

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Leonard

MI

NICKNAME

LAST

Firestone

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE



☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

932-3792

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr. Paxton

FIRST

MI

NICKNAME

LAST

Motheral

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

CITY;

STATE;

ZIP CODE

1410 Washington Terrace Fort Worth TX 76107

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

312-0231

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

05

27

2021

THROUGH

Month

Day

Year

06

30

2021

11 ELECTION

ELECTION DATE

Month

Day

Year

06

05

2021

ELECTION TYPE

☐

Primary

☒

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth City Council District 7

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 7

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Texas REALTORS PAC

☒

GENERAL

COMMITTEE ADDRESS

1115 San Jacinto Blvd #200 Austin TX 78701

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Leslie Cantu

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 2246 Austin TX 78768

☐ Additional Pages

GO TO PAGE 2

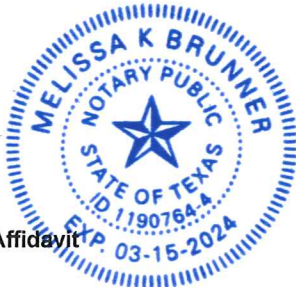
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Leonard Firestone		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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 DAY OF REPORTING PERIOD	\$ 20046.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

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

[Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leonard Firestone this the 15th day of July, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Leonard Firestone		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 87122.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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 5/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Harris 6 Contributor address; City; State; Zip Code 311 University Dr. Fort Worth TX 76107	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Armstrong Contributor address; City; State; Zip Code 1501 Ems Rd E Fort Worth TX 76116	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Paniagua Contributor address; City; State; Zip Code 8125 Mount Shasta Circle Fort Worth TX 76137	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty Englander Contributor address; City; State; Zip Code 1300 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Blake 6 Contributor address; City; State; Zip Code 311 University Drive #101 Fort Worth TX 76107	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Carter Contributor address; City; State; Zip Code 3817 Bent Elm Ln Fort Worth TX 76109	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Thompson Contributor address; City; State; Zip Code 1338 Hackberry lane Winnetka IL 60093	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Burton Contributor address; City; State; Zip Code 5 Westover Rd Fort Worth TX 76107	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Leonida 6 Contributor address; City; State; Zip Code 5436 Falmouth Road Fairway KS 66205	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Kleinheinz Contributor address; City; State; Zip Code 301 Commerce #1900 Fort Worth TX 76102	Amount of contribution (\$) 10000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Geren Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Realtors Assoc Contributor address; City; State; Zip Code 777 Main St #2100 Fort Worth TX 76102	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Walsh 6 Contributor address; City; State; Zip Code 1120 Broad St Fort Worth TX 76107	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Barnard Contributor address; City; State; Zip Code 4237 Wells Dr Fort Worth TX 76135	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27/2021		5 Payee name Nothing Bundt Cakes			
6 Amount (\$) 20		7 Payee address; City; State; Zip Code 4603 Camp Bowie Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food & beverage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/27/2021		Candidate / Officeholder name Raise The Money			
Amount (\$) 59.55		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/27/2021		Candidate / Officeholder name Lee Henderson Campaign			
Amount (\$) 18000		Payee address; City; State; Zip Code 1428 Virginia Place Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Campaign contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 18			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Leonard	MI	OFFICE USE ONLY			
	NICKNAME	LAST Firestone	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 471121 Fort Worth TX 76147			Date Received			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 932-3792	EXTENSION			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Paxton	FIRST Paxton	MI				
	NICKNAME	LAST Motheral	SUFFIX	Date Processed			
						Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1410 Washington Terrace Fort Worth TX 76107						
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 312-0231	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year Month Day Year 05 / 27 / 2021 THROUGH 06 / 30 / 2021						
11 ELECTION	ELECTION DATE Month Day Year 06 / 05 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 7		13 OFFICE SOUGHT (if known) Fort Worth City Council District 7				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Texas REALTORS PAC COMMITTEE ADDRESS 1115 San Jacinto Blvd #200 Austin TX 78701 COMMITTEE CAMPAIGN TREASURER NAME Leslie Cantu COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 2246 Austin TX 78768					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Leonard Firestone		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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 DAY OF REPORTING PERIOD	\$ 20046.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

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

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Leonard Firestone		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 87122.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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 5/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Harris 6 Contributor address; City; State; Zip Code 311 University Dr. Fort Worth TX 76107	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura Armstrong Contributor address; City; State; Zip Code 1501 Ems Rd E Fort Worth TX 76116	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Paniagua Contributor address; City; State; Zip Code 8125 Mount Shasta Circle Fort Worth TX 76137	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marty Englander Contributor address; City; State; Zip Code 1300 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Blake 6 Contributor address; City; State; Zip Code 311 University Drive #101 Fort Worth TX 76107	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Carter Contributor address; City; State; Zip Code 3817 Bent Elm Ln Fort Worth TX 76109	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Thompson Contributor address; City; State; Zip Code 1338 Hackberry lane Winnetka IL 60093	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Burton Contributor address; City; State; Zip Code 5 Westover Rd Fort Worth TX 76107	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

9 Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME <div style="text-align: center;">Leonard Firestone</div>		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Walsh	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 1120 Broad St Fort Worth TX 76107	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson	Amount of contribution (\$) 1500.00
	Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Barnard	Amount of contribution (\$) 250.00
	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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27/2021		5 Payee name Nothing Bundt Cakes			
6 Amount (\$) 20		7 Payee address; City; State; Zip Code 4603 Camp Bowie Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food & beverage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/27/2021		Payee name Raise The Money			
Amount (\$) 59.55		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/27/2021		Payee name Lee Henderson Campaign			
Amount (\$) 18000		Payee address; City; State; Zip Code 1428 Virginia Place Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Campaign contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 5/28/2021		5 Payee name Raise The Money			
6 Amount (\$) 25		7 Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description Fees		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/29/2021		Payee name Raise The Money			
Amount (\$) 32.35		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/29/2021		Payee name The Eppstein Group			
Amount (\$) 1832.78		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Voter Contact		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 5/29/2021		5 Payee name The Eppstein Group			
6 Amount (\$) 1952.53		7 Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Voter Contact		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/2021		Payee name The Eppstein Group			
Amount (\$) 5789.38		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/2021		Payee name The Eppstein Group			
Amount (\$) 8900.29		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 5/29/2021		5 Payee name The Eppstein Group			
6 Amount (\$) 9839.02		7 Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Direct Mail		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 6/1/2021		Payee name Raise The Money			
Amount (\$) 54.40		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 6/2/2021		Payee name The Eppstein Group			
Amount (\$) 1055.04		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 6/2/2021		5 Payee name The Eppstein Group			
6 Amount (\$) 2500		7 Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Grassroots consulting & services		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/2021		Payee name The Eppstein Group			
Amount (\$) 1318.97		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Voter Contact		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/2021		Payee name The Eppstein Group			
Amount (\$) 3017.74		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 6/3/2021		5 Payee name The Eppstein Group			
6 Amount (\$) 3954.23		7 Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Direct Mail		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/2021		Payee name The Eppstein Group			
Amount (\$) 4098.83		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/2021		Payee name The Eppstein Group			
Amount (\$) 6766.70		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Direct Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 6/3/2021		5 Payee name Total Wine			
6 Amount (\$) 782.28		7 Payee address; City; State; Zip Code 5200 S Hulen Fort Worth TX 76132			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Food & beverage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/4/2021		Payee name The Eppstein Group			
Amount (\$) 1517.02		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Voter Contact		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/4/2021		Payee name Party City			
Amount (\$) 59.52		Payee address; City; State; Zip Code 4826 SW Loop 820 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense		Description Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 6/4/2021		5 Payee name Costco			
6 Amount (\$) 73.92		7 Payee address; City; State; Zip Code 5300 Overton Ridge Fort Worth TX 76132			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Food & beverage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/4/2021		Payee name Nothing Bundt Cakes			
Amount (\$) 65.74		Payee address; City; State; Zip Code 4603 Camp Bowie Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food & beverage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/5/2021		Payee name Chula's Kitchen			
Amount (\$) 765.62		Payee address; City; State; Zip Code 4001 Rochester Dr Keller TX 76244			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense		Description Food & beverage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 6/5/2021		5 Payee name Lawrence's			
6 Amount (\$) 97.94		7 Payee address; City; State; Zip Code 4601 W Freeway #224 Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/5/2021		Payee name PS The Letter			
Amount (\$) 42.22		Payee address; City; State; Zip Code 2100 Hulen St Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/25/2021		Payee name The Eppstein Group			
Amount (\$) 7500		Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Campaign consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME Leonard Firestone	3 Filer ID (Ethics Commission Filers)			
4 Date 6/25/2021	5 Payee name The Eppstein Group				
6 Amount (\$) 1500	7 Payee address; City; State; Zip Code 2831 S Hulen St #361 Fort Worth TX 76109				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Grassroots consulting & services			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED