CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH FT. WORTH, TOOVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 32	
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRST Leonard	МІ	OFFICE USE ONLY	
NAME	NICKNAME	LAST Firestone	SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PÓ BOX	X; APT / SUITE #;	CITY; STATE; ZIP CODE	(9)	
OFFICEHOLDER MAILING ADDRESS Change of Address				RECEIVED RECEIVED	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Bate Postmarked	
OFFICEHOLDER PHONE	(817)	932-3792		Receipt # Amount \$	
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr. Pax	first ton	мі	Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
		Motheral		Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	1401 Was	shington Terrace F	ort Worth TY 76107		
(Residence or Business)	1401 Was	illington remace F	oft Worth 1X 70107		
	AREA CODE	PHONE NUMBER	EVIENCIAN		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(817)	312-0231			
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	X 8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	03	/ 23 /2021	THROUGH 04 /		
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	05/ 01/	/2021 X General	Special		
	00, 01,				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Fort Worth City Cou		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT INDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Le	onard Firestone	16 Filer	ID (Ethics Co	mmission Filers)	
17 CONTRIBUTION TOTALS	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)		\$ 74	4221.75	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0	
	4. TOTAL POLITICAL EXPENDITURES		\$ 10	02175.48	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 48	8099.80	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 25	5,000.00	
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. Signature of Ca	2			
Please complete either option below: (1) Affidavit 190764 03-15-202					
Sworn to and subscribed	before me by Leonard Freston this the	23"	day of	1001	
20, to certify which, witness my hand and seal of office. Webselve Melissek-Brune Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
OF THE REAL PRINCIPLES	OR				
(2) Unsworn Declaration	on				
My name is	My name is, and my date of birth is				
My address is		,			
			(zip code)	(country)	
Executed in	County, State of , on the day of (month)	_, 20 (year)		
	Signature of Candid	ate/Office	eholder (Decla	rant)	

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

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

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SCHEDULE A1

II tilo roquo	steed information to not applicable, 20 No. 1		
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Full name of contributor out-of-state PAGE Pete Geren 6 Contributor address; City; 1200 Washington Terrace Fort Wor	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/23/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3/23/2021	Michael Freeman Contributor address; City; 1301 Lawson Road Fort Worth	State; Zip Code	Amount of contribution (\$) 5000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	:ions)
Date 3/25/2021	Full name of contributor out-of-state PAC Powie French Contributor address; City; 4104 Clarke Ave Fort Worth TX	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NI	EEDED
Principal occup			EEDED

SCHEDULE A1

11 110 10440	sted information is not applicable, 50 NOT I		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2021	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 3216 Westcliff Road West Fort Wor	State; Zip Code orth TX 76109	
8 Principal occu	 upation / Job title (See Instructions)	9 Employer (See Instruc	Litions)
Date 3/28/2021	Full name of contributor □ out-of-state PAC Kim Holland	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 6209 Cahoba Drive Fort Worth	State; Zip Code TX 76135	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3/29/2021	Cody Campbell Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3/29/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	dons)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/2021	5 Full name of contributor ☐ out-of-state PAC George Young 6 Contributor address; City; 2821 West 7th St Suite 500 Fort Wo	7 Amount of contribution (\$) 5000		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 3/30/2021	William Parkey Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 3/31/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 3/31/2021	Full name of contributor	(ID#:) State; Zip Code TX 76132	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instruct			ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

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

TL	- Instruction Childs appleing hour to complete this form	1 Total pages Schedule A1:		
	e Instruction Guide explains how to complete this form.	15		
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)		
4 Date 3/31/2021	5 Full name of contributor	7 Amount of contribution (\$)		
	6 Contributor address; City; State; Zip Code	,		
	4455 Camp Bowie #114 Fort Worth TX 76107			
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	etions)		
Date 4/1/2021	Full name of contributor	Amount of contribution (\$)		
4/1/2021	Contributor address; City; State; Zip Code	500		
	5081 Pershing Ave Fort Worth TX 76107			
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/1/2021	David and Stephanie Tryba	1000		
	Contributor address; City; State; Zip Code 1600 Logan St Denver CO 80203			
Principal occu	1600 Logan St Denver CO 80203 pation / Job title (See Instructions) Employer (See Instruc	tions)		
- ппсіраї оссо	pation 7 sob title (Gee instituctions)			
Date	Full name of contributor	Amount of contribution (\$)		
4/1/2021	Eric Fox Contributor address; City; State; Zip Code	500		
	3513 Overton Park Dr E Fort Worth TX 76109			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N			

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SCHEDULE A1

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		WI 1994	=======================================
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2021	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		100
		State; Zip Code TX 76107	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
4/2/2021	Martha Leonard		1000
	Contributor address; City;	State; Zip Code	
	1411 Shady Oaks Ln Fort Worth	TX 76107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	tions)
Date	120 200 200 and	: (ID#:)	Amount of contribution (\$)
4/2/2021	Jonny Brumley		500
	Contributor address; City;	State; Zip Code	
	4455 Camp Bowie #114-49 Fort Wor	orth TX 76107	
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/3/2021	Kirk Coleman		100
	Contributor address; City;	State; Zip Code	100
	245 Casa Blanca Avenue Fort Worth	h TX 76107	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: Arnold Gachman	7 Amount of contribution (\$)
	6 Contributor address; City; State; Z	Zip Code
	PO Box 308 Fort Worth TX 76101	
8 Principal occu	upation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date 4/5/2021	Full name of contributor	various of contribution (\$\psi\$)
	420 Crestwood Drive Fort Worth TX 76	5107
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date 4/5/2021	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zi	ip Code
	3904 Monticello Drive Fort Worth TX 76	6107
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date 4/5/2021	Full name of contributor □ out-of-state PAC (ID#:	
	Contributor address; City; State; Zip	1000 p Code
	6217 Genoa Road Fort Worth TX 7611	6
Principal occup	eation / Job title (See Instructions) Employer	er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHI If contributor is out-of-state PAC, please see Instruction guide for	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 500 Commerce Street #700 Fort Worth TX 76102	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Date 4/5/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/5/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4004 Hartwood Dr Fort Worth TX 76109	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/6/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

SCHEDULE A1

II the reque	otod illionilation lo list applicable, 20 No. Illionado tillo pago il lis	
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	,
	PO Box 79590 Saginaw TX 76179	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	Lations)
Date 4/7/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	2220 Hawthorne Avenue Fort Worth TX 76110	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4/8/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	1000
	1144 Terrace Trail Hurst TX 76053	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 4/8/2021	Full name of contributor out-of-state PAC (ID#:) Sarah Nichols	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	50
	6009 Worrel Drive Fort Worth TX 76133	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	eporting requirements.

SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)	
4 Date 4/9/2021	FWPOA Committee for Public Safety 6 Contributor address; City; 2501 Parkview #600 Fort Worth	State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 4/9/2021	Jeffrey Davis Contributor address; City; 13408 Quail View Dr Haslet TX	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/9/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/10/2021	Full name of contributor	(ID#:) State; Zip Code TX 76107	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O		

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 Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2021 5 Full name of contributor out-of-state PAC (ID#:) Jim Dunaway 6 Contributor address; City; State; Zip Code 500 Alta Dr Fort Worth TX 76107	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 4/11/2021 Arlie Davenport Contributor address; City; State; Zip Code 4070 Clarke Avenue Fort Worth TX 76107	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) 4/12/2021 John Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 200
Principal occupation 7 300 title (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Robert & David Chicotsky Contributor address; City; State; Zip Code PO Box 471613 Fort Worth TX 76147	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT Include	this page in the	repoπ.
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: Catherine Ulrich)	7 Amount of contribution (\$)
	6 Contributor address; City; Stat	e; Zip Code	
	3824 Monticello Drive Fort Worth TX	76107	
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)
Date 4/12/2021	Full name of contributor	e; Zip Code	Amount of contribution (\$)
Principal occup	1155 Filbert St Apt 202 San Francisco ation / Job title (See Instructions)	CA 94109 pployer (See Instruct	tions)
i iliopai occap	anony out the (out mondoners)	inprojer (eeee.	
Date 4/12/2021	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	3000
	3855 Tulsa Way Fort Worth TX 76	3107	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruct	tions)
Date 4/14/2021	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/14/2021		e; Zip Code	1000
	PO Box 707 Whitesboro TX 76273	3	
Principal occup	ation / Job title (See Instructions)	nployer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction g		

SCHEDULE A1

The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME LE	eonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 5 4/14/2021	Full name of contributor	(ID#:)	7 Amount of contribution (\$)
6	Contributor address; City;	State; Zip Code	
	4812 Williams Road Benbrook T	X 76116	
8 Principal occupation	tion / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 4/14/2021	Troy R Robertson	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	1000
	4404 Dunwick Lane Fort Worth	TX 76109	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4/15/2021	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
	301 Commerce St Ste 3200 Fort Wo	orth TX 76102	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4/16/2021	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	1000 9th Ave Fort Worth TX	76104	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instruction	ons)
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lf (ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

The Instruction Gu	The Instruction Guide explains how to complete this form.					
² FILER NAME Leonard F	irestone		3 Filer ID (Ethics Commission Filers)			
4 Date 4/16/2021 5 Full name of Howard V 6 Contributor 155 Walsh	7 Amount of contribution (\$) 5000					
8 Principal occupation / Job title	tions)					
4/17/2021 Nic Genui	a	State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date Full name of 4/17/2021 Christina Contributor 4714 Alta Principal occupation / Job title (Smith address; City; Dr Fort Worth TX	State; Zip Code 76107 Employer (See Instruct	Amount of contribution (\$) 250			
Date Full name of William M	oon address; City; on St Denver CO	State; Zip Code 80206 Employer (See Instruct	Amount of contribution (\$) 250 ions)			
	ATTACH ADDITIONAL COPIES (

SCHEDULE A1

1			•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor ☐ out-of-state PAC Scott Bloemendal	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 3920 Hamilton Ave Fort Worth TX	State; Zip Code X 76107	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 4/20/2021	Full name of contributor □ out-of-state PAC (Rick Wegman Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
	1701 Carleton Avenue Fort Worth	TX 76107	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/20/2021	Full name of contributor □ out-of-state PAC (Randy Gideon Contributor address; City; 425 Nursery Lane Fort Worth TX	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4/20/2021	James Korth Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

ii iiio roquoi	and information to not applicable, 20 fter in		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor □ out-of-state PAC Erich Holmstem	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
	16 Valley Ridge Road Fort Worth	TX 76107	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 4/20/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
	3824 Bishops Flower Rd Fort Worth	n TX 76109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 4/20/2021	Full name of contributor ☐ out-of-state PAC Reed W Pigman	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	1000
	200 West Texas Way HNGR 23N F	ort Worth TX	76106
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		NO. 00.000.000 DOI. 10.000.
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM	E Leonard Firestone		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description		
3/31/21	7 Contributor address; City; State;	900.00	T-shirts			
	2612 W Waggoman St Fort Worth TX 76110		Check if travel outsi	I de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
4/17/21	Contributor address; City; State;	Zip Code	86.75	Food for event		
	6329 Klamath Fort Worth TX 76116		Check if travel outside	de of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	- Control - Cont				
14	ATTACH ADDITIONAL COPIES OF T			requirements		

Forms provided by Texas Ethics Commission

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (output personal person

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Payee name Raise The Money		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
245.25	PO Box 26466 Little Rock AR	72221	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	**************************************
PURPOSE	Fundraising	Fees	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/24/2021	Shannon Lange Photography		
Amount (\$)	Payee address;	City;	State; Zip Code
550	6724 Blue Meadow Fort Worth	TX 76132	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other	Photography	
EXPENDITURE		1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/25/2021	Raise The Money		. see
Amount (\$)	Payee address;	City;	State; Zip Code
98.50	PO Box 26466 Little Rock AR	72221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	:DED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Xpense Travel Out Of District Vages/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 Leonard Firestone	3 Filer ID (Ethics Commission File	ers)		
4 Date	5 Payee name				
3/25/2021	The Eppstein Group				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
2627.22	2830 S Hulen St #361 Fort Worth	TX 76109			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Printing	Campaign materials			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/25/2021	The Eppstein Group				
Amount (\$)	Payee address;	City; State; Zip Code			
13750	2830 S Hulen St #361 Fort Worth	TX 76109			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Other	Grassroots Activities & Consulting			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/26/2021	The Eppstein Group				
Amount (\$)	Payee address;	City; State; Zip Code			
10000	2830 S Hulen St #361 Fort Worth	TX 76109			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Consulting	Consulting			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	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			
	AT IACH ADDITIONAL COPIES OF THIS	OOI ILDOLL AO INLLDED			

