

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST      MI <div style="text-align: center; font-size: 1.2em;">Sergio      L.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Deleon</div>	<b>OFFICE USE ONLY</b> Date Received: <u>2014 JUL 15 PM 2:59</u> Date Hand-delivered or Postmarked: Receipt #      Amount: Date Processed: Date Imaged:	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>MR</u> FIRST      MI <div style="text-align: center; font-size: 1.2em;">Jeff</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Davis</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION		
<b>9 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.2em;">02 / 23 / 14      06 / 30 / 14</div>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <div style="font-size: 1.2em;">11 / 4 / 14</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
Justice of the Peace, Pt. 5      Justice of the Peace, Pt. 5			
<b>GO TO PAGE 2</b>			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

**Sergio L. De Leon**

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED  
TARRANT COUNTY  
2014 JUL 15 PM 2:59  
STEVAN L. BROWN  
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ **0**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ **5,425.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ **1,496.00**

4. TOTAL POLITICAL EXPENDITURES

\$ **21,032.50**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ **1,610.22**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ **20,000.00**

18 AFFIDAVIT

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.



**S.L.D.**  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sergio L. De Leon, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

Lisa Nevarez  
Signature of officer administering oath

Lisa Nevarez  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):  
**1 of 6**

2 FILER NAME

**Sergio L. De Leon**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2/27/14**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Shawn G. Sloan**

6 Contributor address; City; State; Zip Code

**2924 Winter Terrace W.  
Fort Worth, Tx 76109**

7 Amount of contribution (\$)

**2,500.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Property Management**

10 Contributor's job title

**Manager**

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date

**3/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**J.M. Teeler**

Contributor address; City; State; Zip Code

**6208 Forest River Dr.  
Fort Worth, Tx 76112**

Amount of contribution (\$)

**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Eye Crafters, Inc.**

Contributor's job title

**Pres. + CEO**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

**3/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Gerardo A Nieto**

Contributor address; City; State; Zip Code

**1724 Corrin Ave.  
Blue Mound, Tx 76131**

Amount of contribution (\$)

**25.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**State Farm Ins.**

Contributor's job title

**Agent**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

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 COUNTY CLERK  
 STEVENSON  
 ELECTIONS ADMINISTRATOR  
 JUL 15 2 59 PM '14

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>2 of 6</b>	
2 FILER NAME <b>Sergio L. DeLeon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/19/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. D. Jimmerson</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3302 Roosevelt + Frt Worth, Tx 76106</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/12/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randall D. Moore</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1301 Ballinger St. Frt Worth, Tx 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/13/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dwain Dent</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1120 Penn St. Frt Worth, Tx 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 PRATT COUNTY  
 JUL 15 AM 2:59  
 STEVE RASHEM  
 ELECTIONS ADMINISTRATION

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>3 of 6</b>	
2 FILER NAME <b>Sergio L. DeLeon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/11/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Cynthia A. Miller</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3000 Hollow Creek Rd. Benbrook, TX 76116</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Fort Worth Chamber of Commerce</b>		10 Contributor's job title <b>Public Relations</b>	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/13/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ronnie D. Long</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6400 Airport Freeway Fort Worth, TX 76117</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Bail Bonds</b>		Contributor's job title <b>Pres. &amp; CEO</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/12/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charlotte Smith</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1908 Shermdale Fort Worth, TX 76115</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Retiree</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 ELECTIONS ADMINISTRATION

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>4 of 6</b>	
2 FILER NAME <b>Sergio L. DeLeon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/11/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David F Chappell</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>600 W. 6th St., Ste 300 Ft Worth, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>Counsel &amp; Attorney</b>	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	

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

Date <b>6/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louise B. Carvey</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3601 Overton Park Dr. E Ft Worth, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Retired</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>6/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Todd M. Hill</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1915 Washington, D.C. 20013</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Housing Policy Council</b>		Contributor's job title <b>Director of Gov. Affairs</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY  
 2014 JUL 15  
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 CLERK OF COUNTY CLERK  
 ELECTIONS ADMINISTRATOR

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5 of 6</b>	
2 FILER NAME <b>Sergio L. De Leon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/22/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe P. Ross</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>4308 Inwood Rd. Fort Worth, TX 76101</b>	(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Retired</b>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/23/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Teague</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>P.O. Box 471451 Fort Worth, TX 76147</b>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Teague Lumber Co.</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/27/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yolanda <del>BE</del> Cuevas</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>P.O. Box 161006 Fort Worth, TX 76161</b>	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Distribution Co.</b>		Contributor's job title <b>Pres. + CEO</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 2014 JUN 25 PM 2:00  
 ELECTIONS ADMINISTRATION

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>6 of 6</b>	
2 FILER NAME <b>Sergio L. DeLeon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/19/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trista Allen</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4701 Foxfire Way Fort Worth, TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Govt</b>		10 Contributor's job title <b>Exec. Asst.</b>	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. Johnson</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1969 Lipscomb Fort Worth, TX 76110</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>TCUP</b>		Contributor's job title <b>Volunteer</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/30/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Alex Guevara</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 4703 Fort Worth, TX 76164</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Medical Doctor</b>		Contributor's job title <b>Dr.</b>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

TARRANT COUNTY  
 2014 JUN  
 PH 2:55  
 STATE ELECTIONS  
 ADMINISTRATOR

**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)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>1 of 2</b>
2 FILER NAME <b>Sergio L. De Leon</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <b>3/1/14</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard N. Abrams</b>	9 Loan Amount (\$) <b>5000.00</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>6145 Wedgewood Fnt Worth, Tx 76133</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>N/A</b>
12 Lender's Principal Occupation <b>Executive</b>		13 Lender's Job Title <b>Fint National</b>
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor  21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
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 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.

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 2014 JUL 15 PM 2:59  
 STEVE ADAMS  
 ELECTIONS ADMINISTRATOR

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E(J):  
**2 of 2**

2 FILER NAME: **Sergio L. DeLeon** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:  $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$  \$

5 Date of loan: **2/26/14** 7 Name of lender: **Jeff Davis**  out-of-state PAC (ID#: \_\_\_\_\_) 9 Loan Amount (\$): **5,000.00**

6 Is lender a financial institution? **Y (N)** 8 Lender address; City; State; Zip Code: **2325 mistletoe Dr. Fort Worth, TX 76110** 10 Interest rate: **N/A**

11 Maturity date: **N/A**

12 Lender's Principal Occupation: **Republic Title** 13 Lender's Job Title: **Sr. Vice Pres.**

14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral:  none 18 Check if personal funds were deposited into political account:

19 GUARANTOR INFORMATION:  not applicable 20 Name of guarantor: \_\_\_\_\_ 22 Amount Guaranteed (\$):  
21 Guarantor address; City; State; Zip Code: \_\_\_\_\_

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 TARRANT COUNTY  
 2014 JUL 15 PM 2:59  
 STEVE ARBON  
 ELECTIONS ADMINISTRATOR  
 RY:

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 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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 10	2 FILER NAME Sergio L. De Leon	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/23/14	5 Payee name Saul Gonzales
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6 Amount (\$) 260.00	7 Payee address; City; State; Zip Code 2205 Irvin St. Fort Worth, Tx 76106
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/23/14	Payee name Boydan Sierra
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Amount (\$) 260.00	Payee address; City; State; Zip Code 3361 Bong Dr. Fort Worth, Tx 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/23/14	Payee name Angel Fernandez
-----------------	-------------------------------

Amount (\$) 260.00	Payee address; City; State; Zip Code 2515 Prospect Ave. Fort Worth, Tx 76106
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/23/14	Payee name Alfonso Cordova
-----------------	-------------------------------

Amount (\$) 260.00	Payee address; City; State; Zip Code 2105 Lincoln Ave. Fort Worth, Tx 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 TARRANT COUNTY  
 2014 JUL 15 PM 2:59  
 ELECTIONS ADMINISTRATION  
 BY:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 10**      2 FILER NAME: **Sergio L. De Leon**      3 ACCOUNT # (Ethics Commission Filers)

4 Date: **2/23/14**      5 Payee name: **Joyce Grant**

6 Amount (\$): **185.00**      7 Payee address; City; State; Zip Code: **5210 Libbey Ave. Fort Worth, TX 76107**

8 PURPOSE OF EXPENDITURE:      (a) Category (See categories listed at the top of this schedule)      (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **2/24/14**      Payee name: **Yolanda Crosby**

Amount (\$): **150.00**      Payee address; City; State; Zip Code: **5369 Fth Fletcher Ave. Fort Worth, TX 76107**

PURPOSE OF EXPENDITURE:      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **2/24/14**      Payee name: **Zip Print Center**

Amount (\$): **1,582.20**      Payee address; City; State; Zip Code: **3406 S. Cooper St., Ste. 102 Arlington, TX 76013**

PURPOSE OF EXPENDITURE:      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **2/24/14**      Payee name: **Timothy Johnson**

Amount (\$): **153.00**      Payee address; City; State; Zip Code: **5508 Fernander Fort Worth, TX 76107**

PURPOSE OF EXPENDITURE:      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 10</b>	2 FILER NAME <b>Sergio L. DeLeon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/23/14</b>	5 Payee name <b>Joyce Grant</b>
--------------------------	------------------------------------

6 Amount (\$) <b>337.60</b>	7 Payee address; City; State; Zip Code <b>5210 Libbey Ave. Fort Worth, TX 76107</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/25/14</b>	Payee name <b>United States Post office</b>
------------------------	--

Amount (\$) <b>1,981.78</b>	Payee address; City; State; Zip Code <b>4600 Mark IV Parkway Fort Worth, TX 76161</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>postage in mailer</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/27/14</b>	Payee name <b>AT+T</b>
------------------------	---------------------------

Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 537104 Atlanta, GA 30333</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Wireless Internet for volunteers</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/27/14</b>	Payee name <b>Zip Printing Center</b>
------------------------	--

Amount (\$) <b>715.00</b>	Payee address; City; State; Zip Code <b>3406 S. Cooper St. Ste 102 Arlington, TX 76015</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing expense</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 TARRANT COUNTY  
 2014 JUL 15 PM 2:55  
 ELECTIONS ADMINISTRATION

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 10</b>	2 FILER NAME <b>Sergio L. De Leon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/28/14</b>	5 Payee name <b>U.S. Post office</b>
--------------------------	---

6 Amount (\$) <b>1,528.34</b>	7 Payee address; City; State; Zip Code <b>4600 Mark IV Parkway Frt Worth, Tx 76161</b>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Postage for mail</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/14</b>	Payee name <b>Bogden Sierra</b>
-----------------------	------------------------------------

Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>5561 Bong Dr. Fort Worth, TX 76112</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/14</b>	Payee name <b>Logan Sierra</b>
-----------------------	-----------------------------------

Amount (\$) <b>290.00</b>	Payee address; City; State; Zip Code <b>5561 Bong Dr. Fort Worth, TX 76112</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/14</b>	Payee name <b>Angel Fernandez</b>
-----------------------	--------------------------------------

Amount (\$) <b>140.00</b>	Payee address; City; State; Zip Code <b>2515 Prospect Fort Worth, TX 76164</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>5-f10</b>	2 FILER NAME <b>Sergio L. DeLeon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3-4-14</b>	5 Payee name <b>Alfonso Cordova</b>
-------------------------	--

6 Amount (\$) <b>30.00</b>	7 Payee address; City; State; Zip Code <b>2105 Lincoln Ave. Fort Worth, TX 76167</b>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contract labor</b>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-4-14</b>	Payee name <b>Saul Gonzales</b>
-----------------------	------------------------------------

Amount (\$) <b>83.00</b>	Payee address; City; State; Zip Code <b>2205 Irion St. Fort Worth, TX 76106</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-4-14</b>	Payee name <b>Vernica Clark</b>
-----------------------	------------------------------------

Amount (\$) <b>170.00</b>	Payee address; City; State; Zip Code <b>5210 Libbey Fort Worth, TX 76107</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-4-14</b>	Payee name <b>U.S. Post Office</b>
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Amount (\$) <b>245.00</b>	Payee address; City; State; Zip Code <b>4600 Mark IV Parkway Fort Worth, TX 76161</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>postage</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>6 of 10</b>	2 FILER NAME <b>Sergio L. DeLeon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>03/03/14</b>	5 Payee name <b>Denise Painter Communications</b>
---------------------------	--

6 Amount (\$) <b>6000.00</b>	7 Payee address; City; State; Zip Code <b>75 Maple St. Ste. 203 Conshohocken, PA 19428</b>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>GOTV Phone Calls</b>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/03/14</b>	Payee name <b>Ed Valentine</b>
-------------------------	-----------------------------------

Amount (\$) <b>1,481.71</b>	Payee address; City; State; Zip Code <b>2344 Farrington Dallas, TX 75207</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>consulting expense</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/03/14</b>	Payee name <b>Yolanda Crosby</b>
-------------------------	-------------------------------------

Amount (\$) <b>170.00</b>	Payee address; City; State; Zip Code <b>565369 Fletcher Ave. Fort Worth, TX 76107</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/03/14</b>	Payee name <b>Staples</b>
-------------------------	------------------------------

Amount (\$) <b>168.00</b>	Payee address; City; State; Zip Code <b>5650 Overton Ridge Blvd. Fort Worth, TX 76132</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>supplies</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7 of 10</b>	2 FILER NAME <b>Sergio L. DeLeon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>03/03/14</b>	5 Payee name <b>Adriana Gonzales</b>
---------------------------	---

6 Amount (\$) <b>145.00</b>	7 Payee address; City; State; Zip Code <b>1901 Windsor Place Fort Worth, TX 76110</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Tshirts for Election Day</b>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/04/14</b>	Payee name <b>Hacienda San Miguel</b>
-------------------------	--

