

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX
(Ethics Commission Filers)

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **27**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Tiesa Rinet
NICKNAME LAST SUFFIX
Leggett

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
572 Kewu Drive, Crowley, TX 76036

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 313-3559

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Norma
NICKNAME LAST SUFFIX
Garcia-Lopez

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5380 Fossil Creek Blvd. #317, Fort Worth, TX 76137

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 308 3220

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
04 / 01 / 2021 THROUGH 04 / 23 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

05 / 01 / 2021 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

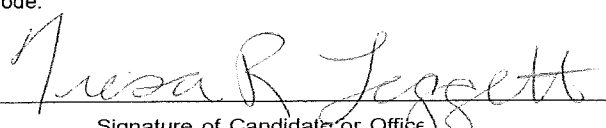
19 FILER NAME <i>Tiesa Leggett</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7900.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11614.82
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11614.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Office

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Tiesa Leggett, and my date of birth is 1/13/82.
 My address is 572 Kebu Drive, Crowley, TX, 76036, USA.
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 23 day of April, 20 21.
(month) (year)
 Signature of Candidate/Officerholder (Declarant)

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: 19
2 FILER NAME Tiessa Leggett		3 Filer ID (Ethics Commission Filers)
4 Date 4/01/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarrett Jackson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 7800 Landmark Ridge, FW, TX 76133		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/02/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elodia Rodriguez	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 14000 Noel Rd., Apt 1007, Dallas, TX 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/02/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Pax	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1637 S. Adams St., FW, TX, 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/02/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalia Dominguez	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3012 Green Ridge St, FW, TX, 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:
2 FILER NAME <i>Tiesa Legeyett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/02/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PN Henderson</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. BOX 54422, Hurst, TX 76054</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/03/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catarina Bonilla</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>362 Foch St., FW, TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/03/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina Sibat</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>3900 S. Timberlake Dr., FW, TX 76119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/03/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lasanya Moore</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; # 268 City; State; Zip Code <i>3824 Cedar Springs Rd, Dallas, TX, 75219</i>		
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:
2 FILER NAME <i>Tiesa Legett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/04/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Jackson</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>2938 Blackpine Ct., Fullerton, CA, 92835</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/05/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Bonilla</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>3700 W. 6th St. Apt B, FW, TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/06/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacey Guillen</i>	Amount of contribution (\$) <i>\$35.00</i>
Contributor address; City; State; Zip Code <i>1005 Tellwilde Dr; Arlington, TX 76001</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/06/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kerall Kendrick</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>2574 Maribel Ln #3, Houston, TX 77057</i>		
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Airin Barnett</i>	7 Amount of contribution (\$)
<i>4/06/21</i>	6 Contributor address; City; State; Zip Code <i>6222 Huller Bend Blvd., FW, TX 76132</i>	<i>\$50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jehnica Rivers</i>	Amount of contribution (\$)
<i>4/06/21</i>	Contributor address; City; State; Zip Code <i>22 W. 4th St. Apt 204, FW, TX 76102</i>	<i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zenobia Hood</i>	Amount of contribution (\$)
<i>4/06/21</i>	Contributor address; City; State; Zip Code <i>2808 Southcrest Dr., Arlington, TX 76016</i>	<i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Miller</i>	Amount of contribution (\$)
<i>4/06/21</i>	Contributor address; City; State; Zip Code <i>5805 Trail Lake Drive, FW, TX 76133</i>	<i>\$50.00</i>
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:
2 FILER NAME <i>Teresa Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/06/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Walker</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>4412 Arborwood Trl, FW, TX 76123</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Garcia-Lopez</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>5350 Fossil Creek Blvd Apt 317, Haltom City, TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/07/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Phillips</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; #2314 City; State; Zip Code <i>5001 White Settlement, Fort Worth, TX 76114</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/07/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ezra James</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; #2120 City; State; Zip Code <i>2100 Spruce Rd., Denton, TX 76205</i>		
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:
2 FILER NAME <i>Teresa Legeyett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/07/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deniece Trammell</i>	7 Amount of contribution (\$) <i>\$ 75.00</i>
6 Contributor address; City; State; Zip Code <i>4008 Tarpon Springs, FW, TX 76123</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/07/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ezra James</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; Apt 2120 City; State; Zip Code <i>2100 Spencer Road, Denton, TX 76205</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/07/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Garcia</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>3315 North Nichols St., FW, TX 76106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/08/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne Duda</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>3928 University Blvd., Dallas, TX 75205</i>		
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:
2 FILER NAME <i>Teresa Leeper</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/09/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jenifer Green Godette</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>116 Sweet St., Southlake TX 74092</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Shurdan</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>215 Barbuda, San Antonio, TX 78227</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erica Hartfield</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1919 Heartside Lane, Garland, TX 75044</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leta & Thomas Woods</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>7416 Old Mill Rd., Fort Worth, TX 76133</i>		
