812 Williams Road Benbrook TX 76116	<b>7</b> Amount of contribution (\$)  100
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/14/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy R Robertson <hr/> <b>Contributor address;</b> City; State; Zip Code 4404 Dunwick Lane Fort Worth TX 76109	<b>Amount of contribution (\$)</b>  1000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/15/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC <hr/> <b>Contributor address;</b> City; State; Zip Code 301 Commerce St Ste 3200 Fort Worth TX 76102	<b>Amount of contribution (\$)</b>  1500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/16/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Lorimer <hr/> <b>Contributor address;</b> City; State; Zip Code 1000 9th Ave Fort Worth TX 76104	<b>Amount of contribution (\$)</b>  200
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Howard Walsh III</b>	7 Amount of contribution (\$)  <b>5000</b>
6 Contributor address; City; State; Zip Code <b>155 Walsh drive Aledo TX 76008</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nic Genua</b>	Amount of contribution (\$)  <b>250</b>
Contributor address; City; State; Zip Code <b>PO Box 470021 Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christina Smith</b>	Amount of contribution (\$)  <b>250</b>
Contributor address; City; State; Zip Code <b>4714 Alta Dr Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Moon</b>	Amount of contribution (\$)  <b>250</b>
Contributor address; City; State; Zip Code <b>780 Jackson St Denver CO 80206</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Bloemendal</b>	7 Amount of contribution (\$)  500
6 Contributor address; City; State; Zip Code 3920 Hamilton Ave Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Wegman</b>	Amount of contribution (\$)  250
Contributor address; City; State; Zip Code 1701 Carleton Avenue Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randy Gideon</b>	Amount of contribution (\$)  250
Contributor address; City; State; Zip Code 425 Nursery Lane Fort Worth TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Korth</b>	Amount of contribution (\$)  5000
Contributor address; City; State; Zip Code 2217 Colonial Pkwy Fort Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15</b>
2 FILER NAME <b>Leonard Firestone</b>		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erich Holmstem</b>	7 Amount of contribution (\$) <b>250</b>
6 Contributor address; City; State; Zip Code <b>16 Valley Ridge Road Fort Worth TX 76107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reagan Casey</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>3824 Bishops Flower Rd Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reed W Pigman</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>200 West Texas Way HNGR 23N Fort Worth TX 76106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/31/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Miner 7 Contributor address; City; State; Zip Code 2612 W Waggoman St Fort Worth TX 76110	8 Amount of Contribution \$ 900.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description T-shirts
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade Chappell Contributor address; City; State; Zip Code 6329 Klamath Fort Worth TX 76116	Amount of Contribution \$ 86.75 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food for event
Principal occupation / 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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/23/2021	<b>5</b> Payee name Raise The Money
----------------------------	--

<b>6</b> Amount (\$) 245.25	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221
--------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/24/2021	Payee name Shannon Lange Photography
-------------------	---

Amount (\$) 550	Payee address; City; State; Zip Code 6724 Blue Meadow Fort Worth TX 76132
--------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/25/2021	Payee name Raise The Money
-------------------	-------------------------------

Amount (\$) 98.50	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/25/2021	<b>5</b> Payee name The Eppstein Group	
<b>6</b> Amount (\$) 2627.22	<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Campaign materials
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/25/2021	Payee name The Eppstein Group	
Amount (\$) 13750	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Grassroots Activities & Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/26/2021	Payee name The Eppstein Group	
Amount (\$) 10000	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME <b>Leonard Firestone</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/28/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 24.75	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/29/2021	Payee name Raise The Money	
Amount (\$) 196.50	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/30/2021	Payee name Raise The Money	
Amount (\$) 270	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME <b>Leonard Firestone</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 29.90	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/2/2021	Payee name Raise The Money	
Amount (\$) 74	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/3/2021	Payee name Raise The Money	
Amount (\$) 54.40	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/5/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 251.40	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/5/2021	Payee name The Eppstein Group		
Amount (\$) 1028.38	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Photography	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 4/6/2021	Payee name Westside Little League		
Amount (\$) 1800	Payee address; City; State; Zip Code 417 Rockwood Dr Fort Worth TX 76107		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Signage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Leonard Firestone</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/7/2021</b>	<b>5</b> Payee name <b>Raise The Money</b>	
<b>6</b> Amount (\$) <b>24.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 26466 Little Rock AR 72221</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fundraising</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/7/2021</b>	Payee name <b>The Eppstein Group</b>	
Amount (\$) <b>13750</b>	Payee address; City; State; Zip Code <b>2830 S Hulen St #361 Fort Worth TX 76109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Grassroots Activities &amp; Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/7/2021</b>	Payee name <b>Chicot'sky's</b>	
Amount (\$) <b>236.92</b>	Payee address; City; State; Zip Code <b>3429 W 7th St Fort Worth TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event</b>	Description <b>Supplies &amp; beverages</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/8/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 2.70	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/9/2021	Payee name Raise The Money	
Amount (\$) 122.75	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/10/2021	Payee name Raise The Money	
Amount (\$) 12.50	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/11/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 12.50	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/12/2021	Payee name Raise The Money	
Amount (\$) 288.87	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/12/2021	Payee name HF Custom Solutions	
Amount (\$) 365.20	Payee address; City; State; Zip Code 2612W Waggoman St Fort Worth TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Campaign Caps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/14/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 103.65	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/14/2021	Payee name The Eppstein Group	
Amount (\$) 3500.81	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/14/2021	Payee name The Eppstein Group	
Amount (\$) 4500	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign Logistic Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/14/2021	<b>5</b> Payee name The Eppstein Group
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<b>6</b> Amount (\$) 5529.87	<b>7</b> Payee address; 2830 S Hulen St #361 Fort Worth TX 76109	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Direct Mail
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/2021	Payee name The Eppstein Group
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Amount (\$) 9000	Payee address; 2830 S Hulen St #361 Fort Worth TX 76109	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Grassroots Activities & Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/2021	Payee name Raise The Money
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Amount (\$) 49.25	Payee address; PO Box 26466 Little Rock AR 72221	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME <b>Leonard Firestone</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/16/2021	<b>5</b> Payee name The Eppstein Group	
<b>6</b> Amount (\$) 9707.47	<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Direct Mail
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/16/2021	Payee name Raise The Money	
Amount (\$) 245.25	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/17/2021	Payee name Raise The Money	
Amount (\$) 12.50	Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/20/2021	<b>5</b> Payee name The Eppstein Group
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<b>6</b> Amount (\$) 13260.93	<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Direct Mail
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/2021	Payee name HF Custom Solutions
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Amount (\$) 1199.41	Payee address; City; State; Zip Code 2612W Waggoman St Fort Worth TX 76110
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Campaign Caps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/2021	Payee name The Eppstein Group
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Amount (\$) 5994.79	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Leonard Firestone	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/20/2021	<b>5</b> Payee name Raise The Money	
<b>6</b> Amount (\$) 307.50	<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/2021	Payee name The Eppstein Group	
Amount (\$) 2028.43	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/22/2021	Payee name The Eppstein Group	
Amount (\$) 919.13	Payee address; City; State; Zip Code 2830 S Hulen St #361 Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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