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ayment/Reimbursement orthead/Rental Expense pense xpense //ages/Contract Labor complete this form.	nead/Rental Expense ense ense ense ense ense ense ense				
1 Total pages Schedule F1:	² FILER NAME Leonard Firestone	A Company		3 Filer ID (Ethics Commission Filers)			
4 Date 3/28/2021	5 Payee name Raise The Money						
6 Amount (\$)	7 Payee address;		City;	State; Zip Code			
24.75	PO Box 26466 Little Rock	AR	72221				
8	(a) Category (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fundraising		Fees				
	(c) Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held			
Date	Payee name						
3/29/2021	Raise The Money						
Amount (\$)	Payee address;	City;	State; Zip Code				
196.50	PO Box 26466 Little Rock	AR	72221				
	Category (See Categories listed at the top of this s	chedule)	Description				
PURPOSE OF	Fundraising		Fees				
EXPENDITURE							
	Check if travel outside of Texas. Complete So	chedule T.	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	Payee name						
3/30/2021	Raise The Money						
Amount (\$)	Payee address;		City;	State; Zip Code			
270	PO Box 26466 Little Rock	AR	72221				
	Category (See Categories listed at the top of this so	hedule)	Description				
PURPOSE OF EXPENDITURE	Fundraising		Fees				
	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	8.	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leonard Firestone 13 4 Date 5 Payee name 4/1/2021 Raise The Money City; State: Zip Code 6 Amount (\$) 7 Payee address; PO Box 26466 Little Rock 72221 29.90 AR (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fees Fundraising **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 4/2/2021 Raise The Money City; State; Zip Code Payee address; Amount (\$) 74 PO Box 26466 Little Rock AR 72221 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraising Fees OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Raise The Money 4/3/2021 Amount (\$) Payee address; City; State; Zip Code 72221 54.40 PO Box 26466 Little Rock AR Category (See Categories listed at the top of this schedule) Description Fees **PURPOSE** Fundraising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Leonard Firestone 4 Date 5 Payee name 4/5/2021 Raise The Money City; State; Zip Code 6 Amount (\$) 7 Payee address; 251.40 PO Box 26466 Little Rock AR 72221 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Fundraising Fees OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/5/2021 The Eppstein Group City; Amount (\$) Payee address; State; Zip Code 76109 2830 S Hulen St #361 Fort Worth TX 1028.38 Description Category (See Categories listed at the top of this schedule) PURPOSE Other Photography OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Westside Little League 4/6/2021 Payee address; Amount (\$) City; Zip Code State: Fort Worth TX 76107 1800 417 Rockwood Dr Category (See Categories listed at the top of this schedule) Description Advertising Signage **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

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 Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leonard Firestone 13 4 Date 5 Payee name 4/7/2021 Raise The Money 7 Payee address; City; State: Zip Code 6 Amount (\$) PO Box 26466 Little Rock AR 72221 24.75 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Fees Fundraising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/7/2021 The Eppstein Group City; State: Zip Code Amount (\$) Pavee address: 76109 13750 2830 S Hulen St #361 Fort Worth TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Grassroots Activities & Consulting Other **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Chicotsky's 4/7/2021 Amount (\$) Payee address; City; State; Zip Code 76107 236.92 3429 W 7th St Fort Worth TX Description Category (See Categories listed at the top of this schedule) Supplies & beverages PURPOSE Event OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

	EXPE	NDITURE CATE	ORIES	FOR BOX 8(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursem Accounting/Banking Fees Office Overhead/Rental Exper Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this for				orhead/Rental Expense pense kpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	T	uction duide explain	s now to c	ompiete tins form.	3 Filer ID (Ethic	cs Commission Filers)		
13		Firestone						
4 Date 4/8/2021	5 Payee name Raise The Mon	еу						
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code		
2.70	PO Box 26466	Little Rock	AR	72221				
8	(a) Category (See Category	ies listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fundraising			Fees				
	(c) Check if travel o	utside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeh	older name	, , , , , , , , , , , , , , , , , , , ,	Office sought		Office held		
Date	Payee name					A STATE OF THE STA		
4/9/2021	Raise The Mon	еу						
Amount (\$)	Payee address;			City;	State;	Zip Code		
122.75	PO Box 26466	Little Rock	AR	72221				
	Category (See Categorie	es listed at the top of this so	hedule)	Description				
PURPOSE OF EXPENDITURE	Fundraising			Fees				
	Check if travel ou	itside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name		Office sought		Office held		
Date	Payee name				A			
4/10/2021	Raise The Mone	әу						
Amount (\$)	Payee address;	W		City;	State;	Zip Code		
12.50	PO Box 26466	Little Rock	AR	72221				
	Category (See Categorie	s listed at the top of this sch	nedule)	Description				
PURPOSE OF EXPENDITURE	Fundraising			Fees				
	Check if travel out	side of Texas. Complete Sch	edule T.	Check if Austin,	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	older name		Office sought		Office held		
	ATTACH ADDI	TIONAL COPIES C	F THIS S	CHEDULE AS NEE	DED			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Leonard Firestone 13 5 Payee name 4 Date 4/11/2021 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code Little Rock AR 72221 12.50 PO Box 26466 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Fundraising Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Raise The Money 4/12/2021 City: State; Zip Code Payee address; Amount (\$) Little Rock 72221 PO Box 26466 AR 288.87 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Fundraising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 4/12/2021 **HF Custom Solutions** Payee address; City; State; Zip Code Amount (\$) 76110 365.20 2612W Waggoman St Fort Worth TX

EXPENDITURE CATEGORIES FOR BOX 8(a)

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Other

Description

Office sought

Campaign Caps

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Constituting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment					ut Of Distric	ct ory not listed above)			
1 Total pages Schedule F1:		NAME			-		3 Filer	ID (Ethic:	s Commission Filers)
13		Leonard Fir	estone				V80		
4 Date	5 Payeen								
4/14/2021		e The Money		-1					
6 Amount (\$)	7 Payee a	ddress;			•	City;	٤	State;	Zip Code
103.65	PO Box 26466 Little Rock AR				7222	!1 		-	
8	(a) Catego	ry (See Categories liste	at the top of thi	is schedule)	(b) Des	cription			
PURPOSE	Fund	raising			Fee	es			
OF EXPENDITURE									
	(c)	Check if travel outside of	f Texas. Complete	Schedule T.		Check if Austin	n, TX, officeh	older living	
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder	name		Offic	e sought			Office held
Date	Payee na	эте							
4/14/2021	The E	Eppstein Group	ρ						
Amount (\$)	Payee a	ddress;			(City;	S	State;	Zip Code
3500.81	2830	S Hulen St #36	61 For	t Worth	TX	76109			
	Category	/ (See Categories listed	at the top of this	schedule)	Desc	cription			
PURPOSE	Printi	ng			Sig	ns			
OF EXPENDITURE									
		Check if travel outside of		Schedule T.		Check if Austin	n, TX, officeho		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder i	name 		Office	e sought			Office held
Date	Payee na	ame							
4/14/2021	The E	ppstein Group)						
Amount (\$)	Payee ac	ldress;			C	City;	S	state;	Zip Code
4500	2830 \$	S Hulen St #36	31 For	t Worth	TX	76109			
	Category	(See Categories listed	at the top of this	schedule)	Desc	cription			
PURPOSE OF	Other				Sign	n Logistic	Service	S	
EXPENDITURE				,					
		Check if travel outside of 1	Texas. Complete S	Schedule T.		Check if Austin,	, TX, officeho	older living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder	name		Office	e sought			Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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
Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor Show to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
13	Leonard Firestone							
	5 Payee name							
4/14/2021	The Eppstein Group							
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
5529.87	2830 S Hulen St #361 Fort	Worth TX 76109						
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description						
PURPOSE	Advertising	Direct Mail	Direct Mail					
OF EXPENDITURE								
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	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	Payee name							
4/14/2021	The Eppstein Group							
Amount (\$)	Payee address;	City;	State; Zip Code					
9000	2830 S Hulen St #361 Fort \	North TX 76109						
	Category (See Categories listed at the top of this sch	nedule) Description						
PURPOSE	Other	Grassroots /	Activities & Consulting					
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
4/15/2021	Raise The Money							
Amount (\$)	Payee address;	City;	State; Zip Code					
49.25	PO Box 26466 Little Rock	AR 72221						
	Category (See Categories listed at the top of this sch	edule) Description						
PURPOSE	Fundraising	Fees						
OF EXPENDITURE								
	Check if travel outside of Texas. Complete School	edule T. Check if Austi	in, 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								

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica							ct Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	ai Committee	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Carol (criter a category not instead above)			
1 Total pages Schedule F1:	2 FILER N			•				3 Filer	ID (Ethic	s Commission Filers)	
13		Leonard I	Firesto	ne							
4 Date	5 Payeen										
4/16/2021		Eppstein Gr	oup							7. 0.1	
6 Amount (\$)	7 Payee a	ddress;		(City;		State;	Zip Code			
9707.47	2830	S Hulen St	#361	Fort \	Worth	TX	76109				
8	(a) Catego	ry (See Categories	chedule)	(b) Des	cription						
PURPOSE	Adve	rtising		Direct Mail							
OF EXPENDITURE											
	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OF	v	date / Officehol	der name			Office	e sought			Office held	
Date	Payee na	ame									
4/16/2021	Raise	The Mone	У								
Amount (\$)	Payee a	ddress;				C	City;		State;	Zip Code	
245.25	РО В	ox 26466	Little F	Rock	AR	7222	1				
	Category	y (See Categories I	isted at the to	p of this sch	iedule)	Desc	cription				
PURPOSE	Fund	raising				Fee	es				
OF EXPENDITURE											
	Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate / Officeholder name Office sought Of expenditure to benefit C/OH							Office held				
Date	Payee n	ame									
4/17/2021	Raise	The Mone	у								
Amount (\$)	Payee a	ddress;				C	City;	· ·	State;	Zip Code	
12.50	РО Во	ox 26466	Little F	Rock	AR	7222	1				
	Category	/ (See Categories li	sted at the top	o of this sch	edule)	Desc	ription				
PURPOSE	Fund	raising				Fee	s				
OF EXPENDITURE											
	Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH		late / Officehol	der name			Office	e sought			Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											
					-	and the second second					

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leonard Firestone 13 4 Date 5 Payee name 4/20/2021 The Eppstein Group 6 Amount (\$) 7 Payee address; City: State Zip Code 13260.93 2830 S Hulen St #361 Fort Worth 76109 TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising **Direct Mail** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4/20/2021 **HF Custom Solutions** Amount (\$) Payee address; City; State: Zip Code 1199.41 2612W Waggoman St Fort Worth TX 76110 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Other Campaign Caps EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 4/20/2021 The Eppstein Group Amount (\$) Payee address; City; State; Zip Code 5994.79 2830 S Hulen St #361 Fort Worth TX 76109 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Direct Mail OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Leonard Firestone 13 4 Date 5 Payee name 4/20/2021 Raise The Money 6 Amount (\$) 7 Payee address; City; State; Zip Code 307.50 PO Box 26466 Little Rock AR 72221 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Fundraising Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/21/2021 The Eppstein Group Amount (\$) City: Pavee address: State: Zip Code 2028.43 2830 S Hulen St #361 Fort Worth TX 76109 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraising Mailing **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4/22/2021 The Eppstein Group Amount (\$) Payee address; City; Zip Code State: 919.13 2830 S Hulen St #361 Fort Worth TX 76109 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **Direct Mail** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH