

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
SERGIO L.
NICKNAME LAST SUFFIX
DE LEON

OFFICE USE ONLY

Date Received
Date Hand-Delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged
FILED
TARRANT COUNTY
2015 JAN 14 AM 10:28
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: *[Signature]*

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
JEFF
NICKNAME LAST SUFFIX
DAVIS

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 Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 28 / 14 **12 / 31 / 14**

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TARRANT CO. JUSTICE OF THE PEACE, PCT. 5 **TARRANT CO. JUSTICE OF THE PEACE, PCT. 5**

GO TO PAGE 2

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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2015 JAN 14 AM 10:30
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

additional pages

17 CONTRIBUTION TOTALS

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

\$ **Ø**

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

\$ **3,820.00**

EXPENDITURE TOTALS

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

\$ **Ø**

4. TOTAL POLITICAL EXPENDITURES

\$ **8,350.03**

CONTRIBUTION BALANCE

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

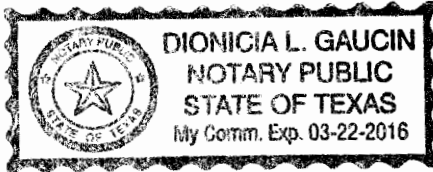
\$ **529.97**

OUTSTANDING LOAN TOTALS

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

\$ **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 Sergio L. DeLeon, this the 14th day of January, 20 15, to certify which, witness my hand and seal of office.

Dionicia L. Gaucin
Signature of officer administering oath

Dionicia L. Gaucin
Print name of officer administering oath

Notary Public
Title of officer administering oath

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 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 FILER NAME SERGIO L. DE LEON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/28/14	5 Payee name U.S. Post Office
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6 Amount (\$) 1,560.⁹⁹	7 Payee address; City; State; Zip Code Jack D. Watson Ft Worth, TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Postage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name Lynn Johnson
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Amount (\$) 200.⁰⁰	Payee address; City; State; Zip Code 2806 Race St. Ft Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name Booker Industries
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Amount (\$) 769.⁰³	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name Booker Industries
-------------------------	--

Amount (\$) 259.⁰⁰	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2015 JAN 14 AM 10:30
 FRANK PHILLIPS
 ELECTIONS 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 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 | |

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1 Total pages Schedule F:	2 FILER NAME SERGIO L. DE LEON	3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/14	5 Payee name Lambda Kappa Kappa	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1201 Wesleyan Street Fort Worth, TX 76105	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/6/14	Payee name Painter Communications	
Amount (\$) 3,377.50	Payee address; City; State; Zip Code 75 Maple Street, #203 Conshohocken, PA 19428	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/7/14	Payee name Alfredo Delgado	
Amount (\$) 125.00	Payee address; City; State; Zip Code 708 N. Las Vegas Trl White Settlement, TX 76108	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GOTV - Contract labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/7/14	Payee name Joey Riiss	
Amount (\$) 125.00	Payee address; City; State; Zip Code 1818 Roberts Cut-off Fort Worth, TX 76114	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GOTV - Contract labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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TARRANT COUNTY
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FRANK PHILLIPS
ELECTIONS 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 Candidate/Officeholder/Political Committee |
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1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

SEBASTIAN L. DE LEON

4 Date 5 Payee name

12/18/14

Carlos & Leo Saenz

6 Amount (\$) 7 Payee address; City; State; Zip Code

500.00

2418 Clinton Ave.
Fort Worth, TX 76114

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)

Event Expense

Check if Austin, TX, officeholder living expense

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

Date Payee name

12/29/14

AT + T

Amount (\$) Payee address; City; State; Zip Code

100.00

P.O. Box 537104
Atlanta, GA 30353-7104

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

Campaign cell phone

Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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

Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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

Check if Austin, TX, officeholder living expense

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

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 TARRANT COUNTY
 2015 JAN 14 AM 10:30
 FRANK PHILLIPS
 ELECTIONS 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 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 | |
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1 Total pages Schedule F:	2 FILER NAME SERGIO L. DE LEON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/7/14	5 Payee name Pedro Alvarado
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6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 10425 Equestrian Trl, Apt. # 1437 Fort Worth, TX 76244
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gov - Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date 11/11/14	Payee name Trophy Arts
-------------------------	----------------------------------

Amount (\$) 138.00	Payee address; City; State; Zip Code 519 Pennsylvania Ave Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date 11/11/14	Payee name Z's Catering
-------------------------	-----------------------------------

Amount (\$) 75.00	Payee address; City; State; Zip Code 1116 Pennsylvania Ave Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date 11/12/14	Payee name Mario X. Perez
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Amount (\$) 300.00	Payee address; City; State; Zip Code 2744 5th Ave. Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 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 | 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 | |
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1 Total pages Schedule F:	2 FILER NAME SERGIO L. DE LEON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/17/14	5 Payee name AT + T	BY: FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2015 JAN 14 PM 10:38 TARRANT COUNTY FILED
6 Amount (\$) 134.31	7 Payee address; City; State; Zip Code P.O. Box 53701 537104 Atlanta GA 30353 7104	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Cell phone	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

Date 11/11/14	Payee name Lambda Kappa Kappa	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$) 200.00	Payee address; City; State; Zip Code 1201 Wesleyan Street. Fort Worth, TX 76105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) donation	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/21/14	Payee name Juana Granados	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$) 150.00	Payee address; City; State; Zip Code 333 Afton Fort Worth, TX 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/21/14	Payee name Paul Lopez Benefic	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Amount (\$) 125.00	Payee address; City; State; Zip Code 1419 W. Berry St. Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) donation	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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):

2 FILER NAME

SERGIO L. DE LEON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/28/14

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

Dwain Dent

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1120 Penn St.
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Atty

10 Contributor's job title

Atty at Law

11 Contributor's employer/law firm

The Dent 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

10/28/14

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

FWPOA

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

904 Collier St.
Fort Worth, TX 76102

(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

10/28/14

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

Darren James

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1505 Sequoia Grove Ln
Lewisville, TX 75067

(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)

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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TARRANT COUNTY
2015 JAN 14 AM 10:30
FRANK PHILIPS
ELECTIONS ADMINISTRATOR
BY: _____

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):

2 FILER NAME **SERGIO L. DE LEON** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/29/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary F. Herrera	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1310 La Mora Lane SW Albuquerque, NM 87105		(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 10/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Firm of Jason Smith	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 8th Ave. Fort Worth, Tx 76104		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Atty** Contributor's job title **Atty at Law**

Contributor's employer/law firm **Law Office of Jason Smith** Law firm of contributor's spouse (if any)

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

Date 10/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Jim Lane	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 W. Central Ave. Fort Worth, TX 76104		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Atty** Contributor's job title **Atty @ Law**

Contributor's employer/law firm **Law Office of Jim Lane** Law firm of contributor's spouse (if any)

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

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

FILED
TARRANT COUNTY
2015 JAN 14 AM 10:30
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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):

2 FILER NAME

SERGIO L. DE USON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/29/14

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

Domingo Garcia, Atty

6 Contributor address; City; State; Zip Code

400 South Zang Blvd., Ste. 600
Dallas, Tx 75208

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Atty

10 Contributor's job title

Atty e law

11 Contributor's employer/law firm

Garcia 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

10/29/14

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

Shawn Wolfe

Contributor address; City; State; Zip Code

2324 Winton Terrace West,
Ft Worth, Tx 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Investor

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

10/29/14

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

Eliza C. Najera

Contributor address; City; State; Zip Code

310 N. Hampton St.
Ft Worth, Tx 76102

Amount of contribution (\$)

35.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

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)

FILED
TARRANT COUNTY
2015 JAN 14 AM 10:30
FRANK PHILLIPS
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):

2 FILER NAME

SERGIO L. DE LEON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/31/14

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

Rogelio Rodriguez

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

217 Steeplechase Dr.
Irving, TX 75062

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

CEO International Paper

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

10/31/14

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

Art Brender, Atty

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

600 8th Ave.
Fort Worth, TX 76104

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Atty

Contributor's job title

Atty @ law

Contributor's employer/law firm

Brender Law Firm

Law firm of contributor's spouse (if any)

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

Date

10/31/14

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

Sonia Martinez

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1209 Rumfield Rd.
Fort Worth, TX 76108

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

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)

FILED
 TARRANT COUNTY
 2015 JAN 14 AM 10:30
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY:

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):

2 FILER NAME

SERGIO L. DE WON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/4/14

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

Manuel T. Valdez

7 Amount of contribution (\$)

200.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**4323 Calmont
Fort Worth, TX 76107**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Retired

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

11/10/14

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

Ramon Romero Campaign

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**421 Conner Ave.
Fort Worth, TX 76105**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

State Rep. Dist. 90

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

11/26/14

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

Tracey N. Smith

Amount of contribution (\$)

35.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2300 W. Magnolia Ave.
Fort Worth, TX 76112**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Real Estate

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2015 JAN 14 AM 10:31
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____

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):

2 FILER NAME

SERGIO L. DE LEON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/30/14

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

Pauline Medrano

6 Contributor address; City; State; Zip Code

2346 Douglas Ave.
Dallas, TX 75217

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Dallas Co. Treasurer

10 Contributor's job title

Treasurer

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

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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 out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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)

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