Amount (\$) <b>700.00</b>	Payee address; City; State; Zip Code <b>2948 Crockett St. Fort Worth, TX 76107</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food + Beverage for Watch Party</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/04/14</b>	Payee name <b>Party City</b>
-------------------------	---------------------------------

Amount (\$) <b>137.94</b>	Payee address; City; State; Zip Code <b>4926 SW Loop 920 Fort Worth, TX 76109</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Party favors for watch party</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/03/14</b>	Payee name <b>Juana Gonzales</b>
-------------------------	-------------------------------------

Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>333 Afton Rd. Fort Worth, TX 76123</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>8 of 10</b>	2 FILER NAME <b>Sergio L. De Leon</b>	3 ACCOUNT # (Ethics Commission Filers)
---	--	--

4 Date <b>03/06/14</b>	5 Payee name <b>Ed Valentine</b>
---------------------------	-------------------------------------

6 Amount (\$) <b>195.00</b>	7 Payee address; City; State; Zip Code <b>2544 Fawcington Dallas, TX 75207</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>consulting expenses</b>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/06/14</b>	Payee name <b>Sergio De Leon</b>
-------------------------	-------------------------------------

Amount (\$) <b>567.00</b>	Payee address; City; State; Zip Code <b>4521 Dixie Ave. Ft Worth, TX 76107</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>reimbursement</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/19/14</b>	Payee name <b>Double Tree Hotel</b>
-------------------------	--

Amount (\$) <b>196.33</b>	Payee address; City; State; Zip Code <b>303 W. 15th St. Fort Worth, TX 78701</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel expense</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/21/14</b>	Payee name <b>For Greater Historical Nth Side N.A.</b>
-------------------------	---

Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>2902 Lulu Fort Worth, TX 76106</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>donation</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 TARRANT COUNTY  
 2014 JUL 15 PM 3:00  
 ELECTIONS ADMINISTRATION  
 RY:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9 of 10</b>	2 FILER NAME <b>Sergio L. De Leon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>03/21/14</b>	5 Payee name <b>Angel Fernandez</b>
---------------------------	--

6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>2515 Prospect Fort Worth, TX 76164</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contract labor</b>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/27/14</b>	Payee name <b>AT + T</b>
-------------------------	-----------------------------

Amount (\$) <b>154.52</b>	Payee address; City; State; Zip Code <b>P.O. Box 537104 Atlanta, GA</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign cellphone</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/27/14</b>	Payee name <b>Juan P. Guerra</b>
-------------------------	-------------------------------------

Amount (\$) <b>55.00</b>	Payee address; City; State; Zip Code <b>2902 NW 26th Fort Worth, TX 76104</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/09/14</b>	Payee name <b>Michael Valdez</b>
-------------------------	-------------------------------------

Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>4323 Calmont Fort Worth, TX 76107</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contract labor - IT</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 2014 JUL 15 PM 3:00  
 TARRANT COUNTY  
 FILED  
 COUNTY CLERK  
 ADMINISTRATOR

## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 10	2 FILER NAME Sergio L. DeLeon	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/17/14	5 Payee name MALE		
6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code P.O. Box 471752 Fort Worth, TX 76147		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) donation	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 04/17/14	Payee name Line Printing Company	RY: STATE TASSON ELECTIONS ADMINSTRATOR 2014 JUL 15 PM 3:00 TARRANT COUNTY FILED	
Amount (\$) 405.94	Payee address; City; State; Zip Code 2808 Shammock Ave, Ste. C Fort Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense		Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date 05/07/14	Payee name Line Printing Co.		
Amount (\$) 97.69	Payee address; City; State; Zip Code 2808 Shammock Ave, Ste C Fort Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 06/19/14	Payee name AT&T		
Amount (\$) 152.25	Payee address; City; State; Zip Code P.O. Box 537104 Atlanta, GA 30353		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) campaign cell phone		Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Sergio L. De Leon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>03/04/14</b>	5 Payee name <b>Timothy Johnson</b>
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6 Amount (\$) <b>350.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>5508 Fernander Fort Worth, TX 76107</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <b>03/04/14</b>	Payee name <b>Hacienda San Miguel</b>
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Amount (\$) <b>217.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>29418 Crockett St. Fort Worth, TX 76107</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>food &amp; beverage for volunteers</b>	Description (If travel outside of Texas, complete Schedule T)
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Date <b>05/29/14</b>	Payee name <b>Riscky's Steakhouse</b>
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Amount (\$) <b>150.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>120 E. Exchange Fort Worth, TX 76106</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>deposit in fundraiser</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED