

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

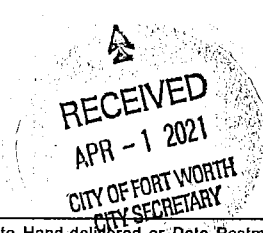
FORM C/OH
COVER SHEET PG 1

OFFICIAL RECORD

CITY SECRETARY
FT. WORTH, TX

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

2 Total pages filed:
22

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Leonard	MI MI	OFFICE USE ONLY	
	NICKNAME	LAST Firestone	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 471121 Fort Worth TX 76147				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 932-3792	EXTENSION		
	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Paxton	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST Motheral	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 Washington Terrace Fort Worth TX 76107 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 312-0231	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 12 / 2021 THROUGH 03 / 22 / 2021				
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Fort Worth City Council District 7		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

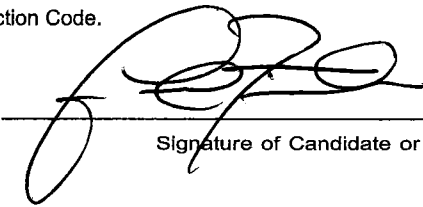
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

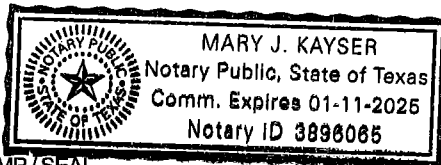
15 C/OH NAME Leonard Firestone		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 69,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,254.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 77,095.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leonard Firestone this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Mary J. Kayser MARY J. KAYSER Cybersecurity
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Leonard Firestone

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 69250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 25000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17154.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 25,000.00
5 Date of loan 3/4/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard & Nicole Firestone	9 Loan Amount (\$) 25,000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 3905 Monticello Dr Fort Worth TX 76107	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/4/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

PSEL PAC

7 Amount of contribution (\$)

1250

6 Contributor address;

City;

State;

Zip Code

201 Main Street #2500

Fort Worth

TX

76102

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/4/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Good Government Fund

Amount of contribution (\$)

1250

Contributor address;

City;

State;

Zip Code

201 Main Street #2500

Fort Worth

TX

76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dee Kelly Jr.

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

5756 Merrymount Rd

Fort Worth

TX

76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike and Rosie Moncrief

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

777 Taylor St #1030

Fort Worth

TX

76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Eppstein	7 Amount of contribution (\$) 250
	6 Contributor address; City; State; Zip Code 2908 Alton Road Fort Worth TX 76109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maribeth Miller	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 6321 Indian Creek Drive Fort Worth TX 76116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McDonald	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code 5350 Nassau Circle East Englewood CO 80113	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant Martin	Amount of contribution (\$) 500
	Contributor address; City; State; Zip Code 111 Rivercrest Drive Fort Worth TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12**2** FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/10/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

William Firestone

7 Amount of contribution (\$)

350

6 Contributor address;

City;

State;

Zip Code

50 Roberts Way Hillsborough CA 94010

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kimball Firestone

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

PO Box 76 Middletown MD 21769

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Butler

Amount of contribution (\$)

2500

Contributor address;

City;

State;

Zip Code

3812 Monticello Dr Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marsha Kleinheinz

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

1101 Broad Avenue Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/10/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Adam Firestone

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

620 McMurray Road Buelton CA 93427

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Gibson Duwe

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

4001 Hartwood Dr. Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle K. Poulson

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

1635 Rogers Rd Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John B. Kleinheinz

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

301 Commerce St #1900 Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/12/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Richard Stuart II

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

PO Box 1690 Weatherford TX 76086

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jefferson Bennett

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

1 Potters Lane Savannah GA 31411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger Gates

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

4620 Washburn Avenue Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Texas Progress Fund

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

201 Main Street #2500 Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Ford Bales 6 Contributor address; City; State; Zip Code 2712 Piersall Dr McKinney TX 75072	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared and Mary Shope Contributor address; City; State; Zip Code 6633 Cahoba Dr Fort Worth TX 76135	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Corrigan Contributor address; City; State; Zip Code 1717 West Loop South #1900 Houston TX 77027	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.M. Roe Patterson Contributor address; City; State; Zip Code 9341 Bella Terra Dr Fort Worth TX 76126	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/16/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Dennis P Shingleton Campaign

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

PO Box 470336 Fort Worth TX 76147

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/16/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brooks Firestone

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

619 Rancho Alisal Dr. Solvang CA 93463

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tim Wray

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

223 Bedford Ave 202 Brooklyn NY 11211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dorothy Slover

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

875 5th Avenue 19E New York NY 10066

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/16/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Martha Leonard

7 Amount of contribution (\$)

1000

6 Contributor address;

City;

State;

Zip Code

1411 Shady Oaks Ln Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Trevor Armstrong

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

1501 Ems Rd E Fort Worth TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nicholas Firestone

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

7001 N. 40th St Paradise Valley AZ 85253

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greater FW Realtors Assoc

Amount of contribution (\$)

5000

Contributor address;

City;

State;

Zip Code

2650 Parkview Dr Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/19/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

John Boswell

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

1320 Lake Street Fort Worth TX 76102

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/19/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andrew Blake

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

300 Crestwood Drive Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christopher Firestone

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

BOX 131449901 Sioux Falls SD 57186

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Garland & Mollie Lasater

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

3815 Lisbon St #203 Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)**4** Date

3/20/2021

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

James Rainbolt

7 Amount of contribution (\$)

1000

6 Contributor address;

City;

State;

Zip Code

709 Alta Dr. Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

3/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ronald Goldman

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

1880 Hulen Street Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carey Romer

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

1500 Chelsea Rd Palos Verdes Estates CA 90274

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paxton Motheral Campaign

Amount of contribution (\$)

10000

Contributor address;

City;

State;

Zip Code

4200 S Hulen St #614 Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raleigh Green V 6 Contributor address; City; State; Zip Code 3821 Hamilton Ave Fort Worth TX 76107	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Henderson Contributor address; City; State; Zip Code 3816 Hamilton Fort Worth TX 76107	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	Amount of contribution (\$) 5000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Sellers Contributor address; City; State; Zip Code 3724 Helen St Fort Worth TX 76107	Amount of contribution (\$) 5000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Leonard Firestone

3 Filer ID (Ethics Commission Filers)

4 Date

03/22/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Matt Montague

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3909 Monticello Drive Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Leonard Firestone		
4 Date	5 Payee name		
3/22/2021	Raise The Money		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
5.15	PO Box 26466 Little Rock AR 72221		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Fundraising Expense		Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
3/22/2021	The Eppstein Group		
Amount (\$)	Payee address; City; State; Zip Code		
4845.27	2830 S Hulen St #361 Fort Worth TX 76109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Printing Expense		Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Leonard Firestone		3 Filer ID (Ethics Commission Filers)	
4 Date 3/19/2021		5 Payee name Raise The Money			
6 Amount (\$) 42.40		7 Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description Fees		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/20/2021		Payee name Raise The Money			
Amount (\$) 86.50		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/21/2021		Payee name Raise The Money			
Amount (\$) 29.90		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Leonard Firestone	
4 Date	5 Payee name	
3/15/2021	Raise The Money	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
147.50	PO Box 26466 Little Rock AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fundraising Expense	Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/16/2021	Raise The Money	
Amount (\$)	Payee address; City; State; Zip Code	
111.00	PO Box 26466 Little Rock AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fundraising Expense	Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/18/2021	Raise The Money	
Amount (\$)	Payee address; City; State; Zip Code	
61.75	PO Box 26466 Little Rock AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fundraising Expense	Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Leonard Firestone	
4 Date	5 Payee name	
3/10/2021	Raise The Money	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
514.30	PO Box 26466 Little Rock AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fundraising Expense	Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
3/12/2021	Raise The Money	
Amount (\$)	Payee address; City; State; Zip Code	
12.50	PO Box 26466 Little Rock AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fundraising Expense	Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
3/14/2021	Raise The Money	
Amount (\$)	Payee address; City; State; Zip Code	
49.25	PO Box 26466 Little Rock AR 72221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fundraising Expense	Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
5	Leonard Firestone			
4 Date	5 Payee name			
3/10/2021	The Eppstein Group			
6 Amount (\$)	7 Payee address;		City;	State; Zip Code
7500.00	2830 S Hulen St #361		Fort Worth TX	76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Consulting Expense		Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date	Payee name			
3/10/2021	The Eppstein Group			
Amount (\$)	Payee address;		City;	State; Zip Code
3749.20	2830 S Hulen St #361		Fort Worth TX	76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Advertising Expense		Web site & expenses	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Leonard Firestone	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Payee name City of Fort Worth	
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 Texas Street Fort Worth TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED