

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>39</b>	<b>OFFICE USE ONLY</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Leland F. Lacy</b> NICKNAME LAST SUFFIX	Date Received <b>JAN 27 2022</b>
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Hand-delivered or Date Postmarked Receipt #      Amount \$
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year      Month Day Year <b>07 / 21 / 21</b> THROUGH <b>12 / 31 / 21</b>	Date Processed Date Imaged

**6 EXPLANATION OF CORRECTION**  
**Prior Filing was not on Judicial Candidate Campaign Finance Report**

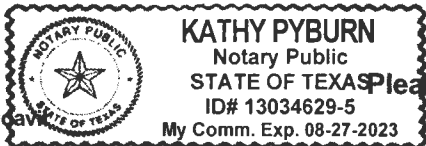
**7 SIGNATURE** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Handwritten Signature]*

Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leland F. Lacy this the 27 day of January

2022, 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)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

37

### OFFICE USE ONLY

Date Received

**JAN 27 2022**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Leland F.  
NICKNAME LAST SUFFIX  
Lacy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
516 W. Twohig Ave. San Angelo, Tx 76903

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 325 ) 212-5613

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Casey A.  
NICKNAME LAST SUFFIX  
Poynor

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
705 W. Ratliff Road San Angelo Tx 76904

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 325 ) 226-3906

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  
07 / 21 / 2021 THROUGH 12 / 31 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
03 / 01 / 2022  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge, County Court at Law #2

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

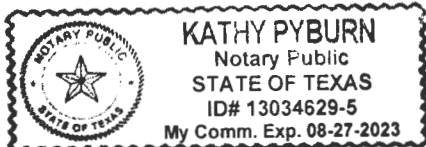
15 JC/OH NAME  
**Leland F. Lacy**

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)	\$ 339.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,600
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 44.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,602.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,336.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

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/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leland F. Lacy this the 27 day of January, 2022, to certify which witness my hand and seal of office.

Kathy Pyburn Kathy Pyburn  
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 - JC/OH

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

19 FILER NAME

Leland F. Lacy

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,600.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,600.00
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 40,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,558.54
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: 20
2 FILER NAME <b>Leland F. Lacy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Wilson Lacy</b> Contributor address; City; State; Zip Code <b>2817 Briargrove San Angelo, TX 76904</b>	7 Amount of contribution (\$)  <b>\$1,000.00</b>
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>07/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Blake Lacy</b> Contributor address; City; State; Zip Code <b>3932 Arroyo Del Sol Schertz, TX 78154</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor's principal occupation <b>Banking</b>		Contributor's job title <b>Lender</b>
Contributor's employer/law firm <b>Mason Joseph Company, Inc.</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>07/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tyler Lacy</b> Contributor address; City; State; Zip Code <b>7814 57th Street Lubbock, TX 79407</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Timberlake &amp; Weaver, P.C.</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/22/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jill McCall</b> ----- Contributor address; City; State; Zip Code <b>4904 Brooks Drive Waco, TX 76710</b>	<b>7</b> Amount of contribution (\$)  <b>\$1,000.00</b>
<b>8</b> Contributor's principal occupation <b>Non-profit</b>		<b>9</b> Contributor's job title <b>Excecutive Director</b>
<b>10</b> Contributor's employer/law firm <b>Compasion Ministries</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <p style="text-align: center;"><b>Retired</b></p>		
<b>07/22/2021</b>	<b>Richard McCall</b> ----- <b>4904 Brooks Drive Waco, TX 76710</b>	<b>\$1,000.00</b>
<b>Attorney</b>		<b>Attorney</b>
<b>Richard V. McCall, Attorney at Law</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>07/22/2021</b>	<b>Vicki Lacy</b> ----- <b>2817 Briargrove San Angelo, TX 76904</b>	<b>\$1,000.00</b>
<b>Retired</b>		<b>Retired</b>
<b>N/A</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/02/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Edward Olson</b> Contributor address; City; State; Zip Code <b>5734 Columbine Ln. San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$200.00</b>
<b>8</b> Contributor's principal occupation <b>Retired</b>		<b>9</b> Contributor's job title <b>Retired</b>
<b>10</b> Contributor's employer/law firm <b>N/A</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>09/02/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Larry Patterson</b> Contributor address; City; State; Zip Code <b>5170 Ironwood Ct. San Angelo, TX 76904</b>	<b>Amount of contribution (\$)</b>  <b>\$200.00</b>
<b>Contributor's principal occupation</b> <b>Retired</b>		<b>Contributor's job title</b> <b>Retired</b>
<b>Contributor's employer/law firm</b> <b>N/A</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>08/01/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Wilson Woods</b> Contributor address; City; State; Zip Code <b>3912 Thistle Lane Fort Worth, TX 76109</b>	<b>Amount of contribution (\$)</b>  <b>\$500.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Vice President Land &amp; Legal</b>
<b>Contributor's employer/law firm</b> <b>Texland Petroleum LP</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/27/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kenneth &amp; Binnie Dierschke</b> Contributor address; City; State; Zip Code <b>3022 Southland Blvd San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Binnie-Real Estate, Kenneth-Retired</b>		<b>9</b> Contributor's job title <b>Broker/Retired</b>
<b>10</b> Contributor's employer/law firm <b>Dierschke &amp; Dierschke</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>09/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sterling Fryar</b> Contributor address; City; State; Zip Code <b>6725 Harvester Ln. San Angelo, TX 76957</b>	Amount of contribution (\$)  <b>\$300.00</b>
Contributor's principal occupation <b>Real Estate</b>		Contributor's job title <b>Broker</b>
Contributor's employer/law firm <b>Keller Williams</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>09/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Mike Baird</b> Contributor address; City; State; Zip Code <b>PO Box 191 Wall, TX 76957</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>The Baird Law Firm</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/11/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ron Wood</b> Contributor address; City; State; Zip Code <b>6014 Kingsbridge Dr San Angelo, TX 76901</b>	<b>7</b> Amount of contribution (\$) <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Retired</b>		<b>9</b> Contributor's job title <b>Retired</b>
<b>10</b> Contributor's employer/law firm <b>N/A</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Brian Raymond</b> Contributor address; City; State; Zip Code <b>202 W Beauregard Ave Ste. A San Angelo, TX 76903</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Brian Raymond Law</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ryan Montgomery</b> Contributor address; City; State; Zip Code <b>PO Box 246 Wall, TX 76957</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation <b>Oral Surgeon</b>		Contributor's job title <b>Oral Surgeon</b>
Contributor's employer/law firm <b>Angelo Oral Surgery</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <b>Leland F. Lacy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/28/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tim Smith</b> Contributor address; City; State; Zip Code <b>4117 College Hills Blvd. San Angelo, TX 76904</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Contributor's principal occupation <b>Insurance</b>		9 Contributor's job title <b>Insurance Agent</b>
10 Contributor's employer/law firm <b>State Farm</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/29/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Walter &amp; Deborah McCullough</b> Contributor address; City; State; Zip Code <b>PO Box 709 Mertzon, TX 76941</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation <b>Ranchers</b>		Contributor's job title <b>Ranchers</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/01/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tim &amp; Judy Turner</b> Contributor address; City; State; Zip Code <b>PO Box 2182 San Angelo, TX 76902</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation <b>Tim-Veternerian, Judy-Rancher</b>		Contributor's job title <b>Veterinarian, Rancher</b>
Contributor's employer/law firm <b>Southwestern Livestock Mineral/Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <b>Leland F. Lacy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/01/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tommy Ledbetter</b> Contributor address; City; State; Zip Code <b>1111 Ridgeburg CT Houston, TX 77077-1950</b>	7 Amount of contribution (\$)  <b>\$300.00</b>
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/01/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Haley Rose</b> Contributor address; City; State; Zip Code <b>173 Heritage Hollow Cove Dripping Springs, TX 78620</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Contributor's principal occupation <b>Marketing</b>		Contributor's job title <b>Consultant</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/06/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Dwain Grider</b> Contributor address; City; State; Zip Code <b>3406 Shadyhill Dr San Angelo, TX 76904</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor's principal occupation <b>Sales</b>		Contributor's job title <b>Senior Account Manager</b>
Contributor's employer/law firm <b>Arxada</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kristie Reed Contributor address; City; State; Zip Code 4002 Wellington St San Angelo, TX 76904	7 Amount of contribution (\$) \$100.00
8 Contributor's principal occupation Furniture Sales		9 Contributor's job title Owner
10 Contributor's employer/law firm Trend Furniture		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Treva & Mike Boyd Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval, TX 76935	Amount of contribution (\$) \$200.00
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linda & Allen Carpenter Contributor address; City; State; Zip Code 5245 Westway Dr. San Angelo, TX 76904	Amount of contribution (\$) \$100.00
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Leland F. Lacy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/03/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Linda &amp; Wayne Well</b> Contributor address; City; State; Zip Code <b>3307 Chatterton Dr San Angelo, TX 76904</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Contributor's principal occupation <b>Retired</b>		9 Contributor's job title <b>Retired</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/08/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lane Allison</b> Contributor address; City; State; Zip Code <b>2534 W. Avenue K San Angelo, TX 76901</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor's principal occupation <b>Sales</b>		Contributor's job title <b>Consultant</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lacy &amp; Jon Bailey</b> Contributor address; City; State; Zip Code <b>1609 Stonetrail Dr. San Angelo, TX 76904</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor's principal occupation <b>Attorney-Jon CPA-Lacy</b>		Contributor's job title <b>Attorney and Accountant</b>
Contributor's employer/law firm <b>Bailey Law Firm</b>		Law firm of contributor's spouse (if any) <b>Bailey Law Firm</b>
If contributor is a child, law firm of parent(s) (if any)		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/09/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Elisabeth Noelke</b> ----- Contributor address; City; State; Zip Code <b>PO Box 529 Mertzson, TX 76941</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>8</b> Contributor's principal occupation <b>Physician</b>		<b>9</b> Contributor's job title <b>Physician</b>
<b>10</b> Contributor's employer/law firm <b>n/a</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>11/09/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jeff Chandler</b> ----- <b>Contributor address; City; State; Zip Code</b> <b>PO Box 5091 San Angelo, TX 76902</b>	<b>Amount of contribution (\$)</b>  <b>\$1,000.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Jeff Chandler Law</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a law firm of parent(s) (if any)</b>		
<b>Date</b> <b>11/09/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Robert Lacy</b> ----- <b>Contributor address; City; State; Zip Code</b> <b>PO Box 201 Carlsbad, TX 76934</b>	<b>Amount of contribution (\$)</b>  <b>\$100.00</b>
<b>Contributor's principal occupation</b> <b>Rancher</b>		<b>Contributor's job title</b> <b>Rancher</b>
<b>Self</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/09/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Dana &amp; Jay Dickens</b> Contributor address; City; State; Zip Code <b>5517 Columbine Ln San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$300.00</b>
<b>8</b> Contributor's principal occupation <b>Real Estate Investment</b>		<b>9</b> Contributor's job title <b>Investor</b>
<b>10</b> Contributor's employer/law firm <b>Creekside Rural Investments</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>11/09/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jenny &amp; Justus Love</b> Contributor address; City; State; Zip Code <b>6399 John Curry Rd Christoval, TX 76935</b>	<b>Amount of contribution (\$)</b>  <b>\$200.00</b>
<b>Contributor's principal occupation</b> <b>Marketing</b>		<b>Contributor's job title</b> <b>Marketing</b>
<b>Contributor's employer/law firm</b> <b>ASU</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>11/09/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Joe William Ross</b> Contributor address; City; State; Zip Code <b>PO Box 5376 San Angelo, TX 76902</b>	<b>Amount of contribution (\$)</b>  <b>\$250.00</b>
<b>Contributor's principal occupation</b> <b>Attorney</b>		<b>Contributor's job title</b> <b>Attorney</b>
<b>Contributor's employer/law firm</b> <b>Joe William Ross, PC</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>Leland F. Lacy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/09/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sarah &amp; Douglas Wilde</b> Contributor address; City; State; Zip Code <b>3134 Old Eola Rd San Angelo, TX 76905</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Contributor's principal occupation <b>Sarah-Physical therapist, Doug-Farmer</b>		9 Contributor's job title <b>Sarah-Physical therapist, Doug-Farmer</b>
10 Contributor's employer/law firm <b>Self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David White</b> Contributor address; City; State; Zip Code <b>PO Box 62026 San Angelo, TX 76906</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor's principal occupation <b>Research &amp; Development</b>		Contributor's job title <b>Research &amp; Development</b>
Contributor's employer/law firm <b>Goodyear</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Judy &amp; Lance Lacy</b> Contributor address; City; State; Zip Code <b>5118 Knickerbocker Rd San Angelo, TX 76904</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor's principal occupation <b>Judy-Massage therapist Lance-Real estate broker</b>		Contributor's job title <b>Judy-Massage therapist Lance-Real estate broker</b>
Contributor's employer/law firm <b>Self/Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/18/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David Lupton</b> Contributor address; City; State; Zip Code <b>2106 Club Lake Court San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Business Owner/Manager</b>		<b>9</b> Contributor's job title <b>Business Owner/Manager</b>
<b>10</b> Contributor's employer/law firm <b>Angelo Glass</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>10/07/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Nevel Patrick Haley</b> Contributor address; City; State; Zip Code <b>9016 Cedar Breaks Dr. North Richland Hills, TX 76182</b>	<b>Amount of contribution (\$)</b>  <b>\$250.00</b>
<b>Contributor's principal occupation</b> <b>Finance</b>		<b>Contributor's job title</b> <b>Finance</b>
<b>Contributor's employer/law firm</b> <b>NPHII</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>11/18/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Scott Allison</b> Contributor address; City; State; Zip Code <b>1151 Knickerbocker Rd San Angelo, TX 76903</b>	<b>Amount of contribution (\$)</b>  <b>\$500.00</b>
<b>Contributor's principal occupation</b> <b>Real Estate</b>		<b>Contributor's job title</b> <b>Broker</b>
<b>Contributor's employer/law firm</b> <b>Self</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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<b>4</b> Date <b>12/07/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JW Johnson</b> Contributor address; City; State; Zip Code <b>125 S. Irving St San Angelo, TX 76903</b>	<b>7</b> Amount of contribution (\$)  <b>\$1,000.00</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Attorney</b>
<b>10</b> Contributor's employer/law firm <b>JW Johnson, Attorney at Law</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tom Davidson</b> Contributor address; City; State; Zip Code <b>36 E. Twohig Ave San Angelo, TX 76903</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Tom Davidson, Attorney at Law</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/07/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Alvin Hale</b> Contributor address; City; State; Zip Code <b>114 Loch Lomond San Angelo, TX 76901</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/23/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Paul Parker</b> Contributor address; City; State; Zip Code <b>2319 W. Avenue K. San Angelo, TX 76901</b>	<b>7</b> Amount of contribution (\$)  <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Attorney</b>		<b>9</b> Contributor's job title <b>Attorney</b>
<b>10</b> Contributor's employer/law firm <b>Paul S. Parker, Attorney at Law</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>12/15/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kayle Waldrep</b> Contributor address; City; State; Zip Code <b>2024 Saddleside San Angelo, TX 76904</b>	<b>Amount of contribution (\$)</b>  <b>\$200.00</b>
<b>Contributor's principal occupation</b> <b>Medicine</b>		<b>Contributor's job title</b> <b>Doctor</b>
<b>Contributor's employer/law firm</b> <b>Shannon</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>9/30/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Marco Mavromaras</b> Contributor address; City; State; Zip Code <b>2198 Copper Rock Rd San Angelo, TX 76904</b>	<b>Amount of contribution (\$)</b>  <b>\$500.00</b>
<b>Contributor's principal occupation</b> <b>Medicine</b>		<b>Contributor's job title</b> <b>Nurse</b>
<b>Contributor's employer/law firm</b> <b>Shannon</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/04/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Leslee &amp; Rodney Fleming</b> ----- Contributor address; City; State; Zip Code <b>6705 Grand Canal Ct San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>8</b> Contributor's principal occupation <b>Real Estate</b>		<b>9</b> Contributor's job title <b>Realtors</b>
<b>10</b> Contributor's employer/law firm <b>Angelo Home Team</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>10/04/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Blake Leggett</b> ----- <b>Contributor address; City; State; Zip Code</b> <b>16642 Koonce Ln Christoval, TX 76935</b>	<b>Amount of contribution (\$)</b>  <b>\$250.00</b>
<b>Contributor's principal occupation</b> <b>Oil &amp; Gas</b>		<b>Contributor's job title</b> <b>Gas Lift Sales</b>
<b>Contributor's employer/law firm</b> <b>Priority Artificial Lift Services LLC</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>09/30/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Casey Puckett</b> ----- <b>Contributor address; City; State; Zip Code</b> <b>PO Box 186 Wall, TX 76957</b>	<b>Amount of contribution (\$)</b>  <b>\$200.00</b>
<b>Contributor's principal occupation</b> <b>Insurance</b>		<b>Contributor's job title</b> <b>Insurance Agent</b>
<b>Contributor's employer/law firm</b> <b>Trimble Batjer</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

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<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/30/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jordan Coffman</b> Contributor address; City; State; Zip Code <b>8249 Waterloo Wall, TX 76957</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>8</b> Contributor's principal occupation <b>AI Tech</b>		<b>9</b> Contributor's job title <b>AI Tech</b>
<b>10</b> Contributor's employer/law firm <b>EOG Resources</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/02/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Roger Ellison</b> Contributor address; City; State; Zip Code <b>1446 Sun Valley Ln San Angelo, TX 76904</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/08/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Evelyn Ashley</b> Contributor address; City; State; Zip Code <b>1709 Parkview Dr. San Angelo, TX 76904</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor's principal occupation <b>Medicine</b>		Contributor's job title <b>Nurse</b>
Contributor's employer/law firm <b>Shannon</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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<b>4</b> Date <b>11/09/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Devin Koehler</b> Contributor address; City; State; Zip Code <b>2058 Rocky Point Trail San Angelo, TX 76905</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>8</b> Contributor's principal occupation <b>Non-profit</b>		<b>9</b> Contributor's job title <b>Executive Director</b>
<b>10</b> Contributor's employer/law firm <b>Boy Scouts of America</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>10/01/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Brandon Leggett</b> Contributor address; City; State; Zip Code <b>15748 E. Englert Rd. Eola, TX 76937</b>	<b>Amount of contribution (\$)</b>  <b>\$250.00</b>
<b>Contributor's principal occupation</b> <b>Consulting</b>		<b>Contributor's job title</b> <b>Consultant</b>
<b>Contributor's employer/law firm</b> <b>Self</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>12/23/2021</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lance &amp; Judy Lacy</b> Contributor address; City; State; Zip Code <b>5118 Knickerbocker Rd San Angelo, TX 76904</b>	<b>Amount of contribution (\$)</b>  <b>\$250.00</b>
<b>Contributor's principal occupation</b> <b>Judy-Massage therapist Lance-real estate broker</b>		<b>Contributor's job title</b> <b>Judy-Massage therapist Lance-Real estate broker</b>
<b>Contributor's employer/law firm</b> <b>Self/Self</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/23/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lance &amp; Judy Lacy</b> Contributor address; City; State; Zip Code <b>5118 Knickerbocker Rd San Angelo, TX 76904</b>	<b>7</b> Amount of contribution (\$)  <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Judy-Massage therapist Lance-Real estate broker</b>		<b>9</b> Contributor's job title <b>Judy-Massage therapist Lance-Real estate broker</b>
<b>10</b> Contributor's employer/law firm <b>Self/Self</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Brett Schniers</b> Contributor address; City; State; Zip Code <b>PO Box 350 Wall, TX 76904</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor's principal occupation <b>Farmer</b>		Contributor's job title <b>Farmer</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Laer Real Estate Group</b> Contributor address; City; State; Zip Code <b>3103 Southwest Blvd. San Angelo, TX 76904</b>	Amount of contribution (\$)  <b>\$200.00</b>
Contributor's principal occupation <b>Real Estate</b>		Contributor's job title <b>Broker</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/10/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Valerie Priess</b> Contributor address; City; State; Zip Code <b>808 Humble Rd San Angelo, TX 76903</b>	<b>7</b> Amount of contribution (\$) <b>\$250.00</b>
<b>8</b> Contributor's principal occupation <b>Real Estate</b>		<b>9</b> Contributor's job title <b>Mortgage Broker</b>
<b>10</b> Contributor's employer/law firm <b>Mortgage Financial Services</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lance &amp; Judy Lacy</b> Contributor address; City; State; Zip Code <b>5118 Knickerbocker Rd San Angelo, TX 76904</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor's principal occupation <b>Judy-Massage therapist Lance-real estate broker</b>		Contributor's job title <b>Judy-Massage therapist Lance-Real estate broker</b>
Contributor's employer/law firm <b>Self/Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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



# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B(J)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J): <b>2</b>	
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date <b>12/31/21</b>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gaye Pelzel</b>	<b>8</b> Amount of Pledge \$ <b>\$1,000.00</b>	<b>9</b> In-kind contribution description
<b>7</b> Pledgor address; City; State; Zip Code <b>2202 CR 347 Miles, TX 76861</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Pledgor's principal occupation <b>Retired</b>		<b>11</b> Pledgor's job title <b>Retired</b>	
<b>12</b> Pledgor's employer/law firm <b>N/A</b>		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
<b>Date</b> <b>12/31/21</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Perez</b>	<b>Amount of Pledge \$</b> <b>\$600.00</b>	<b>In-kind contribution description</b>
<b>Pledgor address; City; State; Zip Code</b> <b>4746 Royal Troon Dr. San Angelo, TX 76861</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Pledgor's principal occupation</b> <b>Bail Bondsman</b>		<b>Pledgor's job title</b> <b>Owner</b>	
<b>Pledgor's employer/law firm</b> <b>Concho Bail Bonds</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			
<b>Date</b> <b>12/31/2021</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cade Browning</b>	<b>Amount of Pledge \$</b> <b>\$1,000.00</b>	<b>In-kind contribution description</b>
<b>Pledgor address; City; State; Zip Code</b> <b>802 Mulberry Abilene, TX 76901</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Pledgor's principal occupation</b> <b>Attorney</b>		<b>Pledgor's job title</b> <b>Attorney</b>	
<b>Pledgor's employer/law firm</b> <b>Browning Law Firm, PLLC</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B(J)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J):	
<b>2</b> FILER NAME <b>Leland F. Lacy</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date <b>12/31/2021</b>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Inderman</b>	<b>8</b> Amount of Pledge \$ <b>\$1,000.00</b>	<b>9</b> In-kind contribution description
<b>7</b> Pledgor address; City; State; Zip Code <b>P.O. Box 731 Lubbock, TX 79408</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Pledgor's principal occupation <b>Lawyer</b>		<b>11</b> Pledgor's job title <b>Lawyer</b>	
<b>12</b> Pledgor's employer/law firm <b>Glasheen, Valles, &amp; Inderman, LLP</b>		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address; City; State; Zip Code</b>		
<b>Pledgor's principal occupation</b>		<b>Pledgor's job title</b>	
<b>Pledgor's employer/law firm</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address; City; State; Zip Code</b>		
<b>Pledgor's principal occupation</b>		<b>Pledgor's job title</b>	
<b>Pledgor's employer/law firm</b>		<b>Law firm of pledgor's spouse (if any)</b>	
<b>If pledgor is a child, law firm of parent(s) (if any)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**LOANS (JUDICIAL)****SCHEDULE E(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): <b>2</b>
<b>2</b> FILER NAME Leland F. Lacy		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 07/26/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland and Laura Lacy	<b>9</b> Loan Amount (\$) \$20,000.00
<b>6</b> Is lender a financial Institution?  Y N <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code  516 W. Twohig San Angelo, TX 76903	<b>10</b> Interest rate 0.00%
		<b>11</b> Maturity date 12/31/2022
<b>12</b> Lender's Principal Occupation Attorney/Appraiser		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm Tom Green County/Self		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME Leland F. Lacy		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 07/26/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland and Laura Lacy	<b>9</b> Loan Amount (\$) \$20,000.00
<b>6</b> Is lender a financial Institution? Y N <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 516 W. Twohig San Angelo, TX 76903	<b>10</b> Interest rate 0.00%
		<b>11</b> Maturity date 12/31/2022
<b>12</b> Lender's Principal Occupation Attorney/Appraiser		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm Tom Green County/Self		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>10</b>	<b>2</b> FILER NAME <b>Leland F. Lacy</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/26/2021</b>	<b>5</b> Payee name <b>Sixty Sage Photography</b>	
<b>6</b> Amount (\$) <b>\$453.88</b>	<b>7</b> Payee address; City; State; Zip Code <b>14 S Madison St. San Angelo, TX 76901</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Photography for advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>09/01/2021</b>	Payee name <b>First Financial Bank</b>	
Amount (\$) <b>\$5.00</b>	Payee address; City; State; Zip Code <b>PO Box 701 Abilene, TX 76904</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Paper Statement Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>09/03/2021</b>	Payee name <b>Allyn Media</b>	
Amount (\$) <b>\$2,250.00</b>	Payee address; City; State; Zip Code <b>3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Social Media &amp; Website</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Leland F. Lacy</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>09/03/2021</b>	5 Payee name <b>First Financial Bank</b>	
6 Amount (\$) <b>\$23.80</b>	7 Payee address; <b>PO Box 701</b>	City; State; Zip Code <b>Abilene, TX 76904</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Checks</b>
	(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 <b>09/14/2021</b>	Payee name <b>Allyn Media</b>	
Amount (\$) <b>\$6,201.31</b>	Payee address; <b>3838 Oak Lawn Avenue, Suite 400</b>	City; State; Zip Code <b>Dallas, TX 75219</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Billboard Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>09/14/2021</b>	Payee name <b>United States Postal Service</b>	
Amount (\$) <b>\$58.00</b>	Payee address; <b>1 N Abe St</b>	City; State; Zip Code <b>San Angelo, TX 76902</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Postage</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/15/2021	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$58.00	<b>7</b> Payee address; City; State; Zip Code 1 N Abe St San Angelo, TX 76902	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Postage
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/17/2021	Payee name Pinkie's	
Amount (\$) \$416.17	Payee address; City; State; Zip Code 1415 South Bryant Blvd. San Angelo, TX 76903	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Beverages for Event
	<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 09/26/2021	Payee name United States Postal Service	
Amount (\$) \$58.00	Payee address; City; State; Zip Code 1 N Abe St San Angelo, TX 76902	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/28/2021	<b>5</b> Payee name Party City	
<b>6</b> Amount (\$) 26.63	<b>7</b> Payee address; City; State; Zip Code 4151 Sunset Dr. San Angelo, TX 76904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Event decor & supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/29/2021	Payee name Allyn Media	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website development
	<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 09/30/2021	Payee name The Plated Dish	
Amount (\$) \$232.74	Payee address; City; State; Zip Code 2005 Knickerbocker Rd. San Angelo, TX 76905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage Expense	Description Event catering
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Leland F. Lacy		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/30/2021		<b>5</b> Payee name Allyn Media			
<b>6</b> Amount (\$) \$2,821.79		<b>7</b> Payee address; 3838 Oak Lawn Avenue, Suite 400		City; State; Zip Code Dallas, TX 75219	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising		<b>(b)</b> Description  Printing Expense		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 10/01/2021		Payee name First Financial Bank			
Amount (\$) \$5.00		Payee address; PO Box 701		City; State; Zip Code Abilene, TX 76904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees		Description  Paper Statement Fee		
	<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 10/01/2021		Payee name Market Street			
Amount (\$) \$150.48		Payee address; 3121 Sunset Dr.		City; State; Zip Code San Angelo, TX 76904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food & Beverage Expense		Description  Food for event		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/18/2021	<b>5</b> Payee name Papel	
<b>6</b> Amount (\$) \$378.88	<b>7</b> Payee address; City; State; Zip Code 2413 Sherwood Way San Angelo, TX 76901	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Advertising Cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2021	Payee name United States Postal Service	
Amount (\$) \$58.00	Payee address; City; State; Zip Code 1 N Abe St San Angelo, TX 76902	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<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 10/29/21	Payee name Circle S Corn Maze	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7305 Bean Rd. Wall, TX 76957	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/01/2021	<b>5</b> Payee name Allyn Media	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400 Dallas, TX 75219	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Social Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/01/2021	Payee name First Financial Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code PO Box 701 Abilene, TX 76904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Paper Statement Fee
	<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 11/03/2021	Payee name United States Postal Service	
Amount (\$) \$58.00	Payee address; City; State; Zip Code 1 N Abe St San Angelo, TX 76902	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Leland F. Lacy</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/03/2021</b>	5 Payee name <b>David Weaver/The Monk Art Gallery</b>	
6 Amount (\$) <b>\$300.00</b>	7 Payee address; <b>118 S Chadbourne St</b>	City; State; Zip Code <b>San Angelo, TX 76903</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Room Rental &amp; Deposit</b>
	(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 <b>11/09/2021</b>	Payee name <b>David Weaver/The Monk Art Gallery</b>	
Amount (\$) <b>\$301.68</b>	Payee address; <b>118 S Chadbourne St</b>	City; State; Zip Code <b>San Angelo, TX 76903</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Event catering</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>11/10/2021</b>	Payee name <b>Jessica Kindrick</b>	
Amount (\$) <b>\$30.00</b>	Payee address; <b>118 S Chadbourne St</b>	City; State; Zip Code <b>San Angelo, TX 76903</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Event Bar-tending</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/23/2021	<b>5</b> Payee name Republican Party	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; 2525 Johnson St Suite A	City; State; Zip Code San Angelo, TX 76904
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Filing Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2021	Payee name Lamar	
Amount (\$) \$5,580.00	Payee address; 3503 Arden Rd.	City; State; Zip Code San Angelo, TX 76901
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Billboard Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/20/2021	Payee name Allyn Media	
Amount (\$) \$640.19	Payee address; 3838 Oak Lawn Avenue, Suite 400	City; State; Zip Code Dallas, TX 75219
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Social Media/Website</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Leland F. Lacy	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9/17/2021	<b>5</b> Payee name Papal
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<b>6</b> Amount (\$) \$340.99	<b>7</b> Payee address; 2413 Sherwood Way	City; San Angelo, TX 76901	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Pamphlets
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01/2021	Payee name First Financial Bank
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Amount (\$) \$5.00	Payee address; PO Box 701	City; Abilene, TX 76904	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Paper Statement Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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	

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