| JUDICIAL | CANDIDATE /   | OFFICEHOLDER |
|----------|---------------|--------------|
| CAMPAIGN | N FINANCE REF | PORT         |

FORM JC/OH COVER SHEET PG 1

|   |                                  |  | 1 Filer ID (Ethics Commission Filers)          | 2 Total pages filed: 77  |  |
|---|----------------------------------|--|--|--|--|
| The JC/OH Instruction                                       | Guide explains ho                | w to complete this form.                   |  | 2 Total pages filed. 23  |  |
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME                        | ms/mrs/mr<br>Mr                  | FIRST<br>Leland                            | F F  | OFFICE USE ONLY  |  |
|   | NICKNAME                         | LAST<br>Lacy                               | SUFFIX   | Date Received  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS         | address / po box<br>516 W Tw     | : APT / SUITE #: с<br>ohig Ave, San Angelo | nty; state; zip code<br>9, TX 76903            | FEB 2 2 2022   |  |
| Change of Address   |                                  |  |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                       | area code<br>( 3252 <b>2</b> 734 | PHONE NUMBER                               | EXTENSION                                      | Date Hand-delivered or Date Postmarked Receipt # Amount \$   |  |
| 6 CAMPAIGN<br>TREASURER                                     | ms/mrs/mr<br>Mr                  | FIRST<br>Casey                             | МІ   | Date Processed   |  |
| NAME  | NICKNAME                         | LAST                                       | SUFFIX   | Date Flucesseu   |  |
|   |                                  | Poynor                                     |  | Date Imaged  |  |
| 7 CAMPAIGN  | STREET ADDRESS                   | NO PO BOX PLEASE); APT / SU                | UITE #; CITY;                                  | STATE; ZIP CODE  |  |
| TREASURER<br>ADDRESS  | 705 W Rat                        | liff Road, San Angelo                      | , TX 76904                                     |  |  |
| (Residence or Business)                                     |                                  |  | •  |  |  |
|   |                                  |  | EVEENOLON                                      |  |  |
| 8 CAMPAIGN<br>TREASURER                                     | AREA CODE                        | PHONE NUMBER                               | EXTENSION                                      |  |  |
| PHONE   | ( 325226-39                      | 906  |  |  |  |
|   | <u> </u>                         |  |  |  |  |
| 9 REPORT TYPE   | January 15                       | 30th day before el                         | ection Runoff                                  | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)  |  |
|   | July 15                          | 8th day before elec                        | ction Exceeded Modified<br>Reporting Limit     | Final Report (Attach C/OH - FR)  |  |
| 10 PERIOD   | Month                            | Day Year                                   | Month  | Day Year   |  |
| COVERED   | 01_                              | 21 / 2022                                  | THROUGH 02                                     | / 19 / 2022  |  |
| 11 ELECTION   | ELECTION DA                      | TE   | ELECTION TYPE                                  |  |  |
|   | Month Day                        | Year Year                                  | Runoff Other<br>Description                    |  |  |
| -5  | 03/01                            | / 2022 General                             | Special  |  |  |
|   |                                  |  |  |  |  |
| 12 OFFICE   | OFFICE HELD (if any)             |  | 13 OFFICE SOUGHT (if known<br>Judge, County Co |  |  |
| 14 NOTICE FROM<br>POLITICAL                                 | THE CANDIDATE / OFFIC            | EHOLDER. THESE EXPENDITURES                | MAY HAVE BEEN MADE WITHOUT THE CANL            | ADE BY POLITICAL COMMITTEES TO SUPPORT<br>MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>HEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |
| COMMITTEE(S)  | COMMITTEE TYPE                   | COMMITTEE NAME                             |  |  |  |
|   | GENERAL                          | COMMITTEE ADDRESS                          |  |  |  |
| Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME |                                  |  |  |  |  |
|   |                                  | COMMITTEE CAMPAIGN TRE                     | ASURER ADDRESS                                 |  |  |
|   |                                  |  |  |  |  |
| GO TO PAGE 2  |                                  |  |  |  |  |

Forms provided by Texas Ethics Commission

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| 15 JC/OH NAME       Lacy, Leland       16 Filer ID (Ethics Commission F         17 CONTRIBUTION<br>TOTALS       1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY)       \$         2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       \$         EXPENDITURE<br>TOTALS       3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.       \$ |              |
|--|--------------|
| TOTALS       PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY)       \$         2.       TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$       5,825         EXPENDITURE<br>TOTALS       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURE.       \$       \$   | 00           |
| EXPENDITURE<br>TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$  | 00           |
| TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$   |              |
|  |              |
| 4. TOTAL POLITICAL EXPENDITURES \$ 20,768  | ,94          |
| 4.TOTAL POLITICAL EXPENDITURES\$ 20,768CONTRIBUTION<br>BALANCE5.TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br>OF REPORTING PERIOD\$ 13,762OUTSTANDING<br>LOAN TOTALS6.TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>LAST DAY OF THE REPORTING PERIOD\$ 40,000  | 1,84         |
| OUTSTANDING<br>LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>LAST DAY OF THE REPORTING PERIOD \$40,000   | 00           |
| Signature of Candidate/Officeholder Please complete either option below: RUDY OLIVAS   |              |
| (1) Affidavit  |              |
| NOTARY STAMP/SEAL<br>Swom to and subscribed before me by <u>Leland Lucy</u> this the <u>22</u> day of <u>Februa</u>  | <u>.+γ</u> , |
| 20 <u>7</u> , to certify which, witness my hand and seal of office.  |              |
| p Dladay Rudy Olives Elections Cla   | ik           |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administer   | ing 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<br>(month) (year)  |              |
| Signature of Candidate/Officeholder (Declarant)  | _            |

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| SUBTOTALS - JC/OH   |  | ORM JC/OH<br>SHEET PG 3 |
|---|--|-------------------------|
| 19 FILER NAME Lacy, Leland  | 20 Filer ID (Ethics Co   | ommission Filers)       |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   | de <b>d'an</b> te de la constante de la co | SUBTOTAL<br>AMOUNT      |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                             |  | \$5,825.00              |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |  | \$                      |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS  | •  | s 700.00                |
| 4. SCHEDULE E: LOANS  |  | s 700,00<br>s 40,000,00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | ONTRIBUTIONS   | \$20,587.30             |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |  | \$                      |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                 | CONTRIBUTIONS  | \$                      |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |  | \$                      |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                 | NDS  | \$ 181.64               |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A              | BUSINESS OF C/OH   | \$                      |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO           | ONTRIBUTIONS   | \$                      |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU<br>TO FILER | TIONS RETURNED   | \$                      |
|   |  |                         |

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# 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 Quide explains how to complete this form.       1       Total aggs Schedule A(J)1:         2       FILER NAME       Lacy, Loland       3       Filer ID (Ethics Commission Fliers)         4       Date       5       Full name of contributor       out of state PAC Bas       7       Amount of contributor (\$)         1       Date       5       Full name of contributor       Out of state PAC Bas       7       Amount of contributor (\$)         1       Date       5       Full name of contributors       Out of state PAC Bas       Total Date       7       Amount of contributor (\$)         8       Contributor's employer/law firm       1       Law firm of contributor's spouse (if any)       1       Law firm of contributor's spouse (if any)         12       If contributor is a child, law firm of parent(c) (if any)       1       Law firm of contributor's spouse (if any)       25 O.00         Date       Full name of contributor       Out of state PAC Bas       State: Zip Code       25 O.00         11       Law firm of contributor's ide lifte       Mount of contributor's ide lifte       Amount of contributor (\$)         12       If contributor's ide lifte       Mount of contributor's ide lifte       Amount of contributor (\$)         13       Full name of contributor       Out of table PAC Bas       Contributor'  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| 4 Date       5 Full name of contributor       Image: Back State S          | The Instruction Guide explains how to complete th         | is form. 1 Total pages Schedule A(J)1:  |  |  |  |  |
| 1.21, 2020       0       Max. Prue III       Aud-estate PAC Deginary       Max. Junch of contributors (0)         1.21, 2020       6       Contributor address:<br>25 OS S Ch 001 HRUSE Pr San AngeloTX16800       Max. Do Oc         8       Contributor's principal occupation<br>S OL H       9       Contributor's point bits         10       Contributor's principal occupation<br>S OL H       9       Contributor's point bits         12       It contributor's and firm of parent(s) (if any)       11       Law firm of contributor's spouse (if any)         Date<br>Date<br>Contributor's principal occupation<br>S Static: 21p Code<br>Contributor's principal occupation<br>Broker         Date<br>Date       Full name of contributor<br>Contributor's principal occupation<br>Broker       Amount of contribution (s)<br>Date<br>Contributor's principal occupation<br>Broker         Date       Full name of contributor<br>Contributor's principal occupation<br>Broker       Contributor's point firm<br>Contributor's principal occupation<br>Broker       Amount of contributor's point firm<br>Contributor's point firm<br>Contributor's aphroped occupation<br>Contributor's aphroped occupation<br>Contribu  |   | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
| 1-21/2000       Contributor address;       Civ;       State: Zip Code       A 200,00         2505 Sch Dol HRuse Pr San AngeloTXT6914       A 200,00         8 Contributor's generopeal occupation       9 Contributor's optimized occupation       P Contributor's optimized occupation         10 Contributor's generopeal occupation       9 Contributor's optimized occupation       P Contributor's optimized occupation       P Contributor's optimized occupation         12 If contributor's difference       Full name of contributor       Out-of-state PAC IDr.       Amount of contribution (\$)         12 If contributor's optimized occupation       Full name of contributor       Out-of-state PAC IDr.       Amount of contribution (\$)         12 If contributor's optimized occupation       State:       Zip Code       D 250,00         12 Optimized occupation       State:       Zip Code       D 250,00         13 Date       Full name of contributor       Contributor's optimized occupation       State:       Zip Code         14 Cantibutor's optimized occupation       Brocket       Contributor's optimized occupation       Contributor's optimized occupation       State:       Zip Code         15 Contributor's apployed wifting       Contributor's optimized occupation       Contributor's optimized occupation       State:       Zip Code         16 Date       Full name of contributor       Out-of-stat   |   | C ID#:) 7 Amount of contribution (\$)   |  |  |  |  |
| 2505 SCh DOI HRUSE Dr San Angeloi Xiering         8 Contributor's principal occupation         9 Contributor's microleal occupation         10 Contributor's microleal occupation         10 Contributor's microleal occupation         11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any)         12 If contributor is a child, law firm of parent(s) (if any)         13 Date         14 Law firm of contributor         15 Octor         16 Contributor is a child, law firm of parent(s) (if any)         17 If contributors amployer/law firm         18 Contributor's approximation         19 Contributor's of contributor         10 Contributor's approximation         10 Contributor's of contributor         11 Caw firm of contributor         12 If contributor's principal occupation         11 Caw firm of contributor         12 Contributor's apployer/law firm         13 Contributor's apployer/law firm         14 contributor's principal occupation         15 Contributor address;         16 Contributor address;         17 Contributor         18 Contributor         19 Contributor address;         19 Contributor address;         19 Contributor's enployer/law firm         10 Cont  | 1.21 2022 Max Puello                                      | #200 80   |  |  |  |  |
| 8       Contributor's principal occupation       9       Contributor's poblitite         10       Contributor's employer/law firm       11       Law firm of contributor's spouse (if any)         12       If contributor's employer/law firm       11       Law firm of contributor's spouse (if any)         12       If contributor's employer/law firm       0 out-state PAC ibe       Amount of contribution (\$)         13       Full name of contributor       0 out-state PAC ibe       Amount of contribution (\$)         14       Full name of contributor       0 out-state PAC ibe       Amount of contribution (\$)         14       Contributor's principal occupation       Contributor's ibe title       Dote         15       Marcester       City:       State:       Zip Code         16       Br Okcer       Contributor's spouse (if any)       Law firm of contributor's spouse (if any)         17       H contributor's acdress;       City:       State:       Zip Code         17       BOb State PAC ibe       State:       Zip Code       State:       State:       Zip Code         16       Pate       Full name of contributor       Contributor's address;       City:       State:       Zip Code       State:       Zip Code         12       Address;       City:       Sta  | 6 Contributor address; City;                              | State; Zip Code /7 200,000  |  |  |  |  |
| Realtor       Realtor         10 Contributor's employer/law firm       11 Law firm of contributor's spouse (if any)         12 It contributor is a child, law firm of parent(s) (if any)         13 It contributor is a child, law firm of parent(s) (if any)         14 It contributor's employer/law firm         15 It contributor is a child, law firm of parent(s) (if any)         14 It contributor's principal occupation         Contributor's employer/law firm         Contributor's employer/law firm         Contributor's a child, law firm of parent(s) (if any)         15 acting         16 contributor is a child, law firm of parent(s) (if any)         16 contributor's employer/law firm         Contributor is a child, law firm of parent(s) (if any)         16 contributor's principal occupation         Contributor's employer/law firm         Contributor  |   |   |  |  |  |  |
| Solf       In anno or on the second of the sec |   |   |  |  |  |  |
| 12 It contributor is a child, law firm of parent(s) (if any)         Date         Full name of contributor         Contributor         Contributor         Contributor         Contributor's principal occupation         Broker         Contributor's employer/law firm         Contributor is a child, law firm of parent(s) (if any)         Contributor's employer/law firm         Contributor is a child, law firm of parent(s) (if any)         Date         Full name of contributor         Contributor's employer/law firm         Law firm of contributor's spouse (if any)         Date         Full name of contributor         Contributor's employer/law firm         Law firm of contributor's spouse (if any)         Contributor is a child, law firm of parent(s) (if any)         Date         Full name of contributor         Contributor's principal occupation         Contributor's employer/law firm   |   | 11 Law firm of contributor's spouse (if any)  |  |  |  |  |
| Full name of contributor       Out-of-state PAC TBF       Determination (b)         121,2022       Sturing Fryar       Contributor address;       City:       State:       Zip Code         6735 HarrestorLnSan AngeloTX76904       Contributor's principal occupation       Contributor's job title       Determination         By Oker       Contributor's employer/law firm       Contributor's principal occupation       Contributor's principal occupation       Contributor's principal occupation         Date       Full name of contributor       Out-of-state PAC TDF_       Law firm of contributor's spouse (if any)         Date       Full name of contributor       Out-of-state PAC TDF_       Amount of contribution (\$)         124, 2022       Tim Bob Sotsbery       State:       Zip Code         Contributor address;       City:       State:       Zip Code         Date       Full name of contributor       Out-of-state PAC TDF_       50.00         Contributor address;       City:       State:       Zip Code         Date       Full name of contributor       Contributor's poincipal occupation       State:       Zip Code         Contributor's principal occupation       Contributor's job title       Yet Yet       Contributor's spouse (if any)         If contributor is a child, law firm of parent(\$) (if any)       Law firm of contribut  |   |   |  |  |  |  |
| Full name of contributor       Out-of-state PAC TBF       Determination (b)         121,2022       Sturing Fryar       Contributor address;       City:       State:       Zip Code         6735 HarrestorLnSan AngeloTX76904       Contributor's principal occupation       Contributor's job title       Determination         By Oker       Contributor's employer/law firm       Contributor's principal occupation       Contributor's principal occupation       Contributor's principal occupation         Date       Full name of contributor       Out-of-state PAC TDF_       Law firm of contributor's spouse (if any)         Date       Full name of contributor       Out-of-state PAC TDF_       Amount of contribution (\$)         124, 2022       Tim Bob Sotsbery       State:       Zip Code         Contributor address;       City:       State:       Zip Code         Date       Full name of contributor       Out-of-state PAC TDF_       50.00         Contributor address;       City:       State:       Zip Code         Date       Full name of contributor       Contributor's poincipal occupation       State:       Zip Code         Contributor's principal occupation       Contributor's job title       Yet Yet       Contributor's spouse (if any)         If contributor is a child, law firm of parent(\$) (if any)       Law firm of contribut  |   |   |  |  |  |  |
| Image: Starting Fryar       Contributor address;       City:       State:       Zip Code         Contributor address;       City:       State:       Zip Code       QSO.00         Contributor's principal occupation       Contributor's job title       Contributor's job title       QSO.00         Contributor's employer/law firm       Contributor's ight title       Contributor's principal occupation       Contributor's pose (if any)         It contributor is a child, law firm of parent(s) (if any)       It contributor's address;       City:       State:       Zip Code         Date       Full name of contributor       Out-of-state PAC 1DF       Amount of contribution (\$)       50_00         1:24, 202       Tim Bdb SdlSbery       State:       Zip Code       50_00         QContributor address;       City:       State:       Zip Code       50_00         QContributors principal occupation       Contributor's job title       Yet Yet       50_00         Contributor's employer/law firm       Law firm of contributor's pouse (if any)       1         Contributor's employer/law firm       Contributor's job title       Yet Yet         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(\$) (if any)       Contributor's spouse (if any)  | Date  | Amount of contribution (\$)   |  |  |  |  |
| G725 Harrestet As Angelo7X76904       Contributor's principal occupation         BY 0/Ler       Contributor's principal occupation         BY 0/Ler       Contributor's optime         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Date       Full name of contributor       out-of-state PAC IDF:         Amount of contribution (\$)       Amount of contribution (\$)         1:24:2022       Jim BOb SOISbery       50.00         Contributor address;       City;       State: Zip Code         2621 Palo Puro Pr. San Angelo TX 76904       Contributor's job title         Contributor's employer/law firm       Contributor's job title       Contributor's spouse (if any)         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)       Attach Additional copies of this schedule As NEEDED  |   | C ID#:)   |  |  |  |  |
| G725 Harrestet As Angelo7X76904       Contributor's principal occupation         BY 0/Ler       Contributor's principal occupation         BY 0/Ler       Contributor's optime         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Date       Full name of contributor       out-of-state PAC IDF:         Amount of contribution (\$)       Amount of contribution (\$)         1:24:2022       Jim BOb SOISbery       50.00         Contributor address;       City;       State: Zip Code         2621 Palo Puro Pr. San Angelo TX 76904       Contributor's job title         Contributor's employer/law firm       Contributor's job title       Contributor's spouse (if any)         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)       Attach Additional copies of this schedule As NEEDED  | Contributor address: City:                                | State: Zip Code   |  |  |  |  |
| Contributor's principal occupation<br>BYOLLEY<br>Contributor's employer/law firm<br>Contributor's employer/law firm<br>Contributor's employer/law firm of parent(s) (if any)<br>It contributor is a child, law firm of parent(s) (if any)<br>Date<br>Full name of contributor<br>Date<br>Full name of contributor<br>Contributor address;<br>City:<br>State: Zip Code<br>DG2 I Pal D Dur o Dr. San Angelo TX 76904<br>Contributor's principal occupation<br>Contributor's employer/law firm<br>Contributor's a child, law firm of parent(s) (if any)<br>Contributor is a child, law firm of parent(s) (if any)<br>Contributor is a child, law firm of parent(s) (if any)  | 6725 HarresterLnSan A                                     | ngelo TX76904 000   |  |  |  |  |
| Contributor's employer/law firm<br>Keller Williams       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Date       Full name of contributor       out-of-state PAC ID#:         Date       Full name of contributor       out-of-state PAC ID#:         Date       Full name of contributor       out-of-state PAC ID#:         Amount of contribution (\$)       Time BOb Solsbery       50.00         Contributor's principal occupation       Contributor's spouse (if any)       50.00         Contributor's employer/law firm       Contributor's spouse (if any)       Contributor's spouse (if any)         Contributor is a child, law firm of parent(s) (if any)       Contributor's spouse (if any)       Contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Contributor's spouse (if any)       Contributor's spouse (if any)   | Contributor's principal occupation                        | Contributor's job title   |  |  |  |  |
| Law milling       Law milling         It contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor         Date       Full name of contributor         1.24, 2022       Jim B3bb SJSbery         Contributor address;       City;         State:       Zip Code         Description       State:         Contributor's principal occupation       Contributor's job title         Net TYPE       Law firm of contributor's spouse (if any)         It contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Attach additional copies of this schedule As NEEDED       Attach additional copies of this schedule As NEEDED  |   | Broker  |  |  |  |  |
| Date       Full name of contributor       out-of-state PAC 1D#:       Amount of contribution (\$)         1.21, 2022       Jim BOB Solsbery       50.00         Contributor address;       City;       State: Zip Code         Description       Contributor's principal occupation       50.00         Contributor's principal occupation       Contributor's is principal occupation       Contributor's is principal occupation         Contributor's employer/law firm       Contributor's spouse (if any)       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   |   | Law firm of contributor's spouse (if any)   |  |  |  |  |
| 1.21, 2022       Tim BOb Solsbery<br>Contributor address;       State: Zip Code       50.00         2621 Pal D Dur o Dr. San Angelo, TX 76904       50.00         Contributor's principal occupation<br>NET Y Ed       Contributor's job title<br>NET Y Ed       Contributor's polyer/law firm         Contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)  | If contributor is a child, law firm of parent(s) (if any) |   |  |  |  |  |
| 1.21, 2022       Tim BOb Solsbery<br>Contributor address;       State: Zip Code       50.00         2621 Pal D Dur o Dr. San Angelo, TX 76904       50.00         Contributor's principal occupation<br>NET Y Ed       Contributor's job title<br>NET Y Ed       Contributor's polyer/law firm         Contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)  |   |   |  |  |  |  |
| Contributor address;       City;       State: Zip Code         DG21 Pal D DUr o Dr. San Angelo, TX 76904       Contributor's principal occupation         Contributor's principal occupation       Contributor's job title         Nettored       Contributor's semployer/law firm         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   | Date Full name of contributor out-of-state PA             | C ID#:) Amount of contribution (\$)   |  |  |  |  |
| Contributor address;       City;       State: Zip Code         DG21 Pal D DUr o Dr. San Angelo, TX 76904       Contributor's principal occupation         Contributor's principal occupation       Contributor's job title         Nettored       Contributor's semployer/law firm         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   | 121 2022 Jim Bob Solshe                                   | rv Falaa  |  |  |  |  |
| Contributor's principal occupation       Contributor's job title         Vetived       Vetived         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Vetived       If contributor is a child, law firm of parent(s) (if any)         Attach additional copies of this schedule as NEEDED   |   | State: Zip Code 50 .00  |  |  |  |  |
| retired       retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         retire       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   | 2621 Palo Duro Dr. San Av                                 | ngelo, TX76904  |  |  |  |  |
| refire         If contributor is a child, law firm of parent(s) (if any)         ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   | Contributor's principal occupation                        | Contributor's job title   |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  | Contributor's employer/law firm                           | Law firm of contributor's spouse (if any)   |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  | retire  |   |  |  |  |  |
|  | If contributor is a child, law firm of parent(s) (if any) |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |
| If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.  |   | •••••••••••••••••   |  |  |  |  |
|  | If contributor is out-of-state PAC, please see ins        | If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |  |  |  |
|  |   |   |  |  |  |  |

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| MONETARY POLITICAL CONTRIBUTIONS<br>(JUDICIAL)  | SCHEDULE A(J)1                           |
|---|--|
| If the requested information is not applicable, DO NOT include this page i  | in the report.                           |
| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A(J)1:            |
| 2 FILER NAME<br>Lacy, Leland  | 3 Filer ID (Ethics Commission Filers)    |
| <sup>4</sup> Date<br>5 Full name of contributor □ out-of-state PAC ID#:)<br>Charles Meadows<br>6 Contributor address; City; State; Zip Code<br>12501 Aidden New Dr. San Angelo T2769 04 | 7 Amount of contribution $($)$<br>500,00 |
| 8 Contributor's principal occupation<br>9 Contributor's job title<br>011+fi+t   | -e1                                      |
| 10 Contributor's employer/law firm<br>Live mk Dutfitters 11 Law firm of contributor   | r's spouse (if any)                      |
| 12 If contributor is a child, law firm of parent(s) (if any)  |  |
| Date<br>Full name of contributor out-of-state PAC ID#:<br>27.2022 Paul Parker<br>Contributor address; City; State; Zip Code<br>2319 W. Avenue KSan Angelo. TX 7 6901                    | Amount of contribution (\$)              |
| Contributor's principal occupation<br>Contributor's job title<br>Contributor's job title<br>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)   |  |
| Date Full riame of contributor 🗌 out-of-state PAC ID#:)   | Amount of contribution (\$)              |
| 1.27.2022 Desiree Comez<br>Contributor address; City; State: Zip Code<br>12255. Monroe St. San Angel JTX 76901  | 250_00                                   |
|   | sistant                                  |
| Paul Parker, atty. at Law Hom of contributor  | r's spouse (if any)                      |
| If contributor is a child, law firm of parent(s) (if any)   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N<br>If contributor is out-of-state PAC, please see instruction guide for additional   |  |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us  | Revised 11/4/2020                        |

| MONET<br>(JUDICI               | ARY POLITICAL CONTRIBUT  | TIONS   | SCHEDULE A(J)1                          |
|--------------------------------|--|---|---|
| If the requ                    | ested information is not applicable, DO NO   | T include this page i                                 | n the report.                           |
| 7                              | The Instruction Guide explains how to complete this  | form.   | 1 Total pages Schedule A(J)1:           |
| 2 FILER NAME                   | Lacy, Leland   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 <sub>Date</sub><br>1.27.2022 | 5118 Knickerbocker Rd. Son Ang   | State; Zip Code<br>State; Zip Code<br>State; Zip Code | 7 Amount of contribution (\$) $500_{0}$ |
| 8 Contributor's                | principal occupation   | 9 Contributor's job title                             | te, broker/Owner                        |
| 10 Contributor's C             | f  | 11 Law firm of contributor                            | 010                                     |
| IZ If contributor is           | s a child, law firm of parent(s) (if any)  |   |   |
| Date<br>1,29.2022              | Full name of contributor out-of-state PAC<br>Dwain Grider<br>Contributor address; City;<br>3406 Shady hill pr. San Angel | State; Zip Code                                       | Amount of contribution (\$)<br>$900_00$ |
| Contributor's p                | orincipal occupation   | Contributor's job title                               |   |
| Arx                            | employer/law firm  | Law firm of contributor                               | 's spouse (if any)                      |
| Date                           | Full name of contributor aut-of-state PAC<br>JDE SEIF<br>Contributor address; City;<br>20GCLOVER DY, San Angel DT        | State: Zip Code                                       | Amount of contribution (\$) $250,00$    |
| ret                            | rincipal occupation  | Contributor's job title<br>refired                    | <b></b>                                 |
| Contributor's e                |  | Law firm of contributor                               | 's spouse (if any)                      |
| If contributor is              | s a child, law firm of parent(s) (if any)  |   |   |
| lf                             | ATTACH ADDITIONAL COPIES C<br>contributor is out-of-state PAC, please see instru   |   |   |
| Forms provided by 1            | Texas Ethics Commission www.ethics   | a.state.tx.us   | Revised 11/4/2020                       |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 0 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lacy, Leland 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID# Kenneth pierschke 500.00 2.3.2027 Contributor address; City; State; Zip Code 3022 Southland Blvd. Son Angelo TX 76904 Contributor's principal occupation Contributor's job title 8 ired 12 ired 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) reti rea 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor Out-of-state PAC ID#: 1000.00 2.9.2027 Gave Zip Code Contributor address; City; State; Miles-16801 TX 2202 (R347 Contributor's principal occupation Contributor's job title <u>e</u>C retireo Contributor ployer/law f Law firm of contributor's spouse (if any) ived If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of contribution (\$) out-of-state PAC ID#: Fred Br 2.10.2022 igma 500.00 City; Contributor address; State: Zip Code 206w. College Ave. San Angelos 776903

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Contributor's principal occupation

Contributor's employer/law firm

self

attornel

If contributor is a child, law firm of parent(s) (if any)

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

ibutor's job title

ibuter's spouse (if any)

at

| (JUDICIAL)  |   | SCHEDULE A(J)1                          |
|---|---|---|
| If the requested information is not a   | 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<br>Lacy, Leland  |   | 3 Filer ID (Ethics Commission Filers)   |
| <sup>4</sup> Date<br>5 Full name of contributor<br>1,10,2022<br>6 Contributor address;<br>1515 Grierson S | Dout-of-state PAC ID#:<br>DN<br>City; State; Zip Code<br>St. San Angelo TX 769 01     | 7 Amount of contribution (\$)<br>250,00 |
| B Contributor's principal occupation  | 9 Contributor's job titl  | te proker owne                          |
| 0 Contributor's employer/law firm   | 11 Law firm of contribu   |   |
| 2 If contributor is a child, law firm of parent(s)  | (if any)  |   |
| Date<br>Full name of contributor<br>J.11,2027 Teddye R  | Out-of-state PAC ID#:   | Amount of contribution (\$)             |
| Contributor address;  | City; State; Zip Code<br>dge Tr. San Angelo TX76901                                   | LOD <sup>00</sup>                       |
| Contributor's principal occupation  | Contributor's job title   |   |
| Contributor's employer/law firm   | Law firm of contribut   | tor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s)  | (if any)  |   |
| Date Full name of contributor   | Dout-of-state PAC ID#:  | Amount of contribution (\$)             |
|   | la Ir. San AngeloTX76904  | 25.00                                   |
| Contributor's principal occupation  | Contributor's job title   | •                                       |
| Contributor's employer/law firm   | Law firm of contribu  | tor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s)  | (if any)  |   |
|   | DITIONAL COPIES OF THIS SCHEDULE AS<br>PAC, please see instruction guide for addition |   |
|   |   |   |

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lacy, Leland 4 Date 7 Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:\_\_\_ Colby Lacy 510.3053 300.00 6 Contributor address; City; State; Zip Code P.O. BOX 2 Water Valley TX 76958 Contributor's principal occupation Contributor's job title 9 8 Sales Sales 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Energy , Products, Ing NGto 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:\_\_\_\_ State; Zip Code Contributor address: City: 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) Date Full name of contributor out-of-state PAC ID#:\_\_\_\_ Amount of contribution (\$) . Contributor address; City; State: Zip Code Contributor's job title Contributor's principal occupation 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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| PLEDGED CONTRIBUTIONS (JUDICIA<br>If the requested information is not applicable, DO NOT   |                  | age in the repor  | SCHEDULE <b>B(J)</b><br>t.             |  |  |
|--|------------------|---|--|--|--|
| The Instruction Guide explains how to complete this f  | orm.             | 1 Total pages Sched   | tule B(J):                             |  |  |
| 2 FILER NAME<br>Lacy, Leland   |                  | 3 Filer ID (Ethics C  | ommission Filers)                      |  |  |
| 4 TOTAL OF UNITEMIZED PLEDGES  |                  | \$700.0   | ) 0                                    |  |  |
| 5 Date 6 Full name of pledgor out-of-state PAC (ID#:   | )                | 8 Amount<br>of Pledge \$  | 9 In-kind contribution<br>description  |  |  |
| 2.8.2022 Melissa Robertson<br>7 Pledgor address; City; St  | ate; Zip Code    | 100,00  | <br> <br>                              |  |  |
| 2152 White Rock, San Ang   | 300727690        | Check if travel outsid  | l<br>de of Texas. Complete Schedule T. |  |  |
| 10 Pledgor's principal occupation<br>home maker  | 11 Pledgor's job |   |  |  |  |
| 12 Pledgor's employer/law firm   |                  | edgor's spouse (if any  | ()                                     |  |  |
| 14 If pledgor is a child, law firm of parent(s) (if any)   |                  |   |  |  |  |
| Date Full name of pledgor out-of-state PAC (ID#:   |                  | Amount<br>of Pledge \$  | In-kind contribution<br>description    |  |  |
| 2.8.2022 Aurora Prieto<br>Pledgor address; City; St  | ate; Zip Code    | 100,00  |  |  |  |
| 5 N. Jefferson San Angelot   | 276901           | Check if travel outsid  | l de of Texas. Complete Schedule T.    |  |  |
| Pledgor's principal occupation   | Pledgor's job    | title<br>1702   |  |  |  |
| Pledgor's employer/law firm  | Law firm of ple  | edgor's spouse (if any  | 0                                      |  |  |
| If pledgor is a child, law firm of parent(s) (if any)  | news.            | of the Welder of States and States |  |  |  |
| T  |                  |   |  |  |  |
| Date Full name of pledgor out-of-state PAC (ID#:   | )                | Amount<br>of Pledge \$  | In-kind contribution<br>description    |  |  |
| 2.8.2022 Vanessa King<br>Pledgor address; City; St   | ate; Zip Code    | 500_00  |  |  |  |
| 1211 OLittle somelty. Son And  | elotx76904       | Check if travel outsid  | de of Texas. Complete Schedule T.      |  |  |
| Pledgor's principal occupation<br>COUDSEDT/LPC<br>COUDSEDT/OWET  |                  |   |  |  |  |
| Pledgor's employer/law firm  COULTSOLOT  Law tirm of pledgor's spouse (if any)   |                  |   |  |  |  |
| If pledgor is a child, law firm of parent(s) (if any)  | I                |   |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                  |   |  |  |  |
|  | s.state.tx.us    |   | Revised 11/4/2020                      |  |  |

# LOANS (JUDICIAL)

## SCHEDULE E(J)

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

| The Instruction Guide explains how to complete this form.   |                                       |   |  |  |  |
|---|---------------------------------------|---|--|--|--|
| 2 FILER NAME<br>Lacy, Leland  | 3 Filer ID (Ethics Commission Filers) |   |  |  |  |
| 4 TOTAL OF UNITEMIZED LOANS   | \$                                    |   |  |  |  |
| 5 Date of Ioan 7 Name of Iender □ out<br>07/26/2021 Laura & Leland Lacy   | 9 Loan Amount (\$)<br>\$20,000.00     |   |  |  |  |
| <ul> <li>6 Is lender<br/>a financial<br/>Institution?</li> <li>8 Lender address; City;<br/>516 W Twohig Ave., San</li> <li>Y N</li> </ul>                 | State; Zip Code<br>n Angelo, TX 76903 | 10 Interest rate         0%         11 Maturity date         12/31/2022 |  |  |  |
| 12 Lender's Principal Occupation<br>Appraiser/attorney  | 13 Lender's Job Title                 | 12/31/2022  |  |  |  |
| 14 Lender's Employer/Law Firm<br>self/Tom Green County  | 15 Law Firm of lender's spo           | use (if any)  |  |  |  |
| <b>16</b> If lender is a child, law firm of parent(s) (if any)  |                                       |   |  |  |  |
| 17 Description of Collateral       18         Image: None       Check if personal funds were deposited into political account (See Instructions)          |                                       |   |  |  |  |
| 19 GUARANTOR<br>INFORMATION 20 Name of guarantor  |                                       | 22 Amount Guaranteed (\$)   |  |  |  |
| 21 Guarantor address; City;   | State; Zip Code                       |   |  |  |  |
| 23 Guarantor's Principal Occupation   | 24 Guarantor's Job Title              |   |  |  |  |
|   |                                       |   |  |  |  |
| 25 Guarantor's Employer/Law Firm  | 26 Law Firm of guarantor's            | spouse (if any)   |  |  |  |
| 27 If guarantor is a child, law firm of parent(s) (if any)  |                                       |   |  |  |  |
|   |                                       |   |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                       |   |  |  |  |

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# LOANS (JUDICIAL)

# SCHEDULE E(J)

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

| The Instruction Guide explains how to complete this form.   |   |                                |  |  |  |
|---|---|--------------------------------|--|--|--|
| 2 FILER NAME Lacy   | 3 Filer ID (Ethics Commission Filers)                     |                                |  |  |  |
| 4 TOTAL OF UNITEM   | 11ZED LOANS   |                                | \$   |  |  |
|   | Name of lender 🔲 out-of-state PAC (<br>aura & Leland Lacy | ID#:)                          | 9 Loan Amount (\$)<br>\$20,000.00                    |  |  |
| a financial   | Lender address; City;<br>516 W Twohig Ave., San Angelo,   | State; Zip Code<br>TX 76903    | 10 Interest rate<br>0%11 Maturity date<br>12/31/2022 |  |  |
| 12 Lender's Principal Occup<br>Appraiser/attorney   |   | 13 Lender's Job Title          |  |  |  |
| 14 Lender's Employer/Law F<br>self/Tom Green (  |   | 15 Law Firm of lender's spouse | e (if any)   |  |  |
| 16 If lender is a child, law fir  | rm of parent(s) (if any)                                  |                                |  |  |  |
| 17 Description of Collateral       18         Image: None       Check if personal funds were deposited into political account (See Instructions)          |   |                                |  |  |  |
| 19 GUARANTOR<br>INFORMATION   | Name of guarantor   |                                | 22 Amount Guaranteed (\$)                            |  |  |
| 21 G  | auarantor address; City;                                  | State; Zip Code                |  |  |  |
| 23 Guarantor's Principal Oct  | cupation  | 24 Guarantor's Job Title       |  |  |  |
| 25 Guarantor's Employer/Law   | w Firm  | 26 Law Firm of guarantor's sp  | bouse (if any)                                       |  |  |
| 27 If guarantor is a child, law firm of parent(s) (if any)  |   |                                |  |  |  |
|   |   |                                |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |                                |  |  |  |

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SCHEDULE F1

| If the requested information is not applicable, <b>DO NOT include this page in the report.</b>   |                   |  |                          |   |                 |   |                          |
|--|-------------------|--|--------------------------|---|-----------------|---|--------------------------|
| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                   |  |                          |   |                 |   |                          |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment |                   | Event Expense<br>Fees<br>Food/Beverage E<br>Gift/Awards/Mem<br>Legal Services<br>The Instruction | orials Expense           | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W |                 | Travel In District<br>Travel Out Of Distr | ipment & Related Expense |
| 1 Total pages Schedule F1  | 2 FILER N<br>Lacy | AME<br>/, Leland   |                          |   |                 | 3 Filer ID (Ethi                          | cs Commission Filers)    |
| 4 Date<br>1.21, 2022   | 5 Payee na<br>Αγ  | gelo   | Awards                   |   |                 |   |                          |
| 6 Amount (\$)<br>214,93  | 7 Payee ac        | idřess;<br>5 W ₁ A¥4   | inue N,                  | S   | cin Angel       | DJX 7(                                    |                          |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  |                   |  | expense                  |   | (b) Description | nets è ha                                 | me tags                  |
|  | (c)               | Check if travel outside  | of Texas, Complete So    | hedule T.   | Check if Aust   | tin, TX, officeholder livir               | ng expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                   | ate / Officeholde  | er name                  |   | Office sought   |   | Office held              |
| Date<br>1.29.2022  | Payee na<br>POP   | . 1  |                          |   |                 |   |                          |
| Amount (\$) Payee address; City; State; Zip Code   |                   |  |                          |   |                 |   |                          |
| 40.59  | 241               | 3 She  | rwoodl                   | Nay S   | San Ange        | SIDTX7                                    | 6904                     |
|  | .                 |  | ed at the top of this so |   | Description     |   |                          |
| PURPOSE<br>OF<br>EXPENDITURE   | Prin              | ting a   | expen                    | SЬ  | invita          | tions                                     |                          |
|  |                   | Check if travel outside  | of Texas. Complete Sc    | hedule T.   | Check if Aust   | in, TX, officeholder livin                | ng expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                   | ate / Officeholde  | er name                  | a Africana  | Office sought   |   | Office held              |
| Date   | Payee na          | ame  | -                        |   |                 |   |                          |
| 1.31,2022  | Com               | pany   | printin                  | 9   |                 |   |                          |
| Amount (\$)  | Payee ad          |  |                          |   | City;           | State;                                    | Zip Code                 |
| 335,30   | 3419              | Knick  | erbock                   | er R  | d. San Ang      | geloTX                                    | 76904                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Category          | itinu  | ed at the top of this so |   | push (          | cards                                     |                          |
|  |                   |  | of Texas, Complete Sc    | hedule T.   |                 | in, TX, officeholder livin                |                          |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                   | ate / Officehold   | er name                  |   | Office sought   |   | Office held              |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |                   |  |                          |   |                 |   |                          |

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#### POLITICAL EXPENDITURES MADE FROM MIC . . ALT דוומוכ - . /

SCHEDULE F1

| POLITICAL CONTRIBUTIONS  |   |   |                          |  |  |
|--|---|---|--------------------------|--|--|
| If the requested inform  | If the requested information is not applicable, DO NOT include this page in the report. |   |                          |  |  |
|  | EXPENDITURE CATEGO  | DRIES FOR BOX 8(a)  |                          |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Fees c<br>Food/Beverage Expense f<br>By Gift/Awards/Memorials Expense f                 | Polling Expense Travel In District<br>Printing Expense Travel Out Of District | ipment & Related Expense |  |  |
|  | The Instruction Guide explains  | how to complete this form.  |                          |  |  |
| 1 Total pages Schedule F1:   | <sup>2</sup> FILER NAME<br>Lacy, Leland   | 3 Filer ID (Ethi  | cs Commission Filers)    |  |  |
| 4 Date<br>2.1.2022   | KUST KSAN   | )   |                          |  |  |
| 6 Amount (\$)  | 7 Payee address;  | City; State;  | Zip Code                 |  |  |
| 15,560.00  | 2800 Armstrong,   | San AngeloTX  | 76903                    |  |  |
| 8  | (a) Category (See Categories listed at the top of this sch                              |   | )                        |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | advertising   | TV advertising  | Eproduction              |  |  |
|  | (C) Check if travel outside of Texas. Complete Sche                                     | edule T. Check if Austin, TX, officeholder livia                              | ng expense               |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   | Candidate / Officeholder name<br>H  | Office sought   | Office held              |  |  |
| Date   | Payee name  |   |                          |  |  |
| 2.4.2022   | USPS  |   |                          |  |  |
| Amount (\$)  | Payee address;  | City: State;  | Zip Code                 |  |  |
| 17,40  | IN. Abe St.   | San AngeloTX  | 769 03                   |  |  |
|  | Category (See Categories listed at the top of this sche                                 | edule) Description  |                          |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Other   | postage   |                          |  |  |
|  | Check if travel outside of Texas. Complete Sche   | edule T. Check if Austin, TX, officeholder livit                              | ng expense               |  |  |
| Complete <u>QNLY</u> if direct<br>expenditure to benefit C/OI  | Candidate / Officeholder name<br>H  | Office sought   | Office held              |  |  |
| Date   | Payee name  |   |                          |  |  |
| 2.5.2022   | Target  |   |                          |  |  |
| Amount (\$)  | Payee address;  | City; State;  | Zip Code                 |  |  |
| 11.01  | 4235 Sow Blvd.  | San Angelotz 7  | 6904                     |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this sche<br>EVENT EXPENSE                | paper goods   |                          |  |  |
|  | Check if travel outside of Texas. Complete Sche   | edule T. Check if Austin, TX, officeholder livit                              | ng expense               |  |  |
| Complete <u>QNLY</u> if direct<br>expenditure to benefit C/O   | Candidate / Officeholder name<br>H  | Office sought   | Office held              |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |   |                          |  |  |
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# POLITICAL EXPENDITURES MADE FROM

| POLITICAL C   | 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<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |  |  |  |
| 1 Total pages Schedule F1:  | <sup>2</sup> FILER NAME<br>Lacy, Leland  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |
| 4 Date<br>2.6,2022  | Relevant Impressions, LL   | .C  |  |  |  |
| 6 Amount (\$)   | 7 Payee address; City;   | State; Zip Code   |  |  |  |
| 109,55  | 2407 College Hills Blvd. San An  |   |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) (b) Description                     | ram/embroidery  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | advertising monog  | shirte  |  |  |  |
|   | (C) Check if travel outside of Texas. Complete Schedule T. Check if Aust                             | tin, TX, officeholder living expense  |  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O  | Candidate / Officeholder name Office sought  | Office held   |  |  |  |
| Date  | Payee name   | <u>, , , , , , , , , , , , , , , , , , , </u>   |  |  |  |
| 5-0.3037  | Vistaprint   |   |  |  |  |
| Amount (\$)<br>125.00   | 275 Wyman F. Waltham M   | A 02457   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Description<br>printing expense PUSh (  | Cards & business cards  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Aust                                 | tin, TX, officeholder living expense  |  |  |  |
| Complete <u>QNLY</u> if direct<br>expenditure to benefit C/OF   | Candidate / Officeholder name Office sought  | Office held   |  |  |  |
| 2.7.2022  | Vistoprint   |   |  |  |  |
| Amount (\$)   | Payee address; City:   | State; Zip Code   |  |  |  |
| 145.56  | 275 Wyman St. Waltham  | MA 02451  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | category (See Categories listed at the top of this schedule) Description<br>printing expense CDASTER | rs,t-shirts, hats   |  |  |  |
|   | Check if travel outside of Texas, Complete Schedule T. Check if Aust                                 | tin, TX, officeholder living expense  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate / Officeholder name Office sought  | Office held   |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |   |  |  |  |

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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/Politicel Committe Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above) dExpe Food/Beverage Expe Gift/Awards/Memoria ials Expense Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Lacy, Leland 3 Filer ID (Ethics Commission Filers) 10 4 Date 5 Payee name street 2.7.2022 Market City; State; 6 Amount (\$) Zip Code 7 Pavee address; 3121 Suns of Dr 10,28 San Angelo, TX 76904 Blvd Cotteg (b) Description 8 000/ 6 ere alegories instead at the food for chili supper PURPOSE e<del>v en</del> €¥ OF fundraiser Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (C) Office held Candidate / Officeholder name Office sought 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name Date 5.8.2022 HEB Amount (\$) City; State; Zip Code Pavee address: 3301 Sher wood Way, san Angelo, tx 15.22 76904 Category (See Ca op of this schedule) FOOD F for chilisupper beverage Food/ PURPOSE OF EXPENDITURE ndraiser Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date SuperWalmart 29.2022 Amount (\$) Payee address; City; State: Zip Code GLOW. san AngeloTX 76901  $C_7,78$ H 9 food for chill supper PURPOSE OF EXPENDITURE DOQ fundraiser Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

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SCHEDULE F1

SCHEDULE F1

|   | nation is not applicable, DO NOT include thi  | s page in the report.  |   |  |
|---|---|--|---|--|
|   | EXPENDITURE CATEGORIES  |  |   |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  | Event Expense Loan Rep<br>Fees Office Ov<br>Food/Beverage Expense Polling E<br>y Gift/Awards/Memorials Expense Printing B<br>I Committee Legal Services Salaries/ | ayment/Reimbursement Sc<br>erhead/Rental Expense Tr<br>xpense Tr<br>xpense Tr<br>Nages/Contract Labor Of | blicitation/Fundraising Expense<br>ansportation Equipment & Related Expense<br>avel In District<br>avel Out Of District<br>ther (enter a category not listed above) |  |
|   | The Instruction Guide explains how to   |  | Files ID (Ethics Commission Filess)   |  |
| 1 Total pages Schedule F1:  | Lacy, Leland  | 5  | Filer ID (Ethics Commission Filers)   |  |
| 1 Date (D'9059  | 5 Payee name USPS   |  |   |  |
| 6 Amount (\$)   | 7 Payee address;  | City;  | State; Zip Code   |  |
| 53.00   | 1 N. Abe St.  | San Ange   | 10,TX76903  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | other   | posta  | 9e  |  |
|   | (C) Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, T   | K, officeholder living expense  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought  | Office held   |  |
| Date  | Payee name  |  |   |  |
| 2.11.2022   | Company Printing  |  |   |  |
| Amount (\$)<br>378.96   | Payee address:<br>3419 Knickerbocker R  | d. San Angeli  | state; Zip Code<br>5,TX 76904   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | push C   | ards  |  |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, TX  | K, officeholder living expense  |  |
| Complete ONLY if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name   | Office sought  | Office held   |  |
| 2.11,2022 OFFice Depot/Office Max   |   |  |   |  |
| Amount (\$)   | Payee address;  | City;  | State; Zip Code   |  |
| 49,24   | 4272sunsot Dr.  | San Angel  | otx 76904   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | category (See Categories listed at the top of this schedule)<br>advertising   | Description  | ls  |  |
|   | Check if travel outside of Texas. Complete Schedule T.  | Check if Austin, T)  | K, officeholder living expense  |  |
| Complete ONLY if direct         Candidate / Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held |   |  |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |  |   |  |
|   | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEEDE  | :D  |  |

SCHEDULE F1

|  | If the requested information is not applicable, DO NOT include this page in the report. |   |  |  |   |                          |
|--|---|---|--|--|---|--------------------------|
| If the requested inform  | nation is no  |   |  |  | ort.                                      |                          |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politics |   | EXPENDITURE CATE<br>Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repa<br>Office Ove<br>Polling Exp<br>Printing Exp | yment/Reimbursement<br>rhead/Rental Expense<br>pense | Travel In District<br>Travel Out Of Distr | ipment & Related Expense |
| Credit Card Payment  |   | The Instruction Guide expla   | ins how to c   | omplete this form.                                   |   |                          |
| 1 Total pages Schedule F1:   | 2 FILER N<br>Lacy   | AME<br>/, Leland  |  |  | 3 Filer ID (Ethi                          | cs Commission Filers)    |
| 4 Date<br>2.11,2022  | 5 Payee na  | Angelo LI   | VE!  |  |   |                          |
|  | 7 Payee ad<br>2001  | N. Beaurega   | rd   | San An   | state;<br>gelo Ty                         | Zip Code<br>(7691)       |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  |   | y (See Categories listed at the top of thi<br>THISING   | is schedule)   | (b) Description<br>On line                           | ad  |                          |
|  | (c)   | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Austi                                       | n, TX, officeholder livir                 | ng expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |   | ate / Officeholder name   |  | Office sought  |   | Office held              |
| Date<br>211.2022   |   | me<br>MAY   |  |  |   |                          |
| Amount (\$)<br>857_14  | Payee ac  | <sup>idress;</sup><br>3 Arden R   | d.   | city:<br>San An                                      | state;<br>19860TX                         | Zip Code                 |
|  | Category  | (See Categories listed at the top of this   | schedule)  | Description  | A   |                          |
| PURPOSE<br>OF<br>EXPENDITURE   | adver   | rtising   |  | 6)11   | pard-                                     | digital                  |
|  |   | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Austi                                       | n, TX, officeholder livir                 | ng expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |   | ate / Officeholder name   |  | Office sought  |   | Office held              |
| Date   | Payee na  | ame   | 10   | 1 -  |   |                          |
| 2.15-2022  | Am  | erican Clas   | sifi   | eds  |   |                          |
| Amount (\$)  | Payee ad  | idress;   | 144  | City;  | State;                                    |                          |
| 282.00   | 202   | .7 Sherwood   | Way  | San Ang  | eloTX                                     | 1690                     |
| PURPOSE<br>OF<br>EXPENDITURE   | Category<br>QdVC  | r (See Categories listed at the top of this<br>rt) sing   | schedule)  | Newspa   | per ac                                    | d                        |
|  |   | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Austi                                       | n, TX, officeholder livir                 | ng expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |   | ate / Officeholder name   |  | Office sought  |   | Office held              |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |   |  |  |   |                          |
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SCHEDULE F1

| If the requested inform   | If the requested information is not applicable, DO NOT include this page in the report. |  |  |                                     |  |                     |
|---|---|--|--|-------------------------------------|--|---------------------|
|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |  |                                     |  |                     |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Git/Awards/Memorials Exper<br>Legal Services | Office Ove<br>Polling Ex<br>se Printing Ex<br>Salaries/W | pense<br>/ages/Contract Labor       | Solicitation/Fundraising E<br>Transportation Equipmer<br>Travel In District<br>Travel Out Of District<br>Other (enter a category n | t & Related Expense |
|   | 1   | The Instruction Guide  | explains now to c  | omplete this form.                  |  |                     |
| 1 Total pages Schedule F1:  | 2 FILER N<br>Lac  | y, Leland  |  |                                     | 3 Filer ID (Ethics Co  | ommission Filers)   |
| 4 Date<br>2.15.2022   | 5 Payee n   | thwest ou  | tdoor  |                                     |  |                     |
| 6 Amount (\$)   | 7 Payee a   | ddress;  |  | City;                               | State;   | Zip Code            |
| 365,0   | 3134  | Executive 1  | m  | San Ange                            | 10,TX 76   | 904                 |
| 8   |   | ry (See Categories listed at the to  | p of this schedule)                                      | (b) Description                     | 1/11/20  |                     |
| PURPOSE<br>OF<br>EXPENDITURE  | adr   | ertising   |  | digital                             | billboar   | a                   |
|   | (c)   | Check if travel outside of Texas, Co   | mplete Schedule T.                                       | Check if Aust                       | in, TX, officeholder living exp  | bense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O  |   | date / Officeholder name   |  | Office sought                       | Ofi  | fice held           |
| Date<br>2,17,2022   | Payee n<br>Arr  | nstrong B  | ackus  |                                     |  |                     |
| Amount (\$)<br>500,00   | Payee a<br>515 N  | r. Harn's Ave  | #200<br>`  | San Ang                             | eloT27   | 21p Code<br>69 03   |
| PURPOSE<br>OF<br>EXPENDITURE  |   | y (See Categories listed at the top<br>UNH NG/ban  |  | Description<br>Campaign-<br>prepara | finance re   | port                |
|   |   | Check if travel outside of Texas. Co   | mplete Schedule T.                                       | Check if Aust                       | in, TX, officeholder living exp  | pense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   |   | date / Officeholder name   |  | Office sought                       | Ofi  | fice held           |
| Date  | Payeer  | ame  | . \  |                                     |  |                     |
| 2.18.2022   | Com   | pany Prin  | ting   |                                     |  |                     |
| Amount (\$)   | Paveo a   | ddroee.  |  | City:                               | State;   |                     |
| 435,17  | 3419  | Knickerb   | ocherk   | d. Jan Ang                          | BEDIX 1  | 6904                |
| PURPOSE<br>OF<br>EXPENDITURE  | PNN   | y (See Categories listed at the top  | o of this schedule)                                      | push                                | cards  |                     |
|   |   | Check if travel outside of Texas. Co   | mplete Schedule T.                                       | Check if Aust                       | in, TX, officeholder living exp  | pense               |
| Complete <u>QNLY</u> if direct<br>expenditure to benefit C/O  |   | date / Officeholder name   |  | Office sought                       | o  | ffice held          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |  |  |                                     |  |                     |
| Forme and ideal hu Taylog Ethics Commission   |   |  |  |                                     |  |                     |

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| If the requested information is not applicable, DO NOT include this page in the report.  |   |   |  |  |
|--|---|---|--|--|
|  | EXPENDITURE CAT   | EGORIES FOR BOX 8(a)  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment | al Committee Legal Services                                       | Office Overhead/Rental Expense T<br>Polling Expense T<br>Printing Expense T | iolicitation/Fundraising Expense<br>iransportation Equipment & Related Expense<br>ravel In District<br>iravel Out Of District<br>ither (enter a category not listed above) |  |
| 1 Total pages Schedule F1:   | <sup>2</sup> FILER NAME LACY, L                                   | eland <sup>3</sup>  | Filer ID (Ethics Commission Filers)  |  |
| 4 Date 2,62022   | 5 Payee name<br>Farebook  |   |  |  |
| 6 Amount (\$)  | 7 Payee address;<br>1Hacker Way                                   | Menlo Pork C  | State; Zip Code<br>A 94025   |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of the advertising | this schedule) (b) Description<br>'b DDSt'a                                 | d  |  |
|  | (C) Check if travel outside of Texas. Complete                    | te Schedule T, Check if Austin, T   | K, officeholder living expense   |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name                                     | Office sought   | Office held  |  |
| Date<br>Q. 8, 2022   | Facebook  |   |  |  |
| Amount (\$)<br>15,00   | Payee address;<br>1 Hacker Way                                    | Menlo Park CA   | State; Zip Code<br>94025   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of th<br>advertising   | is schedule) Description  | d  |  |
|  | Check if travel outside of Texas. Complet                         | e Schedule T. Check if Austin, T  | K, officeholder living expense   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                     | Office sought   | Office held  |  |
| Date<br>2.8.22   | Payee name<br>Facebook  |   |  |  |
| Amount (\$)  | Payee address;<br>1 Hacker Wa                                     | y Menlo Park  | CA 94025   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of thi<br>advertising  | is schedule) Description  | d  |  |
|  | Check if travel outside of Texas. Complete                        | e Schedule T. Check if Austin, TX   | K, 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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SCHEDULE F1

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<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made I<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Tavel Out Of District   |  |  |  |
| 1 Total pages Schedule F1  | <sup>2</sup> FILER NAME LACY, Leland <sup>3</sup> Filer ID (Ethics Commission Filers)                                 |  |  |  |
| 2.8.22   | Facebook  |  |  |  |
| 6 Amount (\$)<br>10,00   | 7 Payee address; City; State; Zip Code<br>1Hacker Way Menlo Pork CA 94025   |  |  |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>advertising<br>(b) Description<br>(b) Description |  |  |  |
|  | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense           |  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   | Candidate / Officeholder name Office sought Office held   |  |  |  |
| Date<br>2, 9, 22   | Facebook  |  |  |  |
| Amount (\$)  | Payee address;<br>1 Hacker Way Menlo Park CA 94025  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | advertising<br>Description  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense               |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name Office sought Office held   |  |  |  |
| Date   | Payee name  |  |  |  |
| 2.13, 2022   | Facebook  |  |  |  |
| Amount (\$)<br>25,00   | Payee address;<br>I Hacker Way Menlo Park CA 94025  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | category (See Categories listed at the top of this schedule)<br>advertising<br>boost ad                               |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense               |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name Office sought Office held   |  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |  |  |
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SCHEDULE F1

| If the requested information is not applicable | DO NOT include this page in the report. |
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|  | EXPENDITURE CATE  | GORIES FOR BOX 8(a)  |  |  |
|--|---|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment |   | Office Overhead/Rental Expense Trans<br>Polling Expense Trave<br>Printing Expense Trave<br>Salaries/Wages/Contract Labor Other | tation/Fundraising Expense<br>portation Equipment & Related Expense<br>I In District<br>I Out Of District<br>(enter a category not listed above) |  |
| 1 Total pages Schedule F1:   | <sup>2</sup> FILER NAME LACY, Le                                      | eland <sup>3 Fill</sup>  | er ID (Ethics Commission Filers)   |  |
| <sup>4</sup> Date<br>2.19.2022   | Facebook  |  |  |  |
| 6 Amount (\$)  | 7 Payee address;  | City;  | State; Zip Code  |  |
| 125,29   | 1 Hacker Way 1  | Nenlo Pork CF  | 94025  |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this<br>advertising | schedule) (b) Description<br>'bDDSt'ad   |  |  |
|  | (c) Check if travel outside of Texas. Complete S                      | chedule T. Check if Austin, TX, of   | ficeholder living expense  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI  | Candidate / Officeholder name   | Office sought  | Office held  |  |
| Date   | Payee name<br>Facebook  |  |  |  |
| Amount (\$)  | Payee address;<br>Hacker Way A  | Mento Park CA  | State; Zip Code  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this s                  | chedule) Description   | L  |  |
|  | Check if travel outside of Texas. Complete So                         | chedule T. Check if Austin, TX, of   | ficeholder living expense  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name   | Office sought  | Office held  |  |
| Date   | Payee name<br>Facebook  |  |  |  |
| Amount (\$)  | Payee address;<br>I-Hacker Way  | Menlo Park (   | State; Zip Code  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this so<br>advertising  | chedule) Description   |  |  |
|  | Check if travel outside of Texas. Complete Sc                         | chedule T. Check if Austin, TX, off  | iceholder living expense   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  | Candidate / Officeholder name   | Office sought  | Office held  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                   |  |  |  |

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### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |  |   |  |  |
|---|--|--|---|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made<br>Candidate/Officeholder/Politk<br>Credit Card Payment | cal Committee Legal Services   | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor<br>ins how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |  |  |
| 1 Total pages Schedule G:   | 2 FILER NAME<br>Lacy, Leland   |  | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4 Date<br>2.9, 2022   | 5 Payee name<br>Grope Creek Volu   | nteor fire Dept.   | -   |  |  |
| 6 Amount (\$)<br>(50, 00<br>Reimbursement from<br>political contributions<br>intended   | 7 Payee address;   | San Angelt   | State; Zip Code<br>TR76901  |  |  |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this<br>Solicitation frond raising | hallre   |   |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  | (c) Check if travel outside of Texas. Complete S<br>Candidate / Officeholder name    | Check if Austin,   | TX, officeholder living expense<br>Office held  |  |  |
| 2.15, 2022  | ROSa'S   |  |   |  |  |
| Amount (\$)<br>31, 64<br>Reimbursement from<br>political contributions<br>intended  | Payee address;<br>4235 Sherwood  | city:<br>Way, San Ang  | State; Zip Code<br>e10 TX 76904   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this<br>FODD / beverage                | dinner f   | or Campaign volunteers  |  |  |
|   | Check if travel outside of Texas. Complete S   | chedule T. Check if Austin,  | TX, officeholder living expense   |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C   | Candidate / Officeholder name  | Office sought  | Office held   |  |  |
| Date  | Payee name   |  |   |  |  |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code   |  |  |
| Reimbursement from<br>political contributions<br>intended   |  |  |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this                                   | schedule) Description  |   |  |  |
|   | Check if travel outside of Texas. Complete S   | chedule T. Check if Austin,  | TX, officeholder living expense   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought  | Office held   |  |  |
|   | ATTACH ADDITIONAL COPIES O   | OF THIS SCHEDULE AS NEED   | ED  |  |  |

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