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:
2 FILER NAME <i>Tiesha Legett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Misa Ford</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>305 Falcons Way, Wyik, TX 75089</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lasanya Moore</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>3824 Cedar Springs Rd., TX Dallas TX, 75219</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Champion</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3728 Misky Meadow Dr., FW, TX 76133</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanette Martinez</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>3928 Townsend Dr., FW, TX 76110</i>		
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:
2 FILER NAME <i>Tiesa Legeyett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eboney Cobb-McCain</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>4908 Sunset Ridge Dr, FW, TX 76123</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Legeyett</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1127 Rattler Gap, San Antonio, TX 78281</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holly Alvarado</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>6100 Fall Creek Ln., FW, TX 76123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josh Willis</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1625 Quants Nest Dr., FW, TX 76177</i>		
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:
2 FILER NAME <i>Tiesa Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vernica Tyson</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>3827 Kiskadee Dr., Lansing, MI 48823</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Leggett</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>12041 Dessau Rd, Austin TX 78754</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tarasha Jones</i>	Amount of contribution (\$) <i>\$30.00</i>
Contributor address; City; State; Zip Code <i>5025 Fitzhugh Ave., FW, TX 76105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mia Hall</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>4624 Maple Hill Dr., FW, TX 76123</i>		
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:
2 FILER NAME <i>Tiesa Legeyett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Brew Briggs</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>4629 Penelope Lane, Plano, TX 75024</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BP BATES</i>	Amount of contribution (\$) <i>\$5000</i>
Contributor address; City; State; Zip Code <i>1708 8th Ave, Fort Worth, TX 76110</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/27/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Avalos</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; #703 City; State; Zip Code <i>6066 Copperfield Dr. Fort Worth, TX 76132</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/27/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chanessa Francis</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>6429 Herco Dr. FW, TX 76119</i>		
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:
2 FILER NAME <i>Teresa Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Jones</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>7900 Branch Way, FW, TX 76116</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theresa Austin</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>109 Shady Brook Arlington TX 76002</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Leggett</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>#1709 12041 Dessau Rd. Austin, TX 78754</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Paz</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>15453 Adlong Dr. Roundhe TX 76262</i>		
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:
2 FILER NAME <i>Tiesa Legett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeremy Miller</i>	7 Amount of contribution (\$) <i>\$150.00</i>
	6 Contributor address; City; State; Zip Code <i>124 Bloomfield Dr San Antonio, TX 78228</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Avalos</i>	Amount of contribution (\$) <i>\$55.00</i>
	Contributor address; #703 City; State; Zip Code <i>6006 Copperfield Dr, FW, TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chaneera Francis</i>	Amount of contribution (\$) <i>\$ 75.00</i>
	Contributor address; City; State; Zip Code <i>6429 Henco Dr, FW, TX 76119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Spive Legrand</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>5956 Wauford Dr. Grand Prairie TX 75052</i>	
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:
2 FILER NAME <i>Tresa Leepold</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gregory Davenport</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>4609 Gonzales St, Austin, TX 78702</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Lyndon Taylor</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>916 Shady Creek, Kennedale, TX 76060</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Edwards</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>918 Oakrest Dr. Wyke, TX 75089</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BP BATHS</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>1708 8th Ave, FW, TX 76110</i>		
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:
2 FILER NAME <i>Teresa Leayga</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shavonda Williams</i>	7 Amount of contribution (\$) <i>\$ 75.00</i>
6 Contributor address; # <i>2102</i> City; State; Zip Code <i>2900 Illinois Ave, Killeen, TX 76543</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shannon Fletcher</i>	Amount of contribution (\$) <i>\$ 75.00</i>
Contributor address; City; State; Zip Code <i>5816 Levellene Dr., FW, TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Lane</i>	Amount of contribution (\$) <i>\$ 150.00</i>
Contributor address; City; State; Zip Code <i>8024 W. Strawberry Ln., FW, TX, 76116</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miriam Frias</i>	Amount of contribution (\$) <i>\$ 75.00</i>
Contributor address; # <i>1113</i> City; State; Zip Code <i>2854 Andras Way S, FW, TX 76116</i>		
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:
2 FILER NAME <i>Teresa Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andre Mcewing</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>3301 Chancellorville Dr., Forest Hill, TX, 76140</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/19/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Simeon Furberian</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>8137 Marydean Ave. FW, TX 76116</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lekashia Jackson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>9607 Blanca Terrace, Humble, TX 77396</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacey Willoars</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>2708 Riverwood Trail, FW, TX 76109</i>		
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:
2 FILER NAME <i>Tiesa Leggett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale Robinson</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>3724 William Scarborough, Schertz TX, 78154</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Natalia Dominguez</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3012 Green Ridge St., FW, TX 76133</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Damier Halton</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>3759 Bernal Drive, Dallas TX 75212</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cardell Cooper</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; #1420 City; State; Zip Code <i>220 E. Broadway Ave, FW, TX 76104</i>		
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:

2 FILER NAME *Teresa Leagat* 3 Filer ID (Ethics Commission Filers)

4 Date <i>4/21/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Miller</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; <i>FW</i> State; Zip Code <i>5805 Trail Lane Drive, TX 76133</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>4/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Garcia - Allen</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>541 Godstone Ln., FW, TX 76131</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Kalm</i>	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address; City; State; Zip Code <i>4321 Cartagena Dr. FW, TX 76133</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana DINKS</i>	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address; City; State; Zip Code <i>1709 Azteca Dr. FW, TX 76112</i>	

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:
2 FILER NAME <i>Tilisa Legett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/22/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Garcia - Allen</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>541 Goldstone Ln, Fort Worth TX 76131</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Preshawn Ford</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>8316 Tallahassee Ln. Fort Worth, Tx 76123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/23/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Lang</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1811 Evergreen, Marshall, Texas 76051</i>		
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)

--	--	--

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.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME <u>Ticsa Leeyett</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/5/21</u>	5 Payee name <u>40hrs Super Trade Or</u>	
6 Amount (\$) <u>\$153.00</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Campaign Material</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>4/9/21</u>	Payee name <u>Campaign Services LLC</u>	
Amount (\$) <u>\$2001.70</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	Description <u>Consultant & Printing</u>
	<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 <u>4/9/21</u>	Payee name <u>Madeleine Miller</u>	
Amount (\$) <u>\$1000.00</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Wages</u>	Description <u>Campaign Manager</u>
	<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

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Teresa Legett</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/21</i>	5 Payee name <i>Campaign Services LLC</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Consultant</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/12/21</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>\$15.12</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Material</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/12/21</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>\$28.13</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Material</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Teresa Loggett</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/21</i>	5 Payee name <i>Comerica Bank Tower</i>	
6 Amount (\$) <i>\$16.00</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Parking</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/15/21</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>\$50.88</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Flyers</i>
	<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 <i>4/15/21</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>\$69.84</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Pens</i>
	<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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tiesha Legett</i>	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---	--

4 Date <i>4/16/21</i>	5 Payee name <i>Hustle</i>
---------------------------------	--------------------------------------

6 Amount (\$) <i>\$422.91</i>	7 Payee address; City; State; Zip Code
---	---

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

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

Date <i>4/19/21</i>	Payee name <i>Campaign Services LLC.</i>
------------------------	---

Amount (\$) <i>\$2957.24</i>	Payee address; City; State; Zip Code
---------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>CONSULTANT & PRINTING</i>
	<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 <i>4/19/21</i>	Payee name <i>Rockstar Marketing</i>
------------------------	---

Amount (\$) <i>\$600.00</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Services</i>	Description <i>Social Media Marketing</i>
	<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
--	-------------------------------	---------------	-------------

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Tolesa Legett</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/21</i>	5 Payee name Campaign Services LLC <i>Madeline Miller</i>	
6 Amount (\$) <i>\$900.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Wages</i>	(b) Description <i>Block Waling</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/21/21</i>	Payee name <i>Campaign Services LLC.</i>	
Amount (\$) <i>\$2150.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expenses</i>	Description <i>Consultant & Printing</i>
	<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 <i>4/23/21</i>	Payee name <i>Madeline Miller</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Campaign Manager</i>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED