CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, IN THE SHEET PG 1

FORM C/OH

				9 22 32 560	, 400 000	
The C/OH Instruction (Guide explains ho	w to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages	is filed: 38
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	TICSCI	Rine	MI L	OFFIC	CE USE ONLY
NAME			1000		Date Received	
	NICKNAME	LAST		SUFFIX		
- CANDIDATE /	ADDRESS / PO BO	Leggett APT/SUITE#	CITY: STATE:	710 0000	-	700
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		enu Dr. Crovul		ZIP CODE	234.50	TED TO
Change of Address			J		1 3 DEC	Elv 20121
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	9HONE NUMBER 313-3559	EXTENSIO	ИС	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ		C
TREASURER NAME	MS.	Norma			Date Processed	0199
1 W 11VIII	NICKNAME	LAST		SUFFIX	Data larged	0 4
		Garcia- Loy	pez		Date Imaged	
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT /			STATE;	ZIP CODE
ADDRESS	5350 F	Fossil Creek B	stud #317	Fact LA	W MOO	76133
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO			, , , , ,
TREASURER	ANEA GODE	FIIONE HOMBER	EATEROIO	N .		
PHONE	(817)	308 3220				
9 REPORT TYPE	January 15	30th day before			treasurer (Officehol	
	July 15	8th day before e	SIGCILOTT	eded Modified rting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Ye	ar
COVERED	01,	/27/2021	THROUGH	04 /	101/2	.021
11 ELECTION	ELECTION DA	ATE	E	ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05/01/	/ 2071 X General	l Special			
	03/51/	, 2021	·			
12 OFFICE	OFFICE HELD (if any)	100		OUGHT (if known)		
			Fort W	DOM CIT	yconnell	District 6
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WI	THOUT THE CANDI	IDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS	- Contract of the Contract of			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
	-	COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,591.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,733.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOT OF REPORTING PERIOD	PAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true an quired to be reported by me under Title 15, Election Code.	nd correct and includes all information
16	quiled to be reported by the under trice to, election code.	
		. P 11
	11000	lengett
	Signature of Candi	date or Officeholder
	Please complete either option below:	
	·	
	-	
(1) Affidavit		
(1)/11/14/17		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name is Ticsa	Leggett, and my date of birth is	113182
My address is 572		
iviy addiese is v i	(street) (city) (state	, <u>76036 USA</u> . e) (zip code) (country)
Evenuted in TACCA	County, State of Texas, on the 01 day of April	20 21
Executed iii 100 100	(month)	(year)
	/wax	Jescett
	Signature of Candidate	Officeheider (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,591.∞
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$,9733.58
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	\$
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 TO FILER	TIONS RETURNED	\$

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in	the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2021	5 Full name of contributor out-of-state PAC (ID#: Amanda Aurous 6 Contributor address: City: State: Zip Code P. O. Box 430 Hurst, Tx 76053	•
	upation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/16/2021	Cara Walker Contributor address; City; State; Zip Code 7632 Lisa Court Fort Worth, TX 7611	, _ ,
Principal occup	pation / Job title (See Instructions) Employer (See In	
	Full name of contributor out-of-state PAC (ID#: Mauren Mendoza Contributor address; City; State; Zip Code 6113 Synning dale G. Plano, TX 1509 pation / Job title (See Instructions) Employer (See Instructions)	\$500.00
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
2/19/2021	Gireg Hughes Contributor address; City; State; Zip Code 3408 View Street Fortworth, Tx 7616	4 250.00
Principal occur	pation / Job title (See Instructions) Employer (See In	nstructions)

SCHEDULE A1

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

The !	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 of 29
FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)
Date	F. Full page of contributor Dout-of-state PAC (ID#:)	7 Amount of contribution (\$)
. , ,	Keith Marshall 6 Contributor address: City; State; Zip Code 6929 Gettysburg F. Worth, Tx 76/60	\$50.00
	6929 Gettysburg 4. Novih, 12 16100	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
2/19/2021	AAVON GOFFNEY Contributor address; City: State; Zip Code 512 Cobblestone Cr. Mausfield, TX 76063	\$ 250.00
,	512 Cobblestone Cr. Mausfield, TX 76063	
	ation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor	Amount of contribution (\$)
2/20/2021	Tanisha Elam Contributor address; City; State; Zip Code	\$50.08
	1217 walden Wool Bo. Keller, TX 76244	ions)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Haabou	Michael Bolden Contributor address: City: State; Zip Code 801 Lake Garolyn Pavkwry, Irving, Tx 75039	\$ 260.08
	801 Lake Carolyn Paulway, Irving, Tx 75039	
j.	ation / Job title (See Instructions) Employer (See Instruct	ions)
Principal occup		

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the i	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Epicka Hattield 6 Contributor address: City; State: Zip Code 1919 Hearthside Ln. Garland, TX 75044	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 123 page	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date /23/2021	Full name of contributor out-of-state PAC (ID#:) Denist Kahn Contributor address; City; State; Zip Code 43a1 Cartayena Dr. Ft. Worth, Tx 76133	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date /24/2021	Full name of contributor out-of-state PAC (ID#:) Mich 4 Farmer Contributor address; City; State; Zip Code 12027 Nerth 23 rd Phoens. AZ 85828	Amount of contribution (\$)
Principal occur	Dation / Job title (See Instructions) Phoenix, A7 85028 Employer (See Instructions)	ions)

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)
1 Data	5 Full name of contributor out-of-state PAC (ID#:) LISA Acevedo 6 Contributor address; City; State; Zip Code 1722 5. Carson Avi Tulsa, Dk 74119	7 Amount of contribution (\$) $4/00$.
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
2/24/2021	Sabrina Connor Contributor address; City; State; Zip Code 8461 Sweet Play Ln. Fl. Walth TR 76123	\$ 100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/24/2021	Tercsa McClellar Contributor address; City; State; Zip Code 4664 Birchhard Ln. Ft. Worth, TX 76137	\$50.00
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/24/2021	John Laudenslager Contributor address; City: State; Zip Code 4617 Byers Ave. Fa. Worth, TX 76107	\$ 100.00
The second secon		stions)
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	Alonsy
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	VEEDED

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	lude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Tiesa Leggett		
4 Date	5 5 Il same of contributor	(ID#:)	7 Amount of contribution (\$)
2/25/2021	Avlenev Steels-Poyde 6 Contributor address; City; 2101 Boliver Dv. Avlington	(45) State; Zip Code , TX 74002	\$ 100.00
		9 Employer (See Instruc	tions)
Date	, all marries -	(10#:)	Amount of contribution (\$)
٥١	Robert Hicks		\$256.00
424/2021	Contributor address; City;	State; Zip Code	9250.
, , ,	Robert Hicks Contributor address: City: 2017 Ly Honsville Rd Silver:	Springs MD 2091	2
	pation / Job title (See Instructions)	Employer (See Instruc	
, interpretation,			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Dringing occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Principal occul	MAISH TOOL WAS (CO.S. M.)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	Like (Coo Instructions)	Employer (See Instruc	tions)
Principal occu	pation / Job title (See Instructions)		
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS I	NEEDED

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the I	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: (ocf 29 3 Filer ID (Ethics Commission Filers)
2 FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2021	5 Full name of contributor out-of-state PAC (ID#) William Allen 6 Contributor address; City; State; Zip Code 4041 W. Wheatland Dallas Tx 75237	7 Amount of contribution (\$) \$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/27/2021	Shellie Hayes - McMahon Contributor address; City; State; Zip Code 816 Bogart, Cedaw Porh TX 78 613	\$ 25.00
	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3/1/2021	Full name of contributor out-of-state PAC (ID#:) Loyd Pulloam Contributor address; City; State; Zip Code 801 W. Lonesome Dove Tel Arlington, Tx 7600)	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/1/2011	Full name of contributor out-of-state PAC (ID#:) Mar Kieta Hrygsams Contributor address; City; State; Zip Code 7171 Gaston Ave Dallas, TX 75214	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AT:	If the requested information is not applicable, DO NOT include this page in the	le report.
Tiesq Leggett Date 5 Full name of contributor Redenick Miles 6 Contributor address; S617 Scawood Pr. Ft. Warth TR 76/123 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code S617 Scawood Pr. Ft. Warth TR 76/123 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code THE TAME TO DAM'S Contributor address; City: State: Zip Code THE TAME TO DAM'S Contributor address: City: State: Zip Code THE TAME TO DAM'S Contributor address: City: State: Zip Code THE TAME TO DAM'S Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code THE TAME TO CONTRIBUTE TO DAM'S Contributor address: City: State: Zip Code THE TAME TO CONTRIBUTE TO DAM'S Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) ### 253.** Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	The Instruction Guide explains how to complete this form.	7 of 29
Date 5 Full name of contributor	FILER NAME TIESG Leggett	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Jeanelle Dan's Contributor address: City: State: Zip Code \$250.00 Tudo Durness Drim The Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Tudo S. Ceaser Chaver Blue Outles To Tool	Date 5 Full name of contributor out-of-state PAC (ID#	· ·
Teanelle Dawis Tean	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Christin 4 Levingston Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Amount of contribution (\$) Christin 4 Levingston Contributor address: City: State: Zip Code Apt # 2035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Karrol Rimal Contributor address: City: State: Zip Code Karrol Rimal Contributor address: City: State: Zip Code \$ / 80. 40 \$ / 80. 40 Contributor address: City: State: Zip Code \$ / 80. 40 Contributor address: City: State: Zip Code \$ / 80. 40 Contributor address: City: State: Zip Code \$ / 80. 40 Contributor address: City: State: Zip Code \$ / 80. 40 Contributor address: City: State: Zip Code	Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Contributor address; City; State; Zip Code	\$ 250.00
Date Full name of contributor Christing Levingstom Contributor address; City: State: Zip Code Apt # 2035 Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor City: State: Zip Code Apt # 2035 Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Karrol Rimal Contributor address: City: State: Zip Code \$ / 80. 40 \$ / 80. 40	To Low Con Institute	ructions)
Christin 4 Levingston State; Zip Code \$250.00	Principal occupation 7 300 title (333 mail 1997)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Karrol Rimal Contributor address; City; State; Zip Code 300 Republic Un. Euless TX 76048		_) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	1110 5. Ceaser Charet 13100 Valles, 12 13201	
3/5/1021 Karrol Rimal Contributor address; City; State; Zip Code \$/80.40 300 Republic Un. Fulcss TX 76040	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
300 Republic Un. Euless TX 76040		_) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		\$ /00.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

SCHEDULE A1

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

n the reques	sted information is not applicable, be not mercut the page	1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
FILER NAME	Tiesa Leggett	
Plo/sou	5 Full name of contributor out-of-state PAC (ID#:) LASONY A MOORE 6 Contributor address; City; State; Zip Code 3824 Ceader Springs Dalles, Tx 75219 #248	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
110/2021	Ashlei Stevens Contributor address: City: State: Zip Code 124 Kings Way Lexington, SC 29673	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date /10/2014	Full name of contributor out-of-state PAC (ID#:) SUSAN 676/8/eV Contributor address; City; State; Zip Code 8344 Meadow Sweet In. Ft. Worth, TX 76/23	Amount of contribution (\$) \$\\ 25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
/11/2021	Brandon Frazier Contributor address; City; State; Zip Code P.O. Box 1919 Pragaville, Tx 78691	\$ 60. 60
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
		ions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 3/11/2021	5 Full name of contributor out-of-state PAC ID# Debew + Canidate Out-of-state PAC ID# Out-of-state PAC ID#	7 Amount of contribution (\$) \$ 50.
Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Shemeka Hankins	Amount of contribution (\$)
3/11/204	Contributor address: City: State: Zip Code 728 Gemstone Lane Virginia Beach VA 23462	\$ 25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
	Mariannee Towner Contributor address; City; State; Zip Code 7461 KH44 Havk Rd # 11308 Employer (See Instructions) Employer (See Instructions)	\$50,00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	uonay
Date	Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
3/11/2021	Vernon Hilton Contributor address; City; State; Zip Code 2203 Field Lane Mansfield, Tx 76063	\$ 250. 00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Tiesa Legsett	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor out-of-state PAC (ID#) Lauren (VOSS) 6 Contributor address; City; State; Zip Code 4629 Belladona Dr. Fr.Worth, Tx 74123	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/13/2021	Full name of contributor out-of-state PAC (ID#:) Ann Millev Contributor address; City; State; Zip Code 5805 Trail Lake Dr. Fawortn, Ty 76/33	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 3/15/2021	Full name of contributor out-of-state PAC (ID#:) La Wanda Thomas Contributor address; City; State; Zip Code 4029 Country Lane Ft Worth, TX 76011	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 3/17/2021	Full name of contributor out-of-state PAC (ID#:) Judy Gravnev Contributor address; City; State; Zip Code 213 White Rock Gr. Ovilla, Tx 75154	Amount of contribution (\$) \$\frac{4}{1},000.
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	A SOUTH CODITY OF THIS SCHEDIN FAS	NEEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10 f 29 3 Filer ID (Ethics Commission Filers)
2 FILER NAME	Tiesa Legget	
4 Date 3/19/2011	5 Full name of contributor out-of-state PAC (ID#:) Greage Havis 6 Contributor address; City; State; Zip Code 711 9. Peter St. Gonzales, TX 78629	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/19/2021	Savita Leggett Contributor address; City; State; Zip Code 572 Keble Par. Crowley, Tx 76836	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 3/19/2019	Full name of contributor out-of-state PAC (ID4:) Roy Leggett Contributor address; City; State; Zip Code 1127 Rattler Gap San Anton's Tx 78251	Amount of contribution (\$) $$250$.
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 3/20/2014	Full name of contributor	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instruc	tions)
	AND ADDITIONAL CODIES OF THIS SCHEDULE AS A	ICEDED.

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

Revised 8/17/2020

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

-			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Tiesa Leggett	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
3/20/21	Caralya Leggett 6 contributor address; #1709 City; State; Zip Code 12041 Dessau Ra Austra Tx 78754	\$250.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/20/21	Contributor address; City; State; Zip Code	\$ 20.00	
	1604 Plaantice Vally Dr. Roundbock TX 78681		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3120121	LLOSMA & ROCKLY JOHNSON Contributor address; City; State; Zip Code 6725 Hot Springs Or. Aushn TX 78749	\$100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/20/21	HOWAA JAVUS Contributor address; City; State; Zip Code FS10 OFFATAI TRAIL SAMPANONIO TX 78244	\$100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED	
	If contributor is out of state PAC please see Instruction quide for additional	l l	

Reset Page

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

Revised 8/17/2020

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

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Tilsa Leggett			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	
	Saleta thomas	ate; Zip Code	\$1000.00	
3/21/21			V1000 & 0 0	
	175 Suggerook Dr Madison A	79414		
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruc	tions)	
Dete	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	
Date			, and an estimated (4)	
	Katana Hurpur			
3/21/21	Contributor address; City; Sta	ite; Zip Code	\$250.00	
-	10205 Wentwork Dr. Rowlett	TX 75089	_	
Principal occup		Employer (See Instruct	tions)	
		,		
Date)	Amount of contribution (\$)	
	Collette Vallot			
3/23/21	Contributor address; #321 City; Sta	te; Zip Code	\$250,00	
	4333 Gilbut Ave Vallas T	X 75219		
Principal occur		Employer (See Instruc	tions)	
i inicipal occup	auton, our time (see monetarine)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Clarence Corker			
3/24/21	Contributor address; City; Sta	ate; Zip Code	\$ 250.00	
114114	7323 Brynke Dr. Arrington T	X 76001	12,0.00	
		Employer (See Instruc	tions)	
Principal occup	eation / Job title (See Instructions)	imployer (dee mattud	,	
A STATE OF THE STA	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDIII F AS N	FEDED	
	ATTACH ADDITIONAL COPIES OF TH			

Reset Page

SCHEDULE A1

Revised 8/17/2020

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

Title Leggett Table Ta				
TIESA Leggett 4 Date 5 Full name of contributor MARKIN BOOWN 5/24/21 6 Contributor address; City, State; Zip Code Full name of contributor Deate Full name of contributor Contributor address; City: State; Zip Code For Box 200 For World TX Holl3 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code For World TX Holl3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) XIVIA: Zip Code For World TX Holl3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Victor Zip Cod Zip Code Zip Code Sign State; Zip Code Sign State; Zip Code For World TX Holl3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Find part of contributor out-state PAC (IDR Amount of contribution (\$) Xivia: Zip Code Zip Code Sign Sign Sign Sign Sign Sign Sign Sign	The	Instruction Guide explains how to complete this	form.	1 00
Markin Brown State: Zip Code \$100.00	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
State Stat	4 Date	l "	(ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9	3/24/21	6 Contributor address; City;		\$100.00
Definition of Contributor address: City: State: Zip Code \$50.00	8 Principal occu			ions)
Contributor address; City: State: Zip Code \$ 50.00	Date	,	ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor VICAS ESPINO Contributor address; City: State; Zip Code 2804 FOSGI RUM BUIG. FOR WATH TX 76131 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) SHUMONE COUNTY Contributor address: #13 4 City: State; Zip Code 2640 Lawpoint Dr. Grand Park TX 75050 Principal occupation / Job title (See Instructions) Employer (See Instructions)	3/25/21	Contributor address; City;		\$50.00
VICTOR ESPINO State: Zip Code \$50.00	Principal occup		Employer (See Instructi	ons)
Contributor address; City; State; Zip Code \$50.00	Date		ID#:)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	3/25/21	Contributor address; City;		\$50.00
Stemone Coward Contributor address: #13 14 City: State: Zip Code 2640 Lake Point Dr. Grand frank TX 75050 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Contributor address; #13 4 City; State; Zip Code \$30.00 2640 Lave Point Dr. Crand franc TX 75050 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	,	ID#:)	Amount of contribution (\$)
	3127121	Contributor address; #13月 City;	, ,	\$30.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

s.sta

Reset Page

Reset Form

Forms provided by Texas Ethics Comm

SCHEDULE A1

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

The Instruction Guide expla			
FILER NAME	ains how to complete the	nis form.	1 Total pages Schedule A1:
Tiesa Legg	ett		3 Filer ID (Ethics Commission Filers)
	itor out-of-state i	PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address;	City;	State; Zip Code TX 76248	\$ (00.00)
Principal occupation / Job title (See Inst		9 Employer (See Instruc	ctions)
Date Full name of contribu		PAC (ID#:)	Amount of contribution (\$)
27/21 OMM M Contributor address; 6904 Stonew	City;	State; Zip Code Hill TX 76146	\$50.00
Principal occupation / Job title (See Instr		Employer (See Instruc	tions)
Date Full name of contribu		AC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code CUICNU HILIS, TX 76187	\$ 500.00
Principal occupation / Job title (See Instr		Employer (See Instruc	
Date Full name of contribu		AC (ID#:)	Amount of contribution (\$)
29121 Contributor address;	City: Blud. Actingto	State; Zip Code	\$50.00
Principal occupation / Job title (See Instr	uctions)	Employer (See Instruc	tions)

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

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

Revised 8/17/2020

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

ii tile reques	ned information is not applicable, 50 No. inc.	ado ino pago meno	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
tiesa	Leggett		
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
	Rattana Mao		
3/30/21	6 Contributor address; City;	State; Zip Code	\$50.00
J1 10 (2)	6309 N. Ridge Rd. FOAWOR	n TX76135	430.00
8 Principal occu	pation / Job title (See Instructions) 9		ions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
Date			Amount of contribution (c)
	SUA Williams	State: Zin Code	,
3/30/21	Contributor address; City; State; Zip Code		575.00
	5921 Goodman Ave. Fortwa	18W 1X +1010+	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
		T	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Candace Tuck		
3/30121	Contributor address; City;	State; Zip Code	\$250.00
7/30001	4521 Mallow Oak Dr. FOAVWAL TX 76123		\$ 230°C
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Data	Full some of contributor		Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (III	J#	Amount of contribution (¢)
2/2/2	Contributor address; City;	State; Zip Code	4.0
3/3/12/			\$ 300.00
	1125 E. Berryst. Fortworth	TX 76110	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see Instruct	non guide for additional re	sporting requirements.

Reset Page

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: /7 o/ 29
2 FILER NAME	_		3 Filer ID (Ethics Commission Filers)
	Tiesa Legepett		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Tiffary Pace-Whitawer		
2/21/101	6 Contributor address; City;		tion
3/31/21			\$(00.00
	145 Lone Oak Drive Gowlu		
8 Principal occu	pation / Job title (See Instructions)	g Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Lesle Matthews		
7:2:23	,,	State: Zin Code	
3/3/21		State; Zip Code	\$21.00
	21 Kamannaii Way IB Waikuli	u HI 96793	¥ 2 (. 5 =
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Larkan Phillips		
1.10.10.	Contributor address; #2319 City;	State: Zip Code	HICA AA
4/01/21			\$150,00
	5001 White Schland Red. Forth	ALBOHN IX FULLY	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date	out of state 1710	(1U#:/	Amount of continuous. (4)
	Stacy Burrell	7:0-4-	
4/01/21	Contributor address; City;	State; Zip Code	\$50.00
1/0/10/1	8033 HOSTA WAY FORT WON	M 1X 76123	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instruc	ction guide for additional re	eporting requirements.

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

SCHEDULE A1

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

			•
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Tiesa Legeptt		
4 Date	5 Full name of contributor out of state not	C (ID#:)	7 Amount of contribution (\$)
	Maddeline Mill		
3/06/21	6 Contributor address; City;	State; Zip Code	\$10.00
. , ,	5805 Trail Lake Dr. FW	tx 76133	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Doto	Full name of contributor out-of-state PAC	C (ID#:)	
Date)	Amount of contribution (\$)
Plane	Nancy Banels Heralle	State: 7in Code	for
B/06/21	Contributor address; City;	TX 77008	\$ (0.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	NICMOLUS Briggs Contributor address; #4203 City; 701 & Bluff Ave Fort Warty		
3/06/21	Contributor address; #4203 City;	State; Zip Code	\$20.00
J(00 (° (to 2 Bluff Ave Fortwart	1 12 76162	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Kull Frager		
31010 121	Contributor address; City;	State; Zip Code	\$10.00
7100 120	KYU Frasu Contributor address; City; 9448 Bella Leva Dr. Fortmor	H1 Tk 76126	\$10.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		1

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME	Tresa Legget		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (II		7 Amount of contribution (\$)
3/06/21	6 Contributor address; City; 308 W. 10 th St. Charlottl A	State: Zin Code	\$ 14.00
Principal occu	upation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (III)#:)	Amount of contribution (\$)
3)06/21	Contributor address; City; 2020 (COOKER CRUEKLA Arlingt	State; Zip Code	\$10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date)#)	Amount of contribution (\$)
3/06/21	ROMEUN GASIM Contributor address; City; LOU RUSH, LOWNE	State; Zip Code TX 76762	\$16.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	I .)#:)	Amount of contribution (\$)
167/21		State; Zip Code TX 761216	\$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 206/29
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Ticsa Leggett	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	Jones Daviglson	
3/07/21	6 Contributor address; #2523 City; State; Zi	p Code \$ 100.00
210714	3435 Dickason Ave Dallers TX 75	7219
8 Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Da'Nieua Washington	
2141	Contributor address; City; State; Zi	p Code \$ 20.00
3/16/21	18349 FOA Crochell Trail Crowney Tx 7	
	105 17 1011 Cooper (1 to 1) Cooper 12 7	
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Regina Williams	
alumi	Contributor address: City; State; Zig	o Code
3/16/21	4351 Roberts Lane Midlotman TX 760	\$ 20.00
	(3) (6000 (600)	
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	MICHANA ECLAS	
2/11/11	Contributor address; City; State; Zip	Code A160 03
3/16/21	MICION FRAS Contributor address; City; State; Zip 2854 Audras Vay S. For Wark To =	76116 \$100.00
	502-1 Horana 02) 2.	1 a la l
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL CODIES OF THE COLUMN	EDIN E AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHI	

Reset Page

SCHEDULE A1

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

			•
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 216/29
2 FILER NAME	Tiesa legepett		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Alejanetra Givaldo		
3/16/21	6 Contributor address; City;		\$20,00
ントレットレン	5501 Muaus Bay Dr. Rowlett	TX 75089	320,00
3 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Jacquelne Lambiase		
3/16/21	Contributor address; City;	State; Zip Code	\$50.00
·	1109 Branchif Arington	TX 7602	4
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
	Tarisia Queppett		
3/16/21		State; Zip Code	\$ 25.00
3 ()	9170 Sagewood Dr Forth	NOTH TX 76177	• = -
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Corbs Walker		
3/16/21	Contributor address; City;	State; Zip Code	\$15.00
	611 HCR 3417 Meskins	TX 76666	410.0
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

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

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

Revised 8/17/2020

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 o/, 29		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Tiesa Leggett				
4 Date		(ID#:)	7 Amount of contribution (\$)		
	7100:01110000				
3/16/21	6 Contributor address; City;		\$25.00		
	35566 SWBaKI Plak Rd. Hills	1000 OK 97123			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Full name of contributor and of state DAC	/ID#:			
Date		(ID#:)	Amount of contribution (\$)		
	Lawer Cellum				
3/7/21	Contributor address; City;	State; Zip Code	\$10.00		
-	Contributor address; City; 10 N. Pelican Dr. Kuy Large	FL 33037	\$ 10.00		
		Employer (See Instruct	tions)		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Jeff Flary				
21/11/2	Contributor address; City;	State: Zip Code	4-10		
3/17/21	2728 West brook Ave. Fast	1101 TV 7/11	\$10.00		
	2 TES WEST DOOK AVE. FOUL	MAN IX TON			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
			A		
Date	·^	(ID#:)	Amount of contribution (\$)		
	Denise Milur				
3/4/21	Contributor address; City;	State; Zip Code	\$10.00		
~ [(, -	809 Forest Gren Rd. Silvers	iprings MD. 2090	11.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
r meipar occup	autor / Job tille (Gee mandellons)	Zimpioyo, (coo mende	,		
uce n			FEREN		
	ATTACH ADDITIONAL COPIES O				

Reset Page

SCHEDULE A1

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

•		•			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 23 o/ 29		
2 FILER NAME	Tiesa Legget		3 Filer ID (Ethics Commission Filers)		
4 Date	, , , , , , , , , , , , , , , , , , ,	.C (ID#:)	7 Amount of contribution (\$)		
	Crystal Glastas				
3/17/21	6 Contributor address; City;	State; Zip Code	\$50.00		
7 (17(1)	9055 Frater St. De Rio	TX 78840	900.00		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
3 19121	Contributor address; City; 1000 Charlant Ct Collegin	State; Zip Code 2 TX 76034	\$ 20.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	110000 BC071	C (ID#:)	Amount of contribution (\$)		
3/19/21	Contributor address; City;	State; Zip Code FL 34668	\$ 20.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
3/20/21	Contributor address; City;	State; Zip Code	\$100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED		

Forms provided by Texas Ethics Comm

Reset Form

SCHEDULE A1

Revised 8/17/2020

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

			-		
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 246/29 3 Filer ID (Ethics Commission Filers)		
2 FILER NAME	Tiesa Leggett		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:}	7 Amount of contribution (\$)		
3/21/21	6 Contributor address; City;	State; Zip Code	\$ 25.00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	iions)		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)		
3113121	Salorma Comor Contributor address; City; S 8461 Swelt Flagen. Fortwarm	i	\$75.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		#:)	Amount of contribution (\$)		
3/13/21	•	State; Zip Code	\$75.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	F)	Amount of contribution (\$)		
3 3 21	Contributor address; City; s 362 Focin St. Foshwann	State; Zip Code TX 76107	\$150.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES OF T		1		

Reset Page

SCHEDULE A1

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

## Full name of contributor out-of-state PAC (ID#	The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) MISMA S. KWANS	2 FILER NAME		ON ON P H	
Simple General Contributor address; City: State: Zip Code Simple Simpl	4 Date		1 1	7 Amount of contribution (\$)
Simple General Contributor address; City: State: Zip Code Simple Simpl		MISINA STINEAS		
Date Full name of contributor CLANCUL CARK Contributor address; City; State; Zip Code 7323 Bryn W Dr. Ar Ingron Tx 7 4081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Full name of contributor Contributor address; City; State; Zip Code P.O. BOX 430 Hust 7x 74053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#:	3113181			\$150.00
Clarence Carts Contributor address; City; State; Zip Code 77.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Sugnet Freedom Contributor address; City; State; Zip Code 8917 PIMMO Rd. Oallas Tx 75238	8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 775.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Such Exercises City; State; Zip Code 575.00 Such Exercises Contributor address; City; State; Zip Code 575.00	Date		C (ID#:)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	3/13/21	Contributor address: City;	State; Zip Code	\$75.00
Amenda Arivola Contributor address; City; State; Zip Code \$75.00	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
Contributor address; City; State; Zip Code P.O. BOX 430 HWSt TX 7 6053 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Sydne Fremo Contributor address; City; State; Zip Code 8917 Plano Rd. Dallas TX 75238			C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Sychul Freumen Contributor address; City; State; Zip Code 8917 PIMO Rd. Dallas TX 75238 \$75.00	3/13/21	Contributor address; City;	State; Zip Code	\$ 75.00
Sydnul Fremen Contributor address; City; State; Zip Code 8917 Plano Rd. Dallas TX 75238 \$75.00	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
3/13/21 Contributor address; City; State; Zip Code \$75.00 8917 PIRMO Rd. Dallas TX 75238	Date		; (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3/13/21	Contributor address; City;		\$ 75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

SCHEDULE A1

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

Date Tilesa Leggett				
TILES A LELYGET Date 5 Full name of contributor Stacy GW W 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 7 Amount of contribution (\$) 7 Amount of contribution (\$) 8 Employer (See Instructions) 8 Full name of contributor 9 Employer (See Instructions) 8 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 9 Employer (See Instructions) Amount of contribution (\$) 9 Employer (See Instructions) 8 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor address; City: State: Zip Code STS.00 1/3 21 Contributor Address; City: State: Zip Code STS.00 1/3 21 Contributor Address; City: State: Zip Code STS.00 1/3 21 Contributor Address; City: State: Zip Code STS.00 1/3 21 Contributor Address; City: State: Zip Code STS.00 1/3 21 Contributor Address; City: State: Zip Code STS.00 1/4 Contributor Address: City: State: Zip Code STS.00 1/4 City	The	Instruction Guide explains how to complete this	s form.	mad =
Date 5 Full name of contributor Out-of-state PAC (ID#	FILER NAME	Tiesa Leeverett		,
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; SIST MAYDOM AND FORMOWN TX ###################################	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor SIMBON HUMBON Contributor address; SI37 MAYYAM AND FORMOW TX HEATH FULLY Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	3/13/11	6 Contributor address; City;	State; Zip Code MTX 76001	\$75.00
Simular Hureurson Contributor address; City; State; Zip Code 8137 Marydan Awl Farmount TX # 4014 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 4804 Spicewal LN. Armydan TX 76007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#: Temployer (See Instructions) Amount of contribution (\$) Temployer (See Instructions) Contributor address; City; State; Zip Code 8010 Cr. Mea LN. For Warm Tx 76123	Principal occu			ions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Sa Jade Mill Contributor address; City; State; Zip Code Sa Jace Mill Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Tenium Atmins Contributor address; City; State; Zip Code 8070 Cr. Mea LN. Folf Wall Tx 76123	Date		(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Sa Jack MWW Contributor address; City; State; Zip Code 4804 Spi CLWOOL LN. ATWYFON TX FOOT Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) This is a second of title (\$) Contributor address; City; State; Zip Code 575.00 Amount of contribution (\$) Contributor address; City; State; Zip Code 575.00 Employer (See Instructions)	13/21	Contributor address; City; \$137 Maryaean Aul Farman	State; Zip Code M TX = 10116	\$ 75.00
Sa Jack Milly Contributor address; City; State; Zip Code 4804 Spice wood LN. Armyton TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Thinks Atmiss Contributor address; City; State; Zip Code 8020 Crimes LN. Forward TX 76123	Principal occup	ation / Job title (See Instructions)		ons)
Contributor address; City; State; Zip Code 4804 Spi Cl Wood LN. Arthyfon TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Thinks Attins Contributor address; City; State; Zip Code 8000 Cr. Meia LN. Folf Warm TX 76123	Date	and the second s	(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	113121	Contributes address.	State; Zip Code	\$75.00
Tenika Atkins Contributor address; City; State; Zip Code 575.00 8020 Crimea LN. FORWAM TX 76123	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
S115/21 Contributor address; City; State; Zip Code D7) 00 8020 Cr. Mea LN. Fost Walth TX 76/23	Date	out of state 1710	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3/13/21	Contributor address: City	State; Zip Code TX 76123	575.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

SCHEDULE A1

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

11 1110 109400	5.00 miletination to the approximation of the second secon	, ,	•
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Tiesa leggett		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2/13/21	Diame Bagsing Janes 6 Contributor address; City; 6912 VISTA Redge Or. & For	State: Zip Code	\$150 0A
3/10/2	60017 VICHA 10. WIQUE OF & FAR	LAVAM TX 76132	3130.00
	Court Alexander of C 1000	A0004(1 1V 1V .Om	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Date			Amount of contribution (4)
4 4	Contributor address; City; 5805 Trail Lave Dr. FW		
3/13/21	Contributor address; City;	State; Zip Code	\$150.00
•	S805 Trail Law Wr. HW	1x +6133	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Timorpu.	,	,	•
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Esicka Hatfreld		
2/11/11	Contributor address; City;	State; Zip Code	\$ 75.00
3/13/21	1919 Hearthsorde Lane, Garlo		ν τ). OU
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/13/21	Contributor address; City; 621 Cross Ridge Gr. N. FW	State: Zin Code	
3113101	Contributor address, City,) TV 7/120	\$75.00
	621 C(055 lower of 11.11. 100	76120	•
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Tiesa Leggett		280/29 3 Filer ID (Ethics Commission Filers)
4 Date	1 = - "	C (ID#:)	7 Amount of contribution (\$)
3/12/21	6 Contributor address; City; 4900 NE. 28th St. Halton City	State; Zip Code TX 76117	g (00:00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3/13/21	Contributor address; City;	State; Zip Code 町人 子は110	\$ 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
318/21	Contributor address; Oty; 3301 (NANRELLOTS VILLE Dr. Forest)	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/13/21	Contributor address; City; 74555 Hwy #200 FW	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Comm

Reset Form

s.st

Reset Page

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29 of 29
2 FILER NAME	Tiesa Legeptt	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2112112	Unce Adams	
3/13/12	6 Contributor address; City; State; Zip Code	\$100,00
	5932 River Davis Blod. FW TK 76114	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional in	ı
orms provided by Te	exas Ethics Comm	Revised 8/17/2020

s.sta

Reset Page

Reset Form

Forms provided by Texas Ethics Comm

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	ine instruction Guide explains now to c	complete this form.		
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		L	
1127121	INIX. COM			
	<u> </u>	City	State: Zin Code	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$25.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expuses	Website	Expuse	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/26/21	Lyndsay Maclian Woo	ds		
Amount (\$)	Payee address:	City;	State; Zip Code	
9500.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Wages Graphic Design			
	Check if travel outside of Texas. Complete Schedule T.	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	
Date	Payee name		,	
2/26/21	Madeline Miller			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1000.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Wages	Campaig	n Manager	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

Forms provided by Texas Ethics Com

Reset Form

Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

,	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
20f6	F Payer name		
4 Date	3 rayee name () 1		
3/09/21	Just Yard Signs		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$414.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-
PURPOSE OF EXPENDITURE	Advertising Expuse	Yard s	igns
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/09/21	Texas Democrats		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 275.00			
	Category (See Categories listed at the top of this schedule)	Description	2
PURPOSE OF EXPENDITURE	Fees Vote information some		imontan Sulveel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		i, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3111/21	Summit Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 1753.07			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expuse	Street SI	gns
	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 S	SCHEDULE AS NEED	DED

Forms provided by Texas Ethics Com

Reset Form

cs.si

Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel In District

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 30+6 4 Date TICA Leggett
5 Payee name 6 Amount (\$) City; State; 7 Payee address; Zip Code DO.0001 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Campaign Manager OF Wages **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Sandur Signs 3/12/21 Amount (\$) City; State; Zip Code Payee address: \$309.17 Category (See Categories listed at the top of this schedule) Description PURPOSE Yard Signs Advertises Exp **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Lyndsay Maellian Woods 3119121 Amount (\$) Zip Code State; 500.00 Description Category (See Categories listed at the top of this schedule) Graphic Designer **PURPOSE** Wages OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Eth	cs Commission Filers)
40f6	Tiesa Leggett			
4 Date	5 Payee name			
3/22/21	Campaign Services LLC	,		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$500.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expuse	Consula	tovv	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			- (
3122121	Bayon Boys LLC.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$603.10				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expure	Crawfis	h Bod	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	.,		
3124121	Campaign Serimons L	_LC		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$200.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expuse	Consulta	N	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED	

Forms provided by Texas Ethics Com

Reset Form

Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tiesa leggett 5 Payee name 3/26/21 William Lesike 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 670.00 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Madeleine Miller 3126121 Amount (\$) Zip Code City; Payee address; State: \$ 1000.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign Maragur wayis **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4 over Super Trade Pr Pavee address: City; Zip Code State: 80°115 B Description Category (See Categories listed at the top of this schedule) **PURPOSE** Campaign Matural Advertising Sxpure OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Forms provided by Texas Ethics Com

Reset Form

cs.s

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	The Instruction Guid	le explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME TICSA LLAGEH			3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee name				
3/30/21		N SNICES			
6 Amount (\$)	7 Payee address;	VI 211113	City;	State;	Zip Code
\$393.16					
8	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Exp	MYS	T-shirts	•	
	(C) Check if travel outside of Texas.	Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	•	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the t	op of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule)	Description		
	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austin, 7	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEED	ED	

Forms provided by Texas Ethics Com

Reset Form

cs.s

Reset Page