

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

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

The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers)	2. Total pages filed: 12	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	Lee	LAST	SUFFIX
		Henderson		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE: ZIP CODE
	PO Box 1702		Fort Worth	TX 76101
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(817) 896-4900		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	Kristi	LAST	SUFFIX
		Wilson		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #	CITY STATE: ZIP CODE
	6812 Brants Ln			Fort Worth TX 76116
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(817) 917-5747		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting limit	<input type="checkbox"/> Final report (Attach- COH-FR)
10 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year
		04/22/2021		06/30/2021
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other		
		5/1/2021		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Other Office: FW City Council	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Lee Henderson	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)	\$599.99
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,549.99
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$39,025.04
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$74.00
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$71,054.00

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

  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me, by the said Lee Henderson this the 15<sup>th</sup> day of July 2021 to certify which, witness my hand and seal of office.

Melissa K Brunner Melissa K. Brunner notary  
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 - COH****FORM C/OH  
COVER SHEET PG 3**

19. FILER NAME Lee Henderson	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$20,549.99
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$25,650.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$39,025.04
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lee Henderson		3. Filer ID (Ethics Commission Filers)
4. Date 05/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leonard Firestone Campaign 6. Contributor address; City; State; ZIP Code 4936 Collinwood Ave Fort Worth, TX 76107-4140	7. Amount of contribution (\$) \$18,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 04/25/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Suzanne Ancy 6. Contributor address; City; State; ZIP Code 3360 4th St Boulder, CO 80304-1766	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 04/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Black 6. Contributor address; City; State; ZIP Code 2424 E TC JESTER 3103 Houston, TX 77055	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Department Manager		9 Employer (See Instructions) Goodsmith Homecare
4. Date 04/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jenn Cervella 6. Contributor address; City; State; ZIP Code 140 M St NE Apt 1255 Washington, DC 20002-3995	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Business development manager		9 Employer (See Instructions) Civis analytics
4. Date 04/26/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dheeraj Chand 6. Contributor address; City; State; ZIP Code 3404 De Soto Loop Round Rock, TX 78665-2130	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Self

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lee Henderson		3. Filer ID (Ethics Commission Filers)
4. Date 04/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Benjamin J Fuller 6. Contributor address; City; State; ZIP Code 330 E Dunedin Rd Columbus, OH 43214-3806	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Dir. of Business Development		9 Employer (See Instructions) Civis Analytics
4. Date 04/24/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jane Hamilton 6. Contributor address; City; State; ZIP Code 623 Aspen Valley Ln Dallas, TX 75208-3301	7. Amount of contribution (\$)  \$150.00
8. Principal occupation / Job title (See Instructions) GM		9 Employer (See Instructions) Noodle
4. Date 04/23/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jarrett Jackson 6. Contributor address; City; State; ZIP Code 7800 Landmark Ridge Fort Worth Texon, TX 76133	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Tarrant County
4. Date 04/29/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nabila Mansoor 6. Contributor address; City; State; ZIP Code 7719 Ehrhardt Ln Sugar Land, TX 77479-3454	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) executive director		9 Employer (See Instructions) Emerge-USA
4. Date 04/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pedro Martinez 6. Contributor address; City; State; ZIP Code 725 Timberhill Dr Hurst, TX 76053-4325	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) COA

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lee Henderson		3. Filer ID (Ethics Commission Filers)
4. Date 04/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emily McCann 6. Contributor address; City; State; ZIP Code 975 Emil Pl Allen, TX 75013-6539	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) PIO		9 Employer (See Instructions) Texas Department of Transportation
4. Date 04/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Richard McPike 6. Contributor address; City; State; ZIP Code 3230 Gunston Rd Alexandria, VA 22302-2101	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Congressional Staffer		9 Employer (See Instructions) United States House of Representatives
4. Date 04/28/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Terri Moore 6. Contributor address; City; State; ZIP Code 421 Paint Pony Trl N Fort Worth, TX 76108-4312	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
4. Date 04/22/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Felicity Pereyra 6. Contributor address; City; State; ZIP Code 11607 Inwood Dr Houston, TX 77077-6329	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) self
4. Date 05/05/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sean Russell 6. Contributor address; City; State; ZIP Code 1808 Carleton Ave Ft Worth, TX 76107-3814	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Loan officer		9 Employer (See Instructions) First United bank

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lee Henderson		3. Filer ID (Ethics Commission Filers)
4. Date 04/27/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Navid Zanjani 6. Contributor address; City; State; ZIP Code 11019 Riverview Dr Houston, TX 77042-1337	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Southern Blue Strategies

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

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule E: not available	
2. FILER NAME Lee Henderson		3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED LOANS		\$0.00	
5. Date of loan 06/22/2021	7. Name of lender Lee Henderson	<input type="checkbox"/> out-of-state PAC _____	
		9. Loan Amount \$650.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8. Lender address; City; State; ZIP Code 1428 Virginia Pl Fort Worth, TX 76107-2466		10. Interest rate 0.00%
		11. Maturity date 06/22/2021	
12. Principal occupation / Job title (See Instructions) Advocacy Advisor		13 Employer (See Instructions) Insperity PEO Service; EFGSAF	
14. Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; ZIP Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
5. Date of loan 06/30/2021	7. Name of lender Lee Henderson	<input type="checkbox"/> out-of-state PAC _____	
		9. Loan Amount \$25,000.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8. Lender address; City; State; ZIP Code 1428 Virginia Pl Fort Worth, TX 76107-2466		10. Interest rate 0.00%
		11. Maturity date	
12. Principal occupation / Job title (See Instructions) Advocacy Advisor		13 Employer (See Instructions) Insperity PEO Service; EFGSAF	
14. Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; ZIP Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Lee Henderson	3. Filer ID (Ethics Commission Filers)
4 Date 05/05/2021	5 Payee name ActBlue	
6 Amount \$145.69	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Merchant Account Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 06/03/2021	5 Payee name ActBlue	
6 Amount \$4.50	7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Merchant Account Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 04/23/2021	5 Payee name Berlin Rosen	
6 Amount \$4,060.00	7 Payee address; City; State; Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lee Henderson	3. Filer ID (Ethics Commission Filers)
4 Date 05/01/2021	5 Payee name Berlin Rosen	
6 Amount \$25,002.00	7 Payee address; City; State: Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/03/2021	5 Payee name Compete Digital	
6 Amount \$1,500.00	7 Payee address; City; State: Zip Code 1317 Potomac Ave SE Washington, DC 20003-4411	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/24/2021	5 Payee name Facebook	
6 Amount \$50.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lee Henderson	3. Filer ID (Ethics Commission Filers)
4 Date 06/08/2021	5 Payee name Catherine S Kaminsky	
6 Amount \$8,000.00	7 Payee address; City; State: Zip Code 3964 Watercourse Dr Apt 1420 Fort Worth, TX 76109-2087	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Manager
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/06/2021	5 Payee name NameCheap.Com	
6 Amount \$2.88	7 Payee address; City; State: Zip Code 4600 E Washington St Ste 305 Phoenix, AZ 85034-1908	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Web Service
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/07/2021	5 Payee name NameCheap.Com	
6 Amount \$2.88	7 Payee address; City; State: Zip Code 4600 E Washington St Ste 305 Phoenix, AZ 85034-1908	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Web Hosting
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

1. Total pages Schedule F1:	2. FILER NAME Lee Henderson	3. Filer ID (Ethics Commission Filers)
4 Date 05/11/2021	5 Payee name Vantiv	
6 Amount \$245.49	7 Payee address; City; State: Zip Code 900 Chelmsford St Lowell, MA 01851-8100	
<b>PURPOSE OF EXPENDITURE</b>	8 (a) Category (See categories listed at the top of this schedule) Accounting/Banking	
	(b) Description Merchant Account Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 06/09/2021	5 Payee name Vantiv	
6 Amount \$11.60	7 Payee address; City; State: Zip Code 900 Chelmsford St Lowell, MA 01851-8100	
<b>PURPOSE OF EXPENDITURE</b>	8 (a) Category (See categories listed at the top of this schedule) Accounting/Banking	
	(b) Description Merchant Account Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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