Texas Ethics Commissio	n P.O. Box 12070 Austin, Texas	3 78711-2070 (512) 4	63-5800 (TDD 1-800-735-2989)
	CANDIDATE / OFFICE N FINANCE REPORT	HOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST	мі <u>Г</u> .	OFFICE USE ONLY Date Received
	NICKNAME LAST DE VEON	SUFFIX	8 Fr 53
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE#: CITY	: STATE: ZIP CODE	Date Hand-delivered of Postmarked Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MR (MR) FIRST LAST Davis	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 1 09 / 25	Year
11 ELECTION	ELECTION DATE Morph Day Year Primary R	unoff 70	General Special

13 OFFICE SOUGHT (if known)

Justice of the loca ht. 5 sustice of the Beare, let. I

GO TO PAGE 2

12 OFFICE

OFFICE HELD (if any)

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

	to all to the soull track as a trace of the Po		
14 C/OH NAME	SERGI		5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDII S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	PY: LECT 2014
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	RRAH
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 1,833. 90
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7,775,00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ 443.55
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,918,98
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I REPORTING PERIOD	955.69
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 16,000.00
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
	ROSEMARY GA NOTARY PUBL STATE OF TEX My Comm. Exp. 12-12-	S1, ~	didate or Officeholder
AFFIX NOTARY STA	MP / SEAL ABOVE		
Sworn to and sub	scribed before r of OCTOBER		y hand and seal of office.
Signature of officer admir	nistering oath		OTARY PUBLIC Title of officer administering oath

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	(JUDICIAL)

P.O. Box 12070

		_	1 Total pages Schedule A(J):	
The	Instruction Guide explains how to complete this	s form.	10+13	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
	SERGIO L. DE WON			
4 Date			7 Amount of 8 In-kind contribution	
4 Date	5 Full name of contributorcut-of-state PAC (ID#:)	contribution (\$) description(if applicable)	
mli.	Tom Williams			
11/14	Tom Williams 6 Contributor address; City; State; Zip Code		1 2 0 00	
	4408 Ranch View Road	4	100.00	
	Fort Worth, Texas	16109	(If travel outside of Texas, complete Schedule T)	
	nncipal occupation	10 Contributor's job t		
	Alty at law	Attoner		
	mployer/law firm	12 Law firm of contril	outor's spouse (if any)	
	ncs + Boone s a child, law firm of parent(s) (if any)			
10 II continue in	or a ma, now min or parcin(s) (ii arry)			
Date	Full name of contributor Cut-of-state PAC (ID#:		Amount of In-kind contribution	
Date			contribution (\$) description(if applicable)	
7/2/14	Arnold Gachman			
12/11	Contributor address; City; State; Zip Code		00.00	
	1229 shady balls in		100.	
	Fort Worth, TX To		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation 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	Full name of contributor	1	Amount of In-kind contribution	
1			contribution (\$) description(if applicable)	
7 4 4	Steve De Leon			
1 1/14	Steve De Leon Contributor address; City; State; Zip Code 1212 Karen Dr.		100.00	
	Fort Worth, TX 76	OSIO	 (If travel outside of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	isla	
	45 Delight Co.	Ouve		
	mployer/law firm		outor's spouse (If any)	
If contributor is	a child, law firm of parent(s) (if any)			
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	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
16			1	
IT CON	tributor is out-of-state PAC, please see instr	uction guide for ac	iditional reporting requirements.	

P.O. Box 12070

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
5	ERGIO L. DE LEON			
4 Date			-	
· Duic)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Gib Lewis		Ι σοιπισσιών, (Φ)	description(ii applicable)
Maly	6 Contributor address; City; State; Zip Code			1
17117	2300 Race St		100.00	1
			'	1
	Fort Worth, Tx 761 mincipal occupation mer Tx House Speaker	11	(If travel outside	le of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		or locas, compete scriedule 1)
torr	nor Tx House Seesher			
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if an	y)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Cout-of-state PAC (ID#:		Amount of	In trind contribution
Date)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Stephen Greig Contributor address; City; State; Zip Code 2902 Rivergrove Ct.			
-1 .	Contributor address; City; State; Zip Code		500.00	
7/11/14	2902 Riverarave Ct.		300	
, ,				i
	Fort Worth, Tx 76116	•	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Gre	is automative	Gure		
Contributor's e	mpleyer/law firm	Law firm of contrib	outor's spouse (if an	y)
		W		
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
	Sergio & Susie DeLe	6 %	contribution (\$)	description(if applicable)
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1 1' '	Contributor address; City; State; Zip Code		₹0.00	
	103 Pine Valley Rd.			
	Bigelow, An 72012		(If traval outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job t		or lexas, complete ocheque 1)
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J): 3 of \3	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
	SERGID L. DE VEON			
4 Date	5 Full name of contributor		7 Amount of 8 In-kind contribution	
	Mike Monoriet Campa	· dn	contribution (\$) description(if applicable)	
7/13/14	Mike Monoriet Campa 6 Contributor address; City; State; Zip Code 777 Taylor St., Stc. +51	व १०३०	100.00	
	Fort Worth, Tx 76,00	>	(If travel outside of Texas, complete Schedule T)	
	rincipal occupation when Mayor - Redwel	10 Contributor's job	title	
11 Contributor's e	mployer/law firm	12 Law firm of contri	ibutor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of In-kind contribution	
	Hector Cortez		contribution (\$) description(if applicable)	
7/13/14	Contributor address; City; State; Zip Code 2722 5. Jennings Hv	rc.	100.00	
	For Worth, Tx 71	o\ 1 0	(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Contributor's job title				
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution	
	Shirley Morriso		contribution (\$) description(if applicable)	
7/12/14	Shirley Motono Contributor address; City; State; Zip Code			
1	316 Pepperwood TVI		(00,00)	
	Fort Worth, TX 76	. 20	(If travel outside of Texas, complete Schedule T)	
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If contributor is a child, law firm of parent(s) (if any)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
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2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
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4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
م ایداره	Chris Turrer Com 6 Contributor address; City; State; Zip Code	peign	Commodition (¢)	deddisplanti applicable)
11/12/11	6 Contributor address; City; State; Zip Code	· •	250.00	
	P.O. Box 182093		250.0	
	Arlington Tx 7609	مر	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
		42 Law firm of contri	butors spouse (if any	·\
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (ii ariy	')
13 If contributor is a child, law firm of parent(s) (if any)				
		ALEKS IV.		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
.1 .	Jack M. Teeler		contribution (\$)	description(if applicable)
7 15 14	Contributor address; City; State; Zip Code		500.00	
$I_{i} = I_{i}$	U208 Forest River ?	χ.,	3001	
	Fortworth, Tx 74	112	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	· · · · · · · · · · · · · · · · · · ·	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			Δ	
Contributors e	mployemaw iiim	Law littl of Contin	butor's spouse (ii ariy	
If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Nelda Perez			,
~.l l '	Contributor address; City; State; Zip Code		- 2	
717114	9100 Cliffside Dr.		100.5	
, ,	Cedar Hill, Tx 751	04	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	')
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The Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
SERGIO L. DE VEON			
4 Date 5 Full name of contributorcut-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
Carlos E. Flores		contribution (\$)	description(if applicable)
Carlos E. Flores 7/17/14 6 Contributor address; City; State; Zip Code 1415 Circle Park Rul		50.€	
FORT WORTH, TX 76	164		of Texas, complete Schedule T)
9 Contributor's principal occupation Lowberd Wark	10 Contributor's job	title	
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if an	у)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#		Amount of	In-kind contribution
Juana Grana		contribution (\$)	description(if applicable)
Contributor address; City; State; Zip Code 333 Afton Rd,	• • • • • • • • • • • • • • • • • • •	50.00	
Fort Worth, TX 7UIS	ام	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job		or rexas, complete contents 17
Housewife			
Contributor's employer/law firm	Law firm of contri	butor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if any)		·	
Date Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
Minda Cozzen Contributor address; City; State; Zip Code		contribution (\$)	description(if applicable)
4017 Unita Hove,		25.—	
Fort Worth, TX	10107	(If travel outside	of Texas, complete Schedule T)
	Contract to the	4:41-	
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): 6 SF 13				
2 FILER NAME			3 ACCOUNT # (E	hics Commission Filers)
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4 Date	5 Full name of contributorcut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
al i	Norma Garcia-lo	pez		description (ii applicable)
1/17/14	6 Contributor address; City; State; Zip Code 5350 Foss: 1 Creek Browd	. Apt. 215	25.00	
-	Halton City, Tx 7	6137	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm 12 Law firm of contrib		butor's spouse (if any	")	
13 If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
7/17/14	Pedro A. Alvarado Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · ·	contribution (\$)	description(if applicable)
•	P.O. BOX 64442		100.00	
	For Wart, TX 761	64	(If travel outside	of Texas, complete Schedule T)
	principal occupation	Contributor's job	title	
Contributor's employer/law firm		Law firm of contri	butor's spouse (if any	′)
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Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Mark Stelmas		(0)	,
4 11-114	Contributor address; City; State; Zip Code 3 237 Wabash		100.8	
	Fort Worth, Ix 7410	े ९	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
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2 FILER NAME			3 ACCOUNT # (Eth	ics Commission Filers)
50	RGIO L. DE WOOD			
4 Date	5 Full name of contributorout-of-state PAC (ID#:			8 In-kind contribution
7/17/14	Michael G. Engle 6 Contributor address; City; State; Zip Code 12811 Bella Roma	√	contribution (\$)	description(if applicable)
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9 Contributor's p	Fort Worth, The rincipal occupation			Total, somplete consolidity
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	a child, law firm of parent(s) (irany)	l		
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Date	Full name of contributor Cout-of-state PAC (ID#:)	Amount of	In-kind contribution
		_	contribution (\$)	description(if applicable)
Mialit	Felipe A. Gutiene Contributor address; City; State; Zip Code	···	(m m	
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	Fort Worth, Tx 761	20		f Texas, complete Schedule T)
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			contribution (\$)	description(if applicable)
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	2744 5th Are.			
	Forbust, TX 71	0110	(If travel outside o	f Texas, complete Schedule T)
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ii contributor is	a come, aw min or parental (ii any)			

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If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporting	
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2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
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4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2/4/14	Juan Perzz 6 Contributor address; City; State; Zip Code 9109 Wifts: Le		100,00	
	Cedar Hill, Tx 751	10 f		of Texas, complete Schedule T)
_ 1	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if an	v)
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13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
11/11/10	Contributor address; City; State; Zip Code	· • • • • • • • • • • •	50.00	
	Arlyngton, TX 76017)	(If travel outside	of Texas, complete Schedule T)
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	uncy officer	Law firm of contri	butor's spouse (if an	
Contributors e	mployer/law firm	Law IIIII of Contin	butor a apouse (ir arr	,, ,
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
4/11/10	Contributor address; City; State; Zip Code	دع	contribution (\$)	description(if applicable)
	P.O. Box 100523		100.00	
	Fort Worth, Tx 71	100	(If travel outside	of Texas, complete Schedule T)
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Contributor's	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
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If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ng requirements.

P.O. Box 12070

Austin, Texas 78711-2070 (512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE ${f A}$ (${f J}$	LEA(J)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME	FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
520	GEDO L. DE LEON			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
4 Date			contribution (\$)	description(if applicable)
	Kamon Romero	·		
07/17/14	6 Contributor address; City; State; Zip Code		2- 0 8-	
2 11 117	Ramon Romero 6 Contributor address; City; State; Zip Code 2201 E. Maddox Mc		300.°C	_
	Fox Worth, Tx 71		(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		or rexas, complete ocheone 1)
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11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
			COMMIDATION (4)	description (ir applicable)
	Contributor address; City; State; Zip Code			
	, , , , , ,			
				of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	/)
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Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
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Contributor's employer/law firm Law firm of contributor's spouse (if any)			" 慧 😦 🖫 🗒	
If contributor is	a child, law firm of parent(s) (if any)			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
56	IR GOO L. DE USON		
4 Date	5 Full name of contributor		7 Amount of 8 In-kind contribution
			contribution (\$) description(if applicable)
511714	Tawant Co. Stonerall A 6 Contributor address; City; State; Zip Code	Jemourts-PA	C
	P.O. Box 12434		250.00
	Fort Worth, Tx 7611	0	(If travel outside of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any)
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC (ID#:	1	Amount of In-kind contribution
1			contribution (\$) description(if applicable)
07/18/14	Michael Campbell	· · • • • • • • • • • •	
1,21,7	Contributor address; City; State; Zip Code	1 1 50-	150 2
	Michael Campbell Contributor address; City; State; Zip Code 5932 Village Course,		13
	fort Worth, TX Me		(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation the Ref. 8	Contributor's job	title
	mployer/law firm	Law firm of contributor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC (ID#:	1	Amount of In-kind contribution
			contribution (\$) description(if applicable)
07/10/10	Kutino Mendoza		·
L. Wall	Contributor address; City; State; Zip Code		100.00
	Contributor address; City; State; ZipCode 5505 Rutland W	∞ ,	
41.61	Fat worth, IX	76133	(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal octupation	Contributor's job	title
	mployer/law firm	Law firm of contri	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		73
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If cont	tributor is out-of-state PAC, please see instr		the state of the s
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
566	LOSO L. DEVERN			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
न्।याप	Doming o Garcia 6 Contributor address; City; State; Zip Code		contribution (\$)	description(if applicable)
	400 S. 2ang Blud Str	2-600	500.22	
	Dallas, 7x 75208			of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	K-	
	mployer/law firm	12 Law firm of contri		1)
Garci	a Law From			
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
07/22/14	Contributor address; City; State; Zip Code	17.1.1. Samp	1 ' '	description (ii applicable)
0.172911	P.O. BOX 17428		1000,00	
	Austin Tx 7874		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
	mployer/law firm		butor's spouse (if any	′)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
07/31/14	J. Thomas Schieffe	~	contribution (\$)	description(if applicable)
odsilia	Contributor address; City; State; Zip Code	_	570.20	
	777 Mein St. St. 325	2	300.0	·
	Fort Worth, TX 71	102	(If travel outside	of Texas, complete Schedule T)
	rincipal occupation www Ambassa Lew	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	7) 30 ra
If contributor is	a child, law firm of parent(s) (if any)	L		· · · · · · · · · · · · · · · · · · ·
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 12 SF 13		
2 FILER NAME			thics Commission Filers)	
SERGIO L. DEVEON		,	•	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
۸	Stephen C Mnought		(4)	
سالم الم	Stephen C, Warwell 6 Contributor address; City; State; Zip Code			l
01/01/14	3904 Driskell blue.		200 2	
	· · · · · · · · · · · · · · · · · · ·			1
	Fort Worth, Tx 761	70	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	_ P	• .
(AA)	7		@ dar_	
11 Contributor's e	mployer/law firm for Firm	12 Law firm of contril	butor's spouse (if an	y)
	a child, law firm of parent(s) (if any)			
13 il contributor is	a child, law lifth of parent(s) (if any)			
				The second secon
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
, ,	Southwest Democrats 24	Donat (a	·	description (ii applicable)
08 25 14	Contributor address; City; State; Zip Code			
	2806 Race St.		25000	1
	2000 000			i I
	Fort Worth, Tr 76111		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if an	y)
if contributor is	a child, law firm of parent(s) (if any)			
Deta			Amount of	In-kind contribution
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)
08/25/14	Emma D. Allen			1
	Contributor address; City; State; Zip Code		2500	
	4701 Foxfine Way		23.00	
	ELLI H TV TI	. 2.0		1
	ma worth, ix 1	0133	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	•
Contributor's	mployer/law firm	l au firm of contril	ນ butor's spouse (if ສົກ	v) E B
Contributor s er	проустам шт	Law mini oi contiii	outor a apouse (ii Ai)	
If contributor is	a child, law firm of parent(s) (if any)	<u> </u>	2	
				ST - ST
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				# 일 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J):
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
STER	500 L DELGON		• .
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of 8 In-kind contribution
	C 11 11 Grean		contribution (\$) description(if applicable)
08/25/14	Scott W. Green 6 Contributor address; City; State; Zip Code 3905 Summercest ?		1000.90
	Fort Worth, Tx 7610		(If travel outside of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	litle
11 Contributor's e	mployer/law firm	12 Law firm of contril	outor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any)		· ·
Date	Full name of contributorout-of-state PAC (ID#:		Amount of In-kind contribution
	E 0 0		contribution (\$) description(if applicable)
09/29/14	Contributor address; City; State; Zip Code		1
•	1441 N. Ma:~ St.		250.90
	Fort Worth Tre 7616	J.	(If travel outside of Tayon complete Schodule T)
Contributor's p	rincipal occupation	Contributor's job	(If travel outside of Texas, complete Schedule T)
Atte	n	Ally a	7
Contributor's employer/law firm		I am firm of contri	butor's spouse (if any)
^	, , , , , , , , , , , , , , , , , , , ,	Law firm of contri	outor a apouse (ii arry)
Can	as + Flores	Law firm of contri	
Can	, , , , , , , , , , , , , , , , , , , ,	Law firm of contril	odioi o apodoe (ii diiy)
Can	a child, law firm of parent(s) (if any)	Law III'M of Contil	Amount of In-kind contribution
If contributor is	a child, law firm of parent(s) (if any) Full name of contributor		
If contributor is	a child, law firm of parent(s) (if any) Full name of contributor		Amount of In-kind contribution
If contributor is	a child, law firm of parent(s) (if any) Full name of contributor		Amount of In-kind contribution
If contributor is	Full name of contributor out-of-state PAC (ID#:	 C≈,	Amount of In-kind contribution contribution (\$) description(if applicable)
If contributor is Date	Full name of contributor	C~.	Amount of contribution (\$) In-kind contribution description(if applicable)
If contributor is Date O 9 15 14	Full name of contributor	 C≈,	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2- (If travel outside of Texas, complete Schedule T)
Date O9 IS IY Contributor's p	Full name of contributor	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T)
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T) title
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T) title
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T)
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T) title butor's spouse (if any)
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T) title butor's spouse (if any)
Contributor's p	Full name of contributor out-of-state PAC (ID#:	Cv, 37 Contributor's job	Amount of contribution (\$) In-kind contribution description(if applicable) 200, 2 (If travel outside of Texas, complete Schedule T) title butor's spouse (if any)
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	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/Co	
Accounting/Banking	Expense Solicitation/Fundra	
Consulting Expense	Legal Services Travel In District Food/Beverage Expense Travel Out Of District	Expense
Event Expense	Polling Expense	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Ro	
	The Instruction Guide explains how to co	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1045	SORGIO L. DE LEON	
4 Date	5 Payee name	
· · · · · · · · · · · · · · · · · · ·		
07-02-14	Tom Thumb	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	3000 S, Hulen Street	
167.40	Fort Worth, Tr 761	37
8 DUBBOSE	(a) Category (See categories listed at the top of this	(b) Description (If travel outside of Texas, complete Schedule T)
PURPUSE	schedule)	(b) Description (il traver outside of lexas, complete scriedule 1)
OF EXPENDITURE	Como July 9	
EXPENDITORE	Food/Berancy Come July 4	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH .	
Date	Payee name	
07-17-14	Riscky 15 Steekhouse	
Amount (\$)	Riscky is Steekhouse Payee address; City; State; Zip Code	
	120 E. Exchange	
750.20		,
700.	Fort worth To 7610	<u> </u>
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
OF	schedule)	
EXPENDITURE	Food Barange; Endraine	Check if Austin, TX, officeholder living expense
Complete ONLY 7 dies of	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office field
- CAPONIANO TO BONOM OF	, , , , , , , , , , , , , , , , , , , ,	
Date .	Payee name	
07-18-14	Booker Industries	
Amount (\$)	Payee address; City; State; Zip Code	
C10 15	2344 Farrington	
913.65	2344 Farrington Dalles, Tx 75207	
	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	schedule)	
OF EXPENDITURE	Concilling - Divoice st	Check if Austin, TX, officeholder living expense
	Consulary - 11019	
Complete ONLY if direct		
	Candidate 7 Officeholder name	Office sought Office held
expenditure to benefit C/C		Office sought " Office held
expenditure to benefit C/C	OH .	
expenditure to benefit C/C	Payee name	
Date	Payee name Juan Perrz	
Date 07-18-14 Amount (\$)	Payee name	
Date 07-18-14 Amount (\$)	Payee name Juan Perrz	
Date 07-18-14 Amount (\$)	Payee name Juan Percz Payee address; City; State; Zip Code 9108 Cliffside	
Date	Payee name Tuan Perc Z Payee address; City; State; Zip Code	900 - 6 PN 4: 2
Date 07-18-14 Amount (\$)	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cular Hill, Tx 75101 Category (See categories listed at the top of this	
expenditure to benefit C/C Date 07-18-14 Amount (\$) PURPOSE OF	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cudar Hill, Tx 75101 Category (See categories listed at the top of this schedule)	900 - 6 PN 4: 2
Date 07-18-14 Amount (\$) PURPOSE	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cular Hill, Tx 75101 Category (See categories listed at the top of this	900 - 6 PN 4: 2
expenditure to benefit C/C Date 07-18-14 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cudar Hill, Tx 75101 Category (See categories listed at the top of this schedule)	Description (If travel outside of Testas, complete Schedule T)
expenditure to benefit C/C Date 07-18-14 Amount (\$) PURPOSE OF	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cular Hill, Tx 75101 Category (See categories listed at the top of this schedule) Deht payment Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
expenditure to benefit C/C Date 07-18-14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Juan Perc 2 Payee address; City; State; Zip Code 9108 Cliffsite Cular Hill, Tx 75101 Category (See categories listed at the top of this schedule) Debt payment Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C/C Date 07-18-14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Juan Perr Payee address; City; State; Zip Code 9108 Cliffside Cular Hill, Tx 75101 Category (See categories listed at the top of this schedule) Deht payment Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Office sought Office held

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/O		yment/Reimbursement	
Accounting/Banking	Expense Solicitation/Fundraising Expense Transportation Equipment & Related			
Consulting Expense	Food/Beverage Expense	Expense Contribution	ns/Donations Made By	
Event Expense Fees	Polling Expense Office Overhead/F	Candida	ate/Officeholder/Political Committee	
	Printing Expense The Instruction Guide explains how to c	OTHER (en	ter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		COUNT # (Ethics Commission Filers	
2015	SERGIO L. DEVE	0~	-	
07 18 11	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1 00	2325 mistletoe Dr.			
1,500.00	Fort Worth Tx 7	6110		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		side of Texas, complete Schedule T)	
EXPENDITURE	Lan payment	Check if Austin, TX, office	ceholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
07/20/11	Booker Industries			
Amount (\$)	Payee address: City: State: Zip Code			
_	2344 Farrington			
529.73	Dallas Tx 75207			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)	
OF EXPENDITURE	Consuling; 11020	Check if Austin, TX, office	ceholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
0-1-	Payee name			
Date	Payee name			
07/29/11	MIT			
Amount (\$)	Payee address; City; State; Zip Code			
152,39	P.O. Box 537 104			
1521=	Fort W M lander, GA	30353		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)	
EXPENDITURE	canocion cele chome	Check if Austin, TX, office	cebolder living expenses	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	OH .		5983	
Date	Payee name			
بالممايي	LALLAS		Co. O. T.	
07/29/11	Payer address: City City 71- City			
Amount (\$)	Payee address; City; State; Zip Code			
250.00	7000		20 to	
Fort Worth, Cx 76110				
PURPOSE	Category (See categories listed at the top of this	Description (If travel ou	side of Texas, complete Schedule T)	
OF	schedule)		f .	
EXPENDITURE	dunation	Check if Austin, TX, office		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/C Expense Solicitation/Fundr Legal Services Travel In District Food/Beverage Expense Travel Out of District Polling Expense Office Overhead/F Printing Expense The Instruction Guide explains how to c	Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	SERGIO L. DELEON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07 30 14	5 Payee name Juan Perz	
6 Amount (\$)	7 Payee address; City; State; Zip Code 9108 Cliffside Cedan Hill, TX 751	01
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ban payment	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
07 30 14	Maria Montes Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
125.25	1509 Washington Ana. Fort Worth Tx 76104	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Lonsulting	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held Office held
Complete ONLY if direct expenditure to benefit C/C	Payee name A T + T Payee address; City; State; Zip Code P. o. Now 537 Joy	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date OB(25) J Y Amount (\$)	Payee name Payee address; City; State; Zip Code	Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date O 8 (25) 14 Amount (\$) PURPOSE	Payee name A T + T Payee address; City; State; Zip Code Payee address; Garage 30353 Category (See categories listed at the top of this	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date OB(25)14 Amount (\$) PURPOSE OF	Payee name A T + T Payee address; City; State; Zip Code Category (See calegories listed at the top of this schedule) Campaign cel phone Candidate / Officeholder name	Office sought Office held Description (If travel outside of Texas complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/C Date OB(25)14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date OB(26)14 Amount (\$)	Payee name A T + T Payee address; City; State; Zip Code P. D. 120x 537 104 Attenta, GA 30353 Category (See categories listed at the top of this schedule) Campaign well phone Candidate / Officeholder name OH Payee name	Office sought Office held Description (If travel outside of Texas complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C Date O 8 2 5 1 4 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date O 8 2 5 1 4	Payee name A T + T Payee address; City; State; Zip Code P.o. nox S37 loy Attenta, 64 30353 Category (See categories listed at the top of this schedule) Campign cel phone Candidate / Officeholder name Payee name Raman Remero Cam Payee address; City; State; Zip Code	Office sought Office held Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expenses Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date OB(25)14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date OB(26)14 Amount (\$) PURPOSE OF EXPENDITURE	Payee name A T + T Payee address; City; State; Zip Code P. D. 1000 537 104 Attenta, Gr. 30353 Category (See categories listed at the top of this schedule) Campaign cell phone Candidate / Officeholder name Payee name Payee address; City; State; Zip Code P. O. Box 181	Office sought Office held Description (If travel outside of Texas complete Schedule T) Check if Austin, TX, officeholder living expense) Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date O & 25 / 14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date O & 26 / 14 Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name Payee name A T + T Payee address; City; State; Zip Code P. D. 100 S37 104 Attenta, Gr. 30353 Category (See categories listed at the top of this schedule) Campian cel phone Candidate / Officeholder name Payee name Payee name Payee address; City; State; Zip Code P. D. Box 181 Category (See categories listed at the top of this	Office sought Office held Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expenses Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date OB(25)14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date OB(26)14 Amount (\$) PURPOSE OF EXPENDITURE	Payee name A T + T Payee address; City; State; Zip Code (.o. 1000 537 104 Attenta, GA 30353 Category (See categories listed at the top of this schedule) Campaign well phone Candidate / Officeholder name Payee name Payee address; City; State; Zip Code (.o. 1000 181) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expenses Office sought Office held Description (If travel outside of Texas, complete Schedule T)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Sala Expense Solic Legal Services Trav Food/Beverage Expense Trav Polling Expense Offic Printing Expense	citation/Fundraising Expense el In District el Out Of District e Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	IENN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09 27 14	5 Payee name San Matco V	Menis Club	
1 SD. 33		X 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of schedule)		(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ustin, TX, officeholder living expense t Office held
Date 09 02 14	Payee name HALOS Payee address; City; State;	7in Oada	
Amount (\$)	2600 Lipsumb	in The III	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of schedule)		(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date 09 04 14	Payee name Roy Brooks Ca	mpoign	
Amount (\$)	8.0. Bux 168168	76102	
PURPOSE OF	Category (See categories listed at the top of schedule)	1	(If travel outside of Texas complete Schedule T)
EXPENDITURE	denetion		ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held
Date 9-5-14	Payee name U.S. Post of		
Amount (\$)	Payee address; City; State; the other	Zip Code S & tim	
PURPOSE	Category (See categories listed at the top of schedule)	this Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	postage	☐ Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held

POLITICAL	EXPENDITURES	SCHEDULE 1		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Travel Out Of District Polling Expense Travel Out Of District Office Overhead/ Printing Expense The Instruction Guide explains how to	trict Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	SERGIO L. DE	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 9-16-14	5 Payee name WAACP			
6 Amount (\$)	7 Payee address; City; State; Zip Code 1063 Evans Ave. Fort Worth, Tx 11	.104		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	denotion	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 9 - 18 - 14	St. Andrew's Unight	s of Columbus		
Amount (\$)	Payee address; City; State; Zip Code 3312 Dryden Rd Fort Worth, Tx 761			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	direction	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
9-22-14	AT + T	- 15 G 28.		
Amount (\$)	Payee address; City; State; Zip Code P.O. Box 537 10 4 Atlanta CA 30353			
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	schedule)	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
9-23-14	Eduardo & Ratters	n signs		
Amount (\$)	Payee address; City; State; Zip Code 4733 Don Dr: 12 Dallas, 7x 75247			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Ausun, lexas 707 11-2070