CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD FT. WORTH, TXCOVER SHEET PG 1

FORM C/OH

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Leonard	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Firestone	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	0345
OFFICEHOLDER MAILING ADDRESS				A A CO
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	RECEIVED
OFFICEHOLDER PHONE	(817)	932-3792	EATEROIGN	Date Hand-delivered or Date Postmarked CITY OF FORT WORTH Receipt # TOTAL PArticular \$
6 CAMPAIGN TREASURER NAME	Ms / Mrs / Mr Mr. Pax	FIRST Cton	MI	Receipt # CITY STCRATION \$ Date Processed
INVINIE	NICKNAME	LAST	SUFFIX	2345 percent steel
		Motheral		Date Imaged
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE
ADDRESS	1410 Was	shington Terrace F	ort Worth TX 76107	
(Residence or Business)	AREA CODE	DUONE NI IMPED	EVTENSION	
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)
	x July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	05,	<u> </u>	THROUGH 06/	30 / 2021
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	06/ 05/	/2021 General	Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth C	o City Council District 7	7 Fort Worth City Cou	
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF		MAY HAVE BEEN MADE WITHOUT THE CANDI	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	_ '	Texas REALTORS PAC COMMITTEE ADDRESS		
Additional Pages	x GENERAL	1115 San Jacinto Blvd #20	00 Austin TX 78701	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		Leslie Cantu		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		PO Box 2246 Austin TX	X 78768	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	TIMANUL ILLUNI		
15 C/OH NAME Lee	onard Firestone	16 Filer ID (Ethics Commission Filer	rs)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17700.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 87122.24	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 20046.87	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00	
18 SIGNATURE I si	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all inform	nation
	quired to be reported by me under Title 15, Election Code.		
	(A).C	•	
	A		_
*	(Signature of Cand	didate or Officeholder	
, munummy	<i>u.</i>		
SA K BA	William Commencer Commence		
LARY PUB	Please complete either option below:		
SA K BA			
STAN SET	<i>₹ </i>		
0 OF 190764			
(1) Affidayit A 03-15-20	Attitude to the second		
"mmmmm	Mary Mary A. Commercial Commercia		
NOTARY STAMP/SEAL	_		
Comments and subporthod	before me by teonard Fireston this the Li	Sol day of Tules	
Sworn to and subscribed		uay or	— '
20, to certify v	which, witness my hand and seal of office.	1 100	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering of	oath
Signature of officer duminists.	OR	1110 0, 0,1100	
(2) Unsworn Declaration			
Mu nama is	, and my date of birth is		
My address is			
Wy address is		te) (zip code) (country)	
Executed in	County, State of , on the day of (month)	, 20	
	(month)	(year)	

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	ommission Filers)	
	Leonard Firestone		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	x SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		_{\$} 0
5.	x SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 87122.24
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ O
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 CONTRIBUT TO FILER	IONS RETURNED	\$ O

SCHEDULE A1

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 5/27/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	1000
	311 University Dr. Fort Worth TX 76107	
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/27/2021	Laura Armstrong	100
	Contributor address; City; State; Zip Code	.44
	1501 Ems Rd E Fort Worth TX 76116	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/27/2021	Joe Paniagua	100
	Contributor address; Clty; State; Zip Code	100
	8125 Mount Shasta Circle Fort Worth TX 76137	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
5/28/2021	Marty Englander	250
	Contributor address; City; State; Zip Code	200
	1300 Washington Terrace Fort Worth TX 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI	Leonard Firestone	3 Filer ID (Ethics Commission Filers
4 Date 5/28/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	200
	311 University Drive #101 Fort Worth TX 76107	
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/29/2021	Kim Carter	150
	Contributor address; City; State; Zip Code	,
	3817 Bent Elm Ln Fort Worth TX 76109	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/29/2021	Doug Thompson	500
	Contributor address; City; State; Zip Code	
	1338 Hackberry lane Winnetka IL 60093	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/1/2021	Bill Burton	1000
	Contributor address; City; State; Zip Code	
	5 Westover Rd Fort Worth TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)

SCHEDULE A1

Th	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
6/1/2021	Dean Leonida	100
	6 Contributor address; City; State; Zip Code	100
	5436 Falmouth Road Fairway KS 66205	l
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
6/1/2021	John Kleinheinz	10000
	Contributor address; City; State; Zip Code	10000
	301 Commerce #1900 Fort Worth TX 76102	
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
6/1/2021	Pete Geren	500
	Contributor address; City; State; Zip Code	
	1200 Washington Terrace Fort Worth TX 76107	
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/9/2021	Greater Fort Worth Realtors Assoc	1000
	Contributor address; Clty; State; Zip Code	. • • •
	777 Main St #2100 Fort Worth TX 76102	
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	ions)

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers
6/23/2021	5 Full name of contributor	
Principal occu		eyer (See Instructions)
Date 6/23/2021	PO Box 17428 Austin TX 78760	Amount of contribution (\$) Zip Code Diver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6/23/2021	Michael Barnard Contributor address; City; State; 4237 Wells Dr Fort Worth TX 76135	Zip Code 250.00
Principal occup	petion / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor	
Principal occup	pation / Job title (See Instructions) Emplo	yer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS S	

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

Event Expense Food/Beverage Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	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	5 Payee name		
5/27/2021	Nothing Bundt Cakes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
20	4603 Camp Bowie Fort Worth TX	76107	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Event Expense	Food & bevera	age
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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		
5/27/2021	Raise The Money		
Amount (\$)	Payee address;	City;	State; Zip Code
59.55	PO Box 26466 Little Rock AR 72	2221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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		
5/27/2021	Lee Henderson Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
18000	1428 Virginia Place Fort Worth TX	76107	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution	Campaign con	tribution
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, afficehalder 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRST Leonard		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Firestone		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 4	x; APT / SUITE #; 71121 Fort Worth	·	ATE; ZIP CODE		
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EX	TENSION	Date Hand-delivered	- Cata Bactmarked
OFFICEHOLDER PHONE	(817)	932-3792				Amount \$
6 CAMPAIGN TREASURER	Ms/Mrs/Mr Mr. Pax	FIRST ton		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Motheral			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S	SUITE #; Fort Worth T	сіту; X 76107	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(817)	9HONE NUMBER 312-0231	EXT	TENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day afte treasurer ap (Officeholder	pointment
	X July 15	8th day before el	lection	Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month 05	Day Year / 27 / 2021	THROUGH	Month 1 06 /	Day Year / 30 / 202	<u>?</u> 1
11 ELECTION	ELECTION DA Month Day 06 05	Year Primary		ELECTION TYPE Other Description		
12 OFFICE	Fort Worth C	Dity Council District	l – , ,	FICE SOUGHT (if known) Worth City Cou		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	ES MAY HAVE BEEN M	IADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Texas REALTORS PAC	;			
Additional Bagos	x GENERAL	COMMITTEE ADDRESS 1115 San Jacinto Blvd #	#200 Austin TX 787	701		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE				
ļ		Leslie Cantu COMMITTEE CAMPAIGN TR	PEASIDER ADDRES	20		
		PO Box 2246 Austin		>5		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Le	eonard Firestone		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	I .	OLITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR E ELECTRONICALLY)	AN S	\$ 0.00
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS S, LOANS, OR GUARANTEES OF LOAN	s)	17700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EX	PENDITURES	S	87122.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT	RIBUTIONS MAINTAINED AS OF THE L	AST DAY	\$ 20046.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	JNT OF ALL OUTSTANDING LOANS AS DRTING PERIOD	OF THE S	50,000.00
	swear, or affirm, under penalty of per quired to be reported by me under Title	jury, that the accompanying report is telepton to the 15, Election Code.	rue and correc	and includes all information
		Signature of 0	Candidate or (Officeholder
	Please co	omplete either option belo	w:	
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	e c	lay of,
20, to certify	which, witness my hand and seal of off	īce.		
Signature of officer administe	ering oath Printed name	of officer administering oath	Tit	le of officer administering oath
		OR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth	is	·
My address is				
	(street)	· • • • • • • • • • • • • • • • • • • •	(state) (zip	
Executed in	County, State of	, on the day of (mor	ith)	20 (year)
		Signature of Cano	didate/Officeho	lder (Declarant)

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Co			ommission Filers)	
	Leonard Firestone				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	x SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17700.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.	SCHEDULE E: LOANS		\$	0	
5.	x SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	87122.24	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	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 COM	NTRIBUTIONS	\$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$	0	

SCHEDULE A1

The	nstruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 311 University Dr. Fort Worth TX 76107	
3 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/27/2021	Laura Armstrong Contributor address; City; State; Zlp Code 1501 Ems Rd E Fort Worth TX 76116	100
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/27/2021	Joe Paniagua Contributor address; City; State; Zip Code 8125 Mount Shasta Circle Fort Worth TX 76137	100
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 5/28/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1300 Washington Terrace Fort Worth TX 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI	E Leonard Firestone	3 Filer ID (Ethics Commission Filers
4 Date 5/28/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
	311 University Drive #101 Fort Worth TX 76107	
Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tiona)
Date	Full name of contributor	Amount of contribution (\$)
5/29/2021	Kim Carter	150
	Contributor address; City; State; Zip Code	100
	3817 Bent Elm Ln Fort Worth TX 76109	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ilons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/29/2021	Doug Thompson	500
	Contributor address; City; State; Zip Code	
	1338 Hackberry lane Winnetka IL 60093	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/1/2021	Bill Burton	1000
	Contributor address; City; State; Zip Code	
	5 Westover Rd Fort Worth TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)

SCHEDULE A1

ii iiio ioquos	sted thornation is not applicable, bo not include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
2 FILER NAME	Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 5436 Falmouth Road Fairway KS 66205	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 6/1/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 301 Commerce #1900 Fort Worth TX 76102	10000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 6/1/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
6/9/2021	Greater Fort Worth Realtors Assoc Contributor address: City: State; Zip Code 777 Main St #2100 Fort Worth TX 76102	1000
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	lons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	•

SCHEDULE A1

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

Date S Full name of contributor Gast-of-state PAC (ID#	The	Instruction Guide explains how to complete this for	n. 1 Total page	es Schedule A1:
Renee Walsh 1000.00 6 Contributor address: City: State: Zip Code 1120 Broad St Fort Worth TX 76107 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions)	FILER NAME		3 Filer ID (Ethics Commission Filers
Title Principal occupation / Job title (See Instructions) Semployer (See Instructions)		Renee Walsh		
Date Full name of contributor out-of-state PAC (IDN:				
Linebarger Goggan Blair & Sampson 1500.00 Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)	
Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 6/23/2021 Michael Barnard Contributor address; City; State; Zip Code 4237 Wells Dr Fort Worth TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor See Instructions) Amount of contribution (\$)			Amount	of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 6/23/2021 Michael Barnard Contributor address: City: State: Zip Code 4237 Wells Dr Fort Worth TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Contributor See Instructions	6/23/2021			1500.00
6/23/2021 Michael Barnard Contributor address; City; State; Zip Code 4237 Wells Dr Fort Worth TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code	Principal occu			
6/23/2021 Michael Barnard Contributor address; City; State; Zip Code 4237 Wells Dr Fort Worth TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Date	Full name of contributor	Amount	of contribution (\$)
Address Addr		Michael Barnard		
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zlp Code				
Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date	Full name of contributor) Amount	of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; S	ate; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	***

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense

Cantibutions/Donations Made by Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Paver Out Or District Other (enter a category not listed above)
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/27/2021	Nothing Bundt Cakes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
20	4603 Camp Bowie Fort Worth TX	76107	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Event Expense	Food & beverag	e
EXPENDITURE	(c) Check if travel autside of Texas. Complete Schedule T.	Check if Austin.	IX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/27/2021	Raise The Money	All and a second a	
Amount (\$)	Payee address;	City;	State; Zip Code
59.55	PO Box 26466 Little Rock AR 72	221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin, 1	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		
5/27/2021	Lee Henderson Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
18000	1428 Virginia Place Fort Worth TX	76107	
	Category (See Calegories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , ,
PURPOSE OF EXPENDITURE	Contribution	Campaign contri	bution
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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 NEED	ED

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/Officeholder/Political Committee

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

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/28/2021	Raise The Money		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25	PO Box 26466 Little Rock AR 722	221	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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		
5/29/2021	Raise The Money		
Amount (\$)	Payee address;	City;	State; Zip Code
32.35	PO Box 26466 Little Rock AR 722	221	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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		
24.0	-		
5/29/2021	The Eppstein Group	*	
Amount (\$)	Payee address;	City;	State; Zip Code
1832.78	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Voter Contact	
	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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
5/29/2021	The Eppstein Group		
Amount (\$)	7 Payee address;	City;	State; Zip Code
1952.53	2831 S Hulen St #361 Fort Worth TX	76109	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Voter Contact	
	(c) 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		
5/29/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
5789.38	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Camplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/29/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
8900.29	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	Check if travel guiskle of Texas, Complete Schedule T.	Check if Austin	t, 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 S		

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services 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 11 4 Date 5 Payee name 5/29/2021 The Eppstein Group City; State: Zip Code 7 Payee address: 6 Amount (\$) 2831 S Hulen St #361 Fort Worth TX 76109 9839.02 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Direct Mail Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 6/1/2021 Raise The Money City; Zip Code State: Amount (\$) Payee address; 72221 PO Box 26466 Little Rock AR 54.40 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Fundraising Expense OF 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 Payee name Date The Eppstein Group 6/2/2021 Payee address; City; State; Zip Code Amount (\$) TX 76109 2831 S Hulen St #361 Fort Worth 1055.04 Description Category (See Categories listed at the top of this schedule) **PURPOSE Direct Mail** Advertising Expense 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 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Pofitical Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Leonard Firestone 11 4 Date 5 Payee name 6/2/2021 The Eppstein Group Zip Code City; State; 7 Payee address; 6 Amount (\$) Fort Worth TX 76109 1287 2831 S Hulen St #361 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Compliance Consulting OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/2/2021 The Eppstein Group City; State; Zip Code Payee address; Amount (\$) 2831 S Hulen St #361 Fort Worth TX 76109 1720.42 Description Category (See Categories listed at the top of this schedule) **PURPOSE Voter Contact** Other EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 6/2/2021 The Eppstein Group Zip Code City: State: Amount (\$) Payee address; 76109 2831 S Hulen St #361 Fort Worth TX 2493.75 Description Category (See Categories listed at the top of this schedule) PURPOSE Campaign Literature **Printing** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought 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 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/2/2021	The Eppstein Group		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2500	2831 S Hulen St #361 Fort Worth TX	76109	
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Grassroots co	nsulting & services
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
6/3/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
1318.97	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Voter Contact	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/3/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
3017.74	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	Check if travel outside of Texas. Complete Schedule T.	Chock if Austin	n, TX, officoholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/3/2021	The Eppstein Group		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3954.23	2831 S Hulen St #361 Fort Worth TX	76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	(c) Check if travel outside of Texas. Complete Schedula T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
6/3/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
4098.83	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this echedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Camplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/3/2021	The Eppstein Group		
Amount (\$)	Payee address;	City;	State; Zip Code
6766.70	2831 S Hulen St #361 Fort Worth TX	76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Direct Mail	
	Check if travel outside of Texas. Complete Schedula 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee name			
6/3/2021	Total Wine			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
782.28	5200 S Hulen Fort Worth TX 761:	32		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event expense	Food & bevera	age	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ।	Office sought		Office held
Date	Payee name		***************************************	
6/4/2021	The Eppstein Group			
Amount (\$)	Payee address;	City;	State;	Zip Code
1517.02	2831 S Hulen St #361 Fort Worth TX	76109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Voter Contact		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	r expensé
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		11	
6/4/2021	Party City			
Amount (\$)	Payee address;	City;	State;	Zip Code
59.52	4826 SW Loop 820 Fort Worth TX	76109		
	Catagory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event expense	Supplies		
	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
A A A A A A A A A A A A A A A A A A A	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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	·
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/4/2021	Costco		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
73.92	5300 Overton Ridge Fort Worth TX	76132	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	And the second of the second o
PURPOSE OF EXPENDITURE	Event expense	Food & bevera	ge
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/4/2021	Nothing Bundt Cakes		
Amount (\$)	Payee address;	City;	State; Zlp Code
65.74	4603 Camp Bowie Fort Worth TX	76107	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Food & bevera	ge
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	s, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officaholder name	Office sought	Office held
Date	Payee name		AND INC.
6/5/2021	Chula's Kitchen		
Amount (\$)	Payee address;	City;	State; Zip Code
765.62	4001 Rochester Dr Keller TX 762	244	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event expense	Food & bevera	ge
	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 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 Expanse 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
6/5/2021	Lawrence's			
6 Amount (\$)	7 Payee address;	City;	State;	Zìp Code
97.94	4601 W Freeway #224 Fort Worth TX	X 76107		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	In, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought		Office held
Date	Payee name			
6/5/2021	PS The Letter			-
Amount (\$)	Payee address;	City;	State;	Zip Code
42.22	2100 Hulen St Fort Worth TX 761	07		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Supplies		
	Chack if traval outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/25/2021	The Eppstein Group			
Amount (\$)	Payes address;	Clty;	State;	Zip Code
7500	2831 S Hulen St #361 Fort Worth TX	76109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting	Campaign con	sulting	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austli	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 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)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

			Ta mile in interest Commission Ellera
Total pages Schedule F1:	2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/25/2021	The Eppstein Group		
5 Amount (\$)	7 Payee address;	City;	State: Zip Code
1500	2831 S Hulen St #361 Fort Worth TX	76109	
ß	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting	Grassroots co	onsulting & services
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	14 (17 4 4 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held