	CANDIDATE / N FINANCE RE		IOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to com	olete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIF	EAGED ST	MI	OFFICE USE ONLY  Date Received  PARRA  FRAN  FRA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE	#; CITY;	STATE; ZIP CODE	Date Hand belivered Postmarked  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU	IMBER	EXTENSION	Date Processed ATOR
6 CAMPAIGN TREASURER NAME	NICKNAME LA	EFF ST OAVIS	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA:	SE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MBER	EXTENSION	
9 REPORT TYPE		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 Da	
11 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	TAYLRAMS TUSTECE OFTHE	CO. PENCE, PCT.	TATERS JUSTECE OF	own)  THE PERCE, PCT. 5
		GO TO PAG	SE 2	

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

FORM JC/OH COVER SHEET PG 2

				(Entra Committee Entra Committ
14 C/OH NAME			15 ACCOUNT #	(Ethics Commission Filers)
5506	in L	DE VEO N		
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	DE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI TOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICE	IOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	87:	TARRA 2015 JAN ECTION
	GENERAL	COMMITTEE ADDRESS	and the second s	NT CO
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		MIO: 30
		COMMITTEE CAMPAIGN TREASURER ADDRESS		ä
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA		Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,820.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ (	3,359. <sup>83</sup>
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	S \$	529.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	15,000.00
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>Sugio L. Deleon</u>, this the <u>14th</u> day of <u>January</u>, 20 15, to certify which, witness my hand and seal of office.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the company of t	ontract Labor aising Expense  rict tental Expense  Contributions/Donations Made By Candidate/Officeholder/Political Co	
1 Total pages Schedule F:	SERGED L. DE VGO	3 ACCOUNT # (Ethics Commission)	on Filers)
4 Date	5 Payee name		
10/28/14	U.S. Post Office	•	
6 Amount (\$)	7 Payee address; City; State; Zip Code Tach D. Watson Fat Wartl. Tx	76111	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedu	ule T)
EXPENDITURE	Postage	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought B Office held	₹
Date ,	Payee name	JAN	0
10/20/14	Lynn Johnson	55 <b>2</b> 3	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code		ЭШ 
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PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Teras, complete Schedu	Π <b>έ</b> Τ) <
EXPENDITURE	Event Expense	Check if Austin, TX, office older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
10/20/14	Booker Industries  Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code	4	
769.03	2344 Farrington Dallas, TX 7 5207		. ,
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedu	ule T)
EXPENDITURE	Conculting Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
10/29/14	Booker Industries		
Amount (\$)	Payee address; City; State; Zip Code		
259.00	Dellas, Tx 75207		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sched	ule T)
EXPENDITURE	Consulting Exponse	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Advertising Fores	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Salaries/Wages/C		nt/Reimbursement
Consulting Expense	Legal Services Solicitation/Fundra Travel In District	aising Expense Transportation I Expense	Equipment & Related
Event Expense	Travel Out Of Distr	ict Contributions/Do	onations Made By
Fees	Polling Expense Office Overhead/R	ental Expense Candidate/O	fficeholder/Political Committee
	The Instruction Guide explains how to co	omplete this form.	estego not listed above)
1 Total pages Schedule F:		3 ACCOU	T # (Ettics Commission Filers)
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4 Date	5 Payee name		
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6 Amount (\$)	Teambola Kappa Kappa Kappa 7 Payee address; City; State; Zip Code	<del>Y 1</del>	
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100.00	1201 Wesleyen Street Tox Worth, Tx 761	25	TR'S CO.
8 5455005	(a) Category (See categories listed at the top of this	(b) Description (If travel outside of	Toyas Canaleta Schidula Ti
PURPOSE OF	schedule)	(b) Description (in traver outside (	rexas, complete scaledule 1)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sought	Office held
Date	Payee name		
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Amount (\$)	Painter Communication Payee address; City; State; Zip Code		
2 2 7 30	75 maple Street, # 20	3	
3,377,30	Conshohocken, PX	+ 19428	
	Category (See categories listed at the top of this	Description (If travel outside of	of Texas, complete Schedule T\
PURPOSE OF	schedule)	(	
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expenditure to benefit C/0	ЭН	•	
Date	Payee name		
11/7/14	Altredo Delgado		
Amount (\$)	Payee address; City; State, Zip Code		
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125.00		16109	
DUDDOSE	Category (See categories listed at the top of this	Description (If travel outside of	of Texas, complete Schedule T)
PURPOSE OF	schedule)		
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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Dete	Peuce name		
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11/7/14	Joey Riss		
Amount (\$)	Payee address; City; State; Zip Code		
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125.00	Tout Worth, Tx 76/14	ł	
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside	of Texas, complete Schedule T)
OF	schedule)		
EXPENDITURE	(501 V- Conduct lets	Check if Austin, TX, officehold	der living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	OH		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

**Legal Services** Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By

Fees	Polling Expense Office Overhead/	Rental Expense	ceholder/Political Committee
	Printing Expense The Instruction Guide explains how to	complete this form.	ategory not listed above)
1 Total pages Schedule F:	2 FILER NAME	. 1	# (Ethics Commission Filers)
	SERGIO L. DE VEON	<u> </u>	F 23 T
4 Date			FRANK PECTIONS AC
12/18/14	Carlos & les Saenz		FR LA R
6 Amount (\$)	7 Payee address; City; State; Zip Code		XX Z Z
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200	Fort Worth, Tx 76164		- SE
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	1 25 5 7
EXPENDITURE	Frent Expense	Check if Austin, TX, officeholder	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	O e held
Date	Payee name		i
12/29/14	41+1		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	Atlanta, GA 30353	-7104	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Campaign cell plume	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		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	,	Check if Austin, TX, officeholder	r living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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	r living expense
Complete ONLY 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 Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the food of the compared to the comp	Contract Labor Loan Repayme Transportation Expense Contributions/D Candidate/C	ent/Reimbursement Equipment & Related Conations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:		3 ACCOU	INT # (Ethics Commission Filers)
4 Date	5 Payee name Pedro Alvara do		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1042 5 Faues to an Tr1, Apt	# 1477	m
120.00	Fort Watz, Tx 7624		TA 2015
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas complete Schedule
EXPENDITURE	Good Contract labor	Check if Austin, TX, officehold	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	
Date	Payee name		RS C
11/11/14	Traphy Arts		A 30
Amount (\$)	Payee address; City; State; Zip Code		1 ~
138.00	519 Pennsylvania Are Took Worth TX 7610	1	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
EXPENDITURE	Gifts burnels Expense	Check if Austin, TX, officehok	der living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
75.00	Tout Worth, Tx Thay		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage Pagement	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/12/14	Mario X. levez		
Amount (\$)	Payee address; City; State; Zip Code		
300.0	5744 5th Ave.		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
EXPENDITURE	Consulting Expense	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Salaries/Wage	es/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking	Expense Solicitation/Fu	Indraising Expense Transportation Equipment & Related			
Consulting Expense	Food/Reverage Expense	rict Expense			
Event Expense Fees	Polling Expense	On a district to the state of t			
1 663	Printing Expense	AU/Neillai Expense			
	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
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4 Date	5 Payee name	& <u>_</u> _ >			
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6 Amount (\$)		TARRA F			
6 Amount (a)	7 Payee address; City; State; Zip Code				
134,31	P.O. Box 53701- 5371	1 × = 2			
137	Atlanta GA 30353.	7104			
8 PURPOSE	(a) Category (See categories listed at the top of this	(b) Description (If travel outside of Texas complete chedule 1)			
OF	schedule)	IS E			
EXPENDITURE	Campaigna Call of ma	Check if Austin, TX, officeholder living expense			
O Complete CNII V If allers t	Candidate / Officeholder name				
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Amount (\$)	and the same				
Amount (\$)					
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100.	tent Worth, 1x	14105			
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)			
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EXPENDITURE	donation	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/0	OH .				
Date	Payee name				
11/21/14	Juana Grane lu	<u></u>			
Amount (\$)	Payee address; City; State; Zip Code				
(+)	333 Afton				
150.00					
130.	Fort Worth, Tx	16123			
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)			
OF	schedule)				
EXPENDITURE	Contract labor	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/0	OH .				
Date	Payee name				
11/21/14	Paul lopez Ben.	etit			
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	1419 W. Berry St.				
125,00	T. 11	- 71110			
	LONT MOUTH IX	76110			
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EXPENDITURE	donation	Check if Austin, TX, officeholder living expense			
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P.O. Box 12070

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A(J):
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
SER C	TO L. DE LEON			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Dwain Dent		contribution (\$)	description(if applicable)
10/28/14	6 Contributor address; City; State; Zip Code			
	120 Penn St.		100.00	
			,0	
	Fort Worth, Tx 76			of Texas, complete Schedule T)
	rincipal occupation	10 Contributors job		
	THY mployer/law firm	12 Law firm of contri	ct Lew butor's spouse (if any	<i>(</i> )
	- Dent Law Firm	12 200 11111 01 0011111	ator o operato (ii a)	,
	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
101-01-1	FWPOA		contribution (\$)	description(if applicable)
10/28/14	Contributor address; City; State; Zip Code		00	
	904 Collier St.		1000.00	
	Fort Worth, Tx 761	2	(15 travel outside	of Towns . complete Cabadyla T
Contributor's p	rincipal occupation	Contributor's job		of Texas, complete Schedule T)
Contributor's e	Contributor's employer/law firm La		butor's spouse (if any	<i>(</i> )
If anatributor is	a shild lawfirm of paragraphs) (if any)			*
If contributor is	s a child, law firm of parent(s) (if any)			
If contributor is		)	Amount of	In-kind contribution
	Full name of contributorout-of-state PAC (ID#:			In-kind contribution description(if applicable)
Date	Full name of contributorout-of-state PAC (ID#:  Darren James		Amount of	
	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	
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Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	
Date	Full name of contributor Dout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable)
Date    O   Z P     I +	Full name of contributorout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable) of Texas, complete Schedule T)
Date    O   Z P     I +	Full name of contributor Darven James  Contributor address; City; State; Zip Code  1505 Scattora Grove  Lewisville, Tx 75067  rincipal occupation	Contributor's job	Amount of contribution (\$)	description(if applicable) of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributor Darven James  Contributor address; City; State; Zip Code  1505 Scattora Grove  Lewisville, Tx 75067  rincipal occupation	Contributor's job	Amount of contribution (\$)	description(if applicable) of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributorout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable)  of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributorout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable)  of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributorout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable)  of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributorout-of-state PAC (ID#:	Contributor's job	Amount of contribution (\$)	description(if applicable)  of Texas, complete Schedule T)
Date  I O Z R I I Y  Contributor's p  Contributor's e	Full name of contributor Darven James Darven James Contributor address; City; State; Zip Code 1505 Scquoia Grove Lewisville, Tx 75067 rincipal occupation mployer/law firm s a child, law firm of parent(s) (if any)	Contributor's job  Law firm of contri	Amount of contribution (\$)  125. 55  (If travel outside title	description(if applicable)  of Texas, complete Schedule T)
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Date    O   ZR   I    Contributor's p  Contributor's e  If contributor is	Full name of contributor Darven James Darven James Contributor address; City; State; Zip Code 1505 Scquoia Grove Lewisville, Tx 75067 rincipal occupation mployer/law firm s a child, law firm of parent(s) (if any)	Contributor's job  Law firm of contri	Amount of contribution (\$)  125.	description(if applicable)  of Texas, complete Schedule T)
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Date    O   ZR   I    Contributor's p  Contributor's e  If contributor is	Full name of contributor	Contributor's job  Law firm of contri	Amount of contribution (\$)  125.	description(if applicable)  of Texas, complete Schedule T)

P.O. Box 12070

OTHER THAN PLEDGES OR LOANS	) (OODIOIAL)		
The Instruction Guide explains how to complete thi		Total pages Sche	dule A(J):
2 FILER NAME	3	ACCOUNT # (Eth	nics Commission Filers)
SERGIO L. DE LEON			
4 Date 5 Full name of contributorout-of-state PAC (ID#:			8 In-kind contribution
Johalus Mary F. Herrera	со	ntribution (\$)	description(if applicable)
6 Contributor address; City; State; Zip Code	;₩	100.00	
Albuquerque, NM 8		(If travel outside o	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title	(ii traver outside o	r rexas, complete ochedule 1)
11 Contributor's employer/law firm	12 Law firm of contributor	r'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
10/29/14 Law Firm of Jason 8r	co the	entribution (\$)	description(if applicable)
Contributor address; City; State; Zip Code		00 1	
Luco Both Are.		250.00	
Contributor's principal occupation	Contributor's job title	(If travel outside o	of Texas, complete Schedule T)
Atta	Attu at	la	
Contributor's employer/law firm Law Office of John Smith	Law firm of contributor		
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
Law office of Jim le	°°	entribution (\$)	description(if applicable)
Contributor address; City; State; Zip Code		1	
204 W. Central Are.	1	00.2	
Fort Worth, TX 7616	4	(If travel outside o	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title	(ii traver outside t	or rexas, complete schedule 1)
Alty	vetty e	and	
Contributor's employer/law firm	Law firm of contributo	r's spouse (if any)	)
Law office of Jin lone			
If contributor is a child, law firm of parent(s) (if any)			а <u>ш</u>
ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see inst			TARRANT CO

### SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
2 FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)		
<b>S</b> .	eaged L. De uson		·		
4 Date	5 Full name of contributor   out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
			contribution (\$)	description(if applicable)	
L. Lanler	Domingo Garcia M	tty			
10/20/14	Domingo Garcia Ma 6 Contributor address; City; State; Zip Code		100,00		
	400 South 20ng Blad., 5	ste, 600			
	Dallas, Tx 75203			of Texas, complete Schedule T)	
-	rincipal occupation	10 Contributor's job			
	mployer/law firm	12 Law firm of contri		\	
	ich tau Firm	12 Law million contin	odioi s spouse (ii uriy	,	
	a child, law firm of parent(s) (if any)	L			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Shawn Wolfe		contribution (\$)	description(if applicable)	
10/29/14	<del> </del>		İ		
,	Contributor address; City, State; Zip Code		1-00		
	2324 Winton Terrace West	•	250.00		
	Fax Worth Tx 7610	9	(If travel outside o	of Texas, complete Schedule T)	
	rincipal occupation  We story	Contributor's job	title		
Contributor's en	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 contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Eliza C. Najera		contribution (\$)	description(if applicable)	
10/29/14	Contributor address; City; State; Zip Code				
•	310 N. Hampton St.		35,∞		
	•		ı		
	Fort Worth, Tx Tuis			of Texas, complete Schedule T)	
·	rincipal occupation	Contributor's job	title	TA 2015 LEC)	
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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1-11-7	6 Contributor address; City; State; Zip Code	200 00						
	4323 Calmont							
	Fort Worth, Tx 761	27						
9 Contributor's p	principal occupation	10 Contributor's job	(If travel outside of Texas, complete Schedule	T)				
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
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	Dallas, Tx 75219		(If travel outside	of Texas, complete Schedule T)	
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