

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **15**

OFFICE USE ONLY

Date Received

JUL 5 2022 9:26

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

JUL 5 2022 9:25

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr Leland F. NICKNAME Lacy	FIRST MI LAST SUFFIX	OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 516 W Twohig Ave, San Angelo, TX 76903					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 227-3430	EXTENSION	OFFICE USE ONLY		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Casey NICKNAME Poynor	FIRST MI LAST SUFFIX	OFFICE USE ONLY			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 705 W. Ratliff Rd, San Angelo, TX 76904					
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 226-3906	EXTENSION	OFFICE USE ONLY		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 THROUGH Month Day Year 02 / 21 / 2022 THROUGH 06 / 30 / 2022					
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2022		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Judge, County Court at Law #2			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Leland F. Lacy		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,021.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$8,623.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$35,000

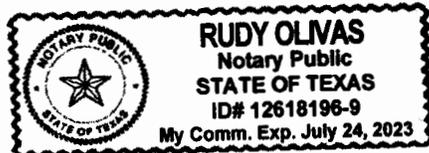
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Leland Lacy this the 5 day of July, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME Leland F. Lacy		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,300.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 40,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,021.79
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 200.29
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TREPAC	7 Amount of contribution (\$) 1500.00
	6 Contributor address; City; State; Zip Code 1115 San Jacinto, Suite 200 Austin, TX 78701	
8 Contributor's principal occupation political action committee		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Hector Leos	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code P.O. Box 5932, San Angelo, TX 76902	
Contributor's principal occupation owner-store		Contributor's job title owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ George McCrea	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 1823 Knickerbocker Rd, San Angelo, TX 76904	
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jon Bailey	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1609 Stonetrail Drive, San Angelo, TX 76904		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm Jon Bailey Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randol Stout Sr.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 202 W Beauregard Ave. Ste. A San Angelo, TX 76903		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Sutliff & Stout		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Richard Mccall	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4904 Brooks Dr. Waco, TX 76910		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Currie	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 494 Ridge Lane, Christoval, TX 76935	
8 Contributor's principal occupation Builder		9 Contributor's job title owner/builder/investor
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 3/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Boyd	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 6517 Green Oaks Drive, Christoval, TX 76935	
Contributor's principal occupation retired		Contributor's job title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 3/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Harvey Mccall	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 9916 Vistadale Drive, Dallas, TX 75238	
Contributor's principal occupation Project Manager/IT		Contributor's job title Project Manager
Contributor's employer/law firm self ClearScale		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 40,000
5 Date of loan 1/01/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura & Leland Lacy	9 Loan Amount (\$) 20,000
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 516 W Twohig Ave, San Angelo, TX 76903	10 Interest rate 0%
		11 Maturity date 12/31/2022
12 Lender's Principal Occupation Laura - appraiser Leland - attorney		13 Lender's Job Title Asst. County Attorney
14 Lender's Employer/Law Firm Tom Green County		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 40,000
5 Date of loan 7/26/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura & Leland Lacy	9 Loan Amount (\$) 20,000
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 516 W Twohig Ave, San Angelo, TX 76903	10 Interest rate 0%
		11 Maturity date 12/31/2022
12 Lender's Principal Occupation Laura - appraiser Leland - attorney		13 Lender's Job Title Asst. County Attorney
14 Lender's Employer/Law Firm Tom Green County		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2022	5 Payee name Company Printing	
6 Amount (\$) 435.98	7 Payee address; City; State; Zip Code 3419 Knickerbocker Rd. San Angelo, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description printing
	(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 2/22/2022	Payee name USPS	
Amount (\$) 58.00	Payee address; City; State; Zip Code 1 N. Abe Street, San Angelo, TX 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description stamps
	<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 2/23/2022	Payee name Office Depot	
Amount (\$) 49.24	Payee address; City; State; Zip Code 4272 Sunset Drive, San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description printing
	<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: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2022	5 Payee name American Classifieds	
6 Amount (\$) 182.00	7 Payee address; City; State; Zip Code 2027 Sherwood Way San Angelo, TX 76902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ad
	(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 2/23/2022	Payee name Allyn Media	
Amount (\$) 550.00	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400, Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description list of addresses for Republican voters
	<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 2/24/2022	Payee name Allyn Media	
Amount (\$) 1165.00	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400, Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Facebook management, email production
	<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: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2022	5 Payee name Chicken Express	
6 Amount (\$) 49.02	7 Payee address; City; State; Zip Code 2652 Southwest Boulevard San Angelo, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description food
	(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 2/28/2022	Payee name Allyn Media	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue, Suite 400, Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook management
	<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 2/28/2022	Payee name Pinkie's	
Amount (\$) 104.96	Payee address; City; State; Zip Code 1415 S. Bryant, San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description food and beverage
	<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: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2022	5 Payee name Foster Communications	
6 Amount (\$) 405.00	7 Payee address; City; State; Zip Code 2824 Sherwood Way San Angelo, TX 76902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio ads
	(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 3/9/2022	Payee name Lamar Advertising	
Amount (\$) 142.86	Payee address; City; State; Zip Code 3503 Arden Road, San Angelo, TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description digital billboard
	<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 3/1/2022	Payee name Shirley Floral	
Amount (\$) 135.31	Payee address; City; State; Zip Code 440 W. Beauregard Ave, San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description flowers for Election Night Watch Party
	<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: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2022	5 Payee name Go Daddy	
6 Amount (\$) 89.42	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste. 226 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website hosting 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 5/26/2022	Payee name Lane Carter for County Judge	
Amount (\$) 500.00	Payee address; City; State; Zip Code 117 N. Milton Street, San Angelo, TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution made by candidate	Description contribution to political campaign
	<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 4/1/2022	Payee name First Financial Bank, N.A.	
Amount (\$) 5.00	Payee address; City; State; Zip Code P.O. Box 701 Abilene, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee	Description paper statement fee for checking account
	<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: 6	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2022	5 Payee name Laura Lacy	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 516 W Twohig Ave, San Angelo, TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description reimburse Laura Lacy for hall rental for event
	(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 3/23/2022	Payee name Laura & Leland Lacy	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 516 W Twohig Ave. San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan repayment	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 (\$)	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:	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2022	5 Payee name Facebook	
6 Amount (\$) 1250.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description fee to boost Facebook posts
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/2022	Payee name Facebook	
Amount (\$) 500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description fee to boost Facebook posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/2022	Payee name Facebook	
Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description fee to boost Facebook posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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