JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	SERGIO	L.	Date Received
	NICKNAME LAST	SUFFIX	ד) 201 ברב פרב
	DE LEON		7 EC 86 TA
·			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE	TARRANT 2016 JAN 15 EECTIONS ADD BY:
MAILING ADDRESS			
Change of Address			AM IO:
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Deta Postmarked
PHONE		,	S 9
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receip# Amount \$
TREASURER NAME	JEFF		Date Processed
INAIVIE	NICKNAME LAST	SUFFIX	Data Image
	DAVIS		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	ADEA CODE DUONE AIRIMDED	EXTENSION	
9 REPORT TYPE	January 15 30th day before	e 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	Month Day Year	Month Day	Year
COVERED	07 /01 /15 THR	ough 12 /31 /	1 5
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	JUSTICE OF THE PEACE, PCT	. 5 JUSTICE OF THE	PEACE, PCT. 5
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME			15 Filer ID (Ethics Commission Filers)
JUDG	E SERGIO L.		(2000)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- NIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	7, 2016 ELEC BY:_
	_		TARRANT 15 2016 JAN 15 LECTIONS ADM
	,	COMMITTEE CAMPAIGN TREASURER NAME	ANT ANT
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	ED COUNTY AM 10: 30 HILLIPS HINISTRATOR
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ¢ 320.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,399.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 805.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,850.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 1,069.03
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	\$ 2,000.00
18 AFFIDAVIT			
	LISA NEVAR NOTARY PUE STATE OF TE	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me
the of the	My Comm Exp 12.3	S.T.D.	
		Signature of Cane	didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE	200	
Sworn to and subscr	ibed before me, b	by the said	, this the
day of January		to certify which, witness my hand and seal of office.	
A.Na		L. Nevarez	Notary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	D#+ \	7 Amount of contribution (\$)
1 .	Cynthia A. Miller	JW	
10/12/15	6 Contributor address; City; State; 3800 Hollow Creek Rd,	Zip Code	25.00
	Ben brook, Tx 76116		
	principal occupation	9 Contributor's job title	
+M CI	namber of Commerce		
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date		D#:)	Amount of contribution (\$)
10/12/15 Barbara Williams			100.00
	Contributor address; City; State; 3500 Lenox DV, Fort Worth, Tx 76107	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
WIL	some of law	Alloney	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
	• •		
If contributor is	s a child, law firm of parent(s) (if any)		
ii commodor is	a dilita, law min di pardin(d) (ii dily)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/12/15	Linda DeLeon		
	Contributor address; City; State:	Zip Code	25. %
Contributor's r	principal occupation	Contributor's job title	
Ret		22	
	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
ii contributor ii	a sime, are min or parenter, in any)	-	-10
		tio	:48
		241 ANTARTS	ELECTIONS ADMILL
		20	EB V stat Comm
		M 10: 30	A SI MAL BIOS
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULEMS!	EEDED
lf.	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru	uction guide for additional	reporting requirements.

7	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JUDGE SERGIO L. DE LEON		,
4 Date	5 Full name of contributor out-of-state PAC	ID#:)	7 Amount of contribution (\$)
10/11/15	Arturo De Leon		0 = m
•	6 Contributor address; L'400 Wh. tman Arc. City; State;	Zin Code	25.2
		zip oodo	
	Fort Worth, TX 76133		
-	orincipal occupation	9 Contributor's job title	
1le	tired		
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
	·		
Date			Amount of contribution (\$)
		D#:)	Amount of contribution (b)
10/11/15	David F. Chappell	<i></i>	100.00
	Contributor address; City; State;	Zip Code	100.
	Fort Worth, Tx 76102		
Contributor's p	principal occupation	Contributor's job title	
		Δ. 14.	
Contributor's e	employer/law firm	Law firm of contributor	de appuise (if appu)
Car	tay + Honger	Law irm of contributor	s spouse (ii any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Linda V. Bartles		
10/13/15			
	Contributor address; City; State:	Zip Code	25.00
	Fort Wartl, TX 76107	i	
Contributor's p	principal occupation	Contributor's job title	
Retin	لمص		
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		m 22
			BY:
			702 2 27
			15 TE
	ATTAON ADDITIONAL CODING	THE COURDING ACT	등 三 도
14	ATTACH ADDITIONAL COPIES C)F THIS SCHEDULE AS I action guide for additional	VEEDED reporting requirements.
.,	contributor is out-of-state PAC, please see instru	action gaine for additional	30
•			\ 7

7	he Instruction Guide explains how to complete this f	form.	1 Total pag	es Schedule A(J)1	:
2 FILER NAME			3 Filer ID	(Ethics Commission	n Filers)
	JUDGE SERGIO L. DE LEON			•	- -
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount	of contribution (\$)
الما					
10/14/15	Eric D. Johnson	. <i>.</i>		- 64	
	6 Contributor address; City; State 3525 Turtle Creck By	; Zip Code	29	0.00	
	Dallas, Tx 75219	, 11 1915			
8 Contributor's p	principal occupation	9 Contributor's job title			
		S Commedia o jos mio,			
10 Contributor's e	sultant				
10 Contributors e	imployer/lew lifti	11 Law firm of contributor	's spouse (if a	iny)	
10					
12 It contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	ID#:)	Amount	of contribution (\$	B)
10/20/15	J. D. Jimmerson				
			25	.00	
	Contributor address; City; State; 3302 Roosevel + Ave.	Zip Code			
	Fort Wath TX 76104		,		
Contributor's p	rincipal occupation	Contributor's job title			
		÷			
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if a	nv)	
				•	
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributes			-44-1141 /4	h)
		ID#:) i	Amount	of contribution (\$	b)
10/23/13	Bill Meadows			• •	
	Contributor address; City; State:	Zin Code	50.8		
	3904 Hamilton Ave.	1 ,p • • • • • • • • • • • • • • • • • • •			
	Fort Worth, TX 76107	T			
· .	principal occupation	Contributor's job title			
	hairman				
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if a		
Hu	b International			BY 3	≥
If contributor is	a child, law firm of parent(s) (if any)			i C (5 2
				98	RRA
				Carl Street	TARRANT
				1 52 0	ज न िह
					~:
				ISTP.	
				RA C	₽ =
	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS I	NEEDED	1 2 2	AMID: 30
lf	contributor is out-of-state PAC, please see instru	uction guide for additional	reporting re	quirements.	
				•	

7	he Instruction Guide explains how to complete this f	orm.	1 Total page	s Schedule A(J)1:
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (E	Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount o	f contribution (\$)
10/26/15	6 Contributor address; City; States 1518 El Camino Real Euless, Tx 74040	; Zip Code	50.00	
8 Contributor's p	orincipal occupation	9 Contributor's job title		
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if an	у)
12 If contributor is	s a child, law firm of parent(s) (if any)	1		
-	·			
Date	Full name of contributor		Amount of	contribution (\$)
10/26/15	Contributor address; Centur State; U360 Western Centur Rwd		100	0.25
	Fort Worth, Tx 7/413-	7		
Contributor's p	principal occupation	Contributor's job title		
Real	Estate			4
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if an	y)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	ID#:)	Amount o	f contribution (\$)
10/13/15	Amalla Funeral Home			20
	Contributor address; City; State: 5210 W.Co. + Mr. Tx 76113	Zip Code	250.	
Contributor's p	principal occupation	Contributor's job title		
Fu	neral Home Dinactor			
Contributor's e	employer/law firm	Law firm of contributor	• •	ny)
If contributor is	s a child, law firm of parent(s) (if any)		Ī	AF
				ARRA) 16 JAN FRANK CTIONS
	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see instr			
			į	COUNTY MILLIPS MILL
			ĺ	TRA D. II
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS I	NEEDED	. 70g . 30
[contributor is out-of-state PAC, please see instr	uction guide for additional	reporting rep	uirements.

SCHEDULE A(J)1

T	he Instruction Guide explains how to complete this f	orm.	1 Total pag	ges Schedule A(J)1:	
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID	(Ethics Commission Fi	lers)
4 Date	5 Full name of contributor □ out-of-state PAC i		7 Amount	of contribution (\$)	
10/14/15	6 Contributor address; City; State;	Zip Code	15	0.30	
8 Contributor's p	principal occupation	9 Contributor's job title			
VH-	ney at law	Othorne			
10 Contributor's e		11 Law firm of contributor	s spouse (if a	any)	
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:	Amount	of contribution (\$)	
	Contributor address; City; State; 777 Taylor Street, Ste. 1030	paign	۱s	0.00	
Contributor's p	orincipal occupation	Contributor's job title			
Ø ; Ø	I Gas Foren Marger				
	mployer/law firm	Law firm of contributor	s spouse (if a	any)	
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC II	D#:	Amount	of contribution (\$)	
10/20/1s	Winn A Schultz Contributor address; City; State: 4608 Ranch View Rol,			o.e	
Contributor's n	fort Worth, TK 70,09 principal occupation	Contributor's job title		2 2 2	
•	Estate Broker	Continuotor a job title		2016 LECT	IA
	employer/law firm	Law firm of contributor	's spouse (if	any)	-
	mything Real Foleta	Law IIIII of Contributor	s spouse (iii		TARRANT
if contributor is	s a child, law firm of parent(s) (if any)			3-	OM
				AN 15 AN 10:	ED ED
				¥10R	~
				ž O	

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 fo	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
JUDGE SERGIO L. DE LEON	
4 Date 5 Full name of contributor out-of-state PAC I	D#: 7 Amount of contribution (\$)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10/21/15 6 Deticion Sanchez Vil	3
6 Contributor address; City; State;	Zip Code 100.80
Fort Worth, Tx 76164	
8 Contributor's principal occupation	9 Contributor's job title
Altoney	Attorney at how
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
•	
12 If contributor is a child, law firm of parent(s) (if any)	
, , , , , , , , , , , , , , , , , , , ,	
Date	Amount of contribution (\$)
Full name of contributor ut-of-state PAC 1	D#:
10/20/15 Don Woodard	سع.١٥٥
Contributor address; City; State;	Zip Code
Fort Werth Tx 74107 Contributor's principal occupation	Contributor's job title
	Contributor a job title
Contributor's employer/law firm	
Contributor's employer/law in in	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 t	D#:
Idealis Burl Hampton	
12/12	100.00
Contributor address; City; State:	Zip Code
Fort Worth, Tx 76106	
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
	EL EL B)
If contributor is a child, law firm of parent(s) (if any)	
in continuosion to a crimo, have thrill or pareinter, the arry,	FR 6 AR
	IAN RAN
	TOPE STATE
	PHILL PHILL
	5 AM
	AMIO: 3 OF THIS SCHEDULE AS NEEDED
ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEEDED Protein quide for additional reporting requirements.
If contributor is out-of-state PAC, please see instr	uction guide for additional reporting requirements.

1	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JUDGE SERGIO L. DE LEON		,
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
10/23/15	Konnie D. Long Bail	Ronds	
, ,	6 Contributor address: City: State:		(00.80
	LOOT Airport theway For & Worth , Tx Tung		100.
8 Contributor's	orincipal occupation	9 Contributor's job title	
Ba	a Bonds	-	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
	·		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/22/15	J. Michael Brantley		
1 10	1	Zip Code	100.20
	1701 River Run, Stc. 1118		
Contributor's r	principal occupation		
•	Attorney at Low employer/law firm	Contributor's job title	
		Law firm of contributor	's spouse (if any)
Bran	ntley & Reebles		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/26/13	Stephen C. Maxwell		
	Contributor address; City; State:	Zip Code	100.00
	The Worth TX 76107		
Contributor's p	principal occupation	Contributor's job title	
N.	Homes et lan		
Contributor's	employer/law firm	Law firm of contributor	r's spouse (if any)
Be	iley & Galyen, P.C.		70. ELE
If contributor is	s a child, law firm of parent(s) (if any)		AR CFI
			TARRAN DI6 JAN I FRANK ECTIONS
			5 5 5 F
			COUNTY COUNTY HILLIPS HILLIPS HINISTRAT
	ATTACH ADDITIONAL CODIES	NE THIS SCHEDIII E AS A	AM IO: 3
l1	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru	uction guide for additional	reporting requirements.
			7

T	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC I Mark Allen Steller 6 Contributor address; City; State; 3237 Walbash Arc For Worth, Tx 76109		7 Amount of contribution (\$)
8 Contributor's p	rincipal occupation	9 Contributor's job title	
	Retired		
10 Contributor's e	mployer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/28/15	Contributor address; City; State; P. O. Box 471451 Fort Worth, Tx 76147	Zip Code	100.00
	rincipal occupation upue Rumber Co.	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/20/15	Contributor address; 19165 City; State:		100.00
Contributor's p	nincipal occupation	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)		TARR 2016 JA ELECTIO
If	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS I	FRANC PHILLIPS CTIONS ADMINISTRATE OR PEDED reporting requirements.

7	The Instruction Guide explains how to complete this t	orm.	1 Total pages	Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ett	nics Commission Filers)
	JUDGE SERGIO L. DE LEON			
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of	contribution (\$)
1-1-1	Tom Williams			
10/20/15	6 Contributor address; City; States	, Zip Code	100,00	
R Contributor's r	principal occupation	9 Contributor's job title		
	Horney at law	9 Community s job time		
	employer/law firm	11 Law firm of contributor	's spouse (if any)	
\swarrow	aynest boone DC.			
2 If contributor is	s a child, law firm of parent(s) (if any)			
Date			Amount of o	contribution (\$)
1 - 101		D#:)	, and an e	(4)
10/20/13	,	71-0-4-		
	Contributor address; City; State; 316 Perserwood Trl. For Worth, Tx 76108	Zip Code	100	o. 90 <u>.</u>
Contributor's p	principal occupation	Contributor's job title		
R. T	shed			
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>		
Date	Full name of contributor		Amount of	contribution (\$)
10/12/15	Brian Colon) 	Amount of C	
. ,	Contributor address; City; State:		54.00	
Contributor's r	his quer que, NM 87113	Contributor's job title		
Continuators	micipal occupation	Contributor a job title		
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any	
			•	201 ELE
If contributor is	s a child, law firm of parent(s) (if any)			2m 2 2
				FRANK ECTIONS
				AM IO: 31 HILLIPS
				TRE CO
				A10
.,	ATTACH ADDITIONAL COPIES (1 % -
11	contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requi	menta.

T	he Instruction Guide explains how to complete this fo	orm.	1 Total pages S	Schedule A(J)1:	
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (Ethi	ics Commission F	ilers)
	CODGE DERGIO E. DE LEON				
4 Date	5 Full name of contributor ut-of-state PAC	D#:)	7 Amount of c	ontribution (\$)	
10/20/15 Lynn Johnson 6 Contributor address; City; State; Zip Code 1918 Lipsions For L Worth, Tx 76110			حم، وح		
8 Contributor's p	principal occupation	9 Contributor's job title			
	7.10. 1	• • • • • • • • • • • • • • • • • • • •			
"Retired					
10 Contributor's e	mployer/law tirm	11 Law firm of contributor	's spouse (if any)		
12 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of co	ontribution (\$)	
10/19/15	Contributor address; City; State; U312 Criggs St. Fur.	Zip Code ている	25,9	0	
0					
Contributors p	rincipal occupation	Contributor's job title			
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
Date		D#:)	Amount of c	ontribution (\$)	
10/20/15	Contributor address; City; State: 3822 £ loselele St. Fort Worth, TX 76105		500.	20	
Contributor's p	orincipal occupation	Contributor's job title			
Los	Pastores			m ~	.
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)	EC	
			ľ		- 꾸
	s a child, law firm of parent(s) (if any)				
ii contributor is	s a clind, law lith of parent(s) (ii ally)				元 二十
					<u>့</u> ငြ
				IPS ISTRATOR	15:01 ×
If	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			1	

SCHEDULE A(J)1

			and the second s
Т	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#· 1	7 Amount of contribution (\$)
10/20/15			100.80_
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Ī		Amount of contribution (\$)
Date	Full name of contributor		Amount of contribution (\$)
lokalis	Contributor address; City; State; 1832 Hollow Creek Rd, Burkeson, Tx 76028	Zip Code	SD. 60
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/2/15	Contributor address; City; State: 2235 Mistletoc knd. Took World, Tx 76110	Zip Code	25.92
Contributor's p	principal occupation	Contributor's job title	TAR 2016 : ELEC BY:
-	Sales Rep.		TARR 2016 JA ELECTR
Contributor's	employer/law firm	Law firm of contributo	TARRANT C
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>	- 1 BB 5 C
			TARRANT COUNTY 2016 JAN 15 AM 10: BY: BY: BY: BY: BY: BY: BY: B
			31 ATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
JUDGE SERGIO L. DE LEON		,
4 Date 5 Full name of contributor □ out-of-state PAC II	D#:)	7 Amount of contribution (\$)
10/20/16 Jason Smith		
6 Contributor addresses City Chate	7-0-4-	250.00
600 812 Arc	Zip Gode	
two worth, 1x 10107		
8 Contributor's principal occupation	9 Contributor's job title	
10 Contributor's employer/law firm	Attorney	
	11 Law firm of contributor	's spouse (if any)
law Firm of Art Brunder		
12 If contributor is a child, law firm of parent(s) (if any)		
•		
Date Full name of contributor out-of-state PAC II	D#:)	Amount of contribution (\$)
10/20/15 Kny Rages	}	
•		25.00
Contributor address; City; State;	Zip Code	
Fort Worth, Tx 7613	3	
Contributor's principal occupation	Contributor's job title	
Homemaker		
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	D#:)	Amount of contribution (\$)
10/29/13 Rosemary Garza		25,50
	Zin Codo	25
Contributor address; City; State:	Zip Code	
FOUL WOUTH, 1X 76196		
Contributor's principal occupation	Contributor's job title	TAF
Clerk		<u> </u>
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)
Tarrent Country		TARRANT FILECTIONS AND FINANCE (If any)
If contributor is a child, law firm of parent(s) (if any)		i Fa Oit
		AM IOUNT
		1 3° 6 3
		31 ATOR
		7
		,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

<u> </u>	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
JUDGE SERGIO L. DE LEON	
4 Date 5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution (\$)
John Juan Carlos Rubin	
6 Contributor address; City: State; Zip 2006 Pearl Are.	Code 50.20
	Contributor's job title
Construction	•
	aw firm of contributor's spouse (if any)
2 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 (\$)
10/20/14 Felipe A. Gutierrez	
Contributor address; City; State; Zip	Code 100.00
Contributor's principal occupation	Contributor's job title
Communication Waker	Sommonion's job line
On white the dealer and leave of the control of the	aw firm of contributor's spouse (if any)
Southwestern Bell	aw initi of contributor's spouse (ii arry)
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 (\$)
10/29/14 Linda Cozzen	25.00
Contributor address; City; State: Zip	Code
Contributor's principal occupation	Contributor's job title
A-dmin	
	_aw firm of contributor's spouse (if any)
Lincoln Financial	
If contributor is a child, law firm of parent(s) (if any)	c <u>m</u>
	2016 BY:_
	N N N
	ASP 15
ATTACH ADDITIONAL COPIES OF TH	IS SCHEDING AS MEEDED
ALIAGITADDITIONAL COLIECCI III	
If contributor is out-of-state PAC, please see instruction	IS SCHEDULE AS NEEDED guide for additional reporting requirements 3

The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
JUDGE SERGIO L. DE LEON	
4 Date 5 Full name of contributor ☐ out-of-state PAC II	#:
Hizebeth Trevino	1
Contributor address; City; State;	Zip Code
Fort Worth, Tx 76106	
8 Contributor's principal occupation	9 Contributor's job title
Director	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
North Side Community Health lenter	
12 If contributor is a child, law firm of parent(s) (if any)	
Date	Amount of contribution (\$)
Full name of contributor ut-of-state PAC II	#:
10/29/15 Mario X. Perez	
Contributor address; City; State; てコリチ 5分 人べこ	Zip Code
CILUT XT, LANG AND	
Contributor's principal occupation	Contributor's job title
Sirandoned	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Common of the population in the common of th	Law little of contributors appeared in arry
If contributor is a child, law firm of parent(s) (if any)	
	·
Date Full name of contributor out-of-state PAC II	#:) Amount of contribution (\$)
Iolzalu JR Martinez	
, , , , , , , , , , , , , , , , , , , ,	Zip Code 25. <u>90</u>
2844 May St.	
Fort Worth, TX 76110	
Contributor's principal occupation	Contributor's job title
Real Fisher	DI6 BY:
Contributor's employer/law firm	Law firm of contributor's spouse (if arly)
New Estate Adent	Law firm of contributor's spouse (if arty) Law firm of contributor's spouse (if arty) Law firm of contributor's spouse (if arty) ARRANT COUNTY ARRANT PHILLIP PHIL
If contributor is a child, law firm of parent(s) (if any)	5p 5 -1
,	S A
	A OU
	70 S
	RATOR
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	i
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instru	

Th	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages	Schedule A(J)1:	
2 FILER NAME	JUDGE SERGIO L. DE LEON		3 Filer ID (Et	thics Commission F	ilers)
4 Date	5 Full name of contributor	/D#:)	7 Amount of	contribution (\$)	
10/29/14	Denisc Granados				
	6 Contributor address; City; State; 4241 Griggs 4.	Zip Code	50. ae		
8 Contributor's pr		9 Contributor's job title			
10 Contributor's en	nployer/law firm	11 Law firm of contributor	r's spouse (if any	')	
12 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:	Amount of	contribution (\$)	
10/29/16			40.00	-	
	Contributor address; City; State; 1000 Throchmoton Fort World Tr 71102				
Contributor's pri	incipal occupation	Contributor's job title			
Dist	Director				
	nployer/law firm	Law firm of contributor	r's spouse (if any	·)	
	nailmon Espinois Oddice				
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of	contribution (\$)	
10/29/16	Contributor address; City; State: Stoo Rochhill Rd, For Worth, Tx 76112	Zip Code	50.00		·
Contributor's pri	incipal occupation	Contributor's job title		m 12	
Atto	mey	Wittony a	ct bu ?		TARRAI
Contributor's en	nployer/law firm	Law firm of contributor	r's spouse (if any	JAN 15	22
Linelan	uger law From			TO THE	, Z-
If contributor is	a ciffld, law firm of parent(s) (if any)			HILLIP HILLIP	CO
				RATOR	<u>.</u> ≺
lf c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			irements.	

SCHEDULE A(J)1

٦	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Sc	chedule A(J)1:			
2 FILER NAME	William Control of the Control of th		3 Filer ID (Ethic	s Commission Filers)			
E TILLITYANIE	JUDGE SERGIO L. DE LEON			,			
4 Date	5 Full name of contributor out-of-state PAC_1	D#•	7 Amount of co	entribution (\$)			
		U#:		• • •			
10/29/15	Kenneth Jones		\$ 100.00				
12.11.2	6 Contributor address; City: State:		4100.2	-			
	3601 Hulen St., Str. 100	•					
	For Worth, TX 7607						
8 · Contributor's	principal occupation	9 Contributor's job title					
8	leal Fisher						
10 Contributor's		11 Law firm of contributor	's enouge (if any)				
_		11 Law littl of Collinguist	s spouse (ii arry)				
	neld Jones Real Edele						
12 If contributor is	s a child, law firm of parent(s) (if any)						
	•						
Date			Amount of co	ntribution (\$)			
	Full name of contributor Out-of-state PAC	D#:)	AMOUNT OF CO	THIT COURT (4)			
10/29/15	John Schleeter						
1 (0.1)			6500.8	-			
	Contributor address; City; State;	Zip Code					
	Euless, Ty 76040						
Contributor's r	principal occupation	Contributor's job title					
	77		· •				
	<u></u>	Software ?	Sev. Lecty				
Contributor's e	mployer/law firm	Law firm of contributor	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
D-4-							
Date	Full name of contributor	D#:)	Amount of co	ntribution (\$)			
10/20/15	Pat Lane						
13 (201)			200	0.0			
	Contributor address; City; State:	Zip Code	aso.	00			
	SSS N. Grants lane						
	Fort Worth, TX 76108						
Contributor's p	principal occupation	Contributor's job title	យា	TARRANT COUNT			
			BY:	6 R			
Contributor's	mployer/law firm	Law firm of contributor	's spouse (if any)	RAHT			
	·			TOPE TE			
If northless.				- 20 J			
if contributor is	s a child, law firm of parent(s) (if any)		1	FE - 8			
				聖宝三			
				AM IO			
				B w			
				RATOR			
				\ "			
				1			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS I	NEEDED				
	AOITADDITIONAL OUT ILO	Joine Doll Ao I					

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

•	The Instruction Guide explains how to complete this f	orm.	1 Total pages S	chedule A(J)1:		
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethi	cs Commission	Filers))
Z FILER NAIVIE	HIDOE CEDOTO I DE LEON		, , , , ,			
	JUDGE SERGIO L. DE LEON					
4 Date	5 Full name of contributor out-of-state PAC	ID#·	7 Amount of c	ontribution (\$)	
	_					
10/29/15	6 Contributor address; City; State		CO.			
10/2/13	6 Contributor address; City; State	Zip Code	50.99			
	Supp W. Lover Corta, Ste. CET					- 1
	Danas, Tx 76 75020		L			
8 Contributor's	principal occupation	9 Contributor's job title				İ
	leal Estate					
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)			
,	orthebus Dutemedional	.,				
12 If contributor i	s a child, law firm of parent(s) (if any)					
						ŀ
Date	Full name of contributor	ID#:)	Amount of c	ontribution (\$)	
	_					Ì
10/29/15	Ray C. Brooks					
-	Contributor address; City; State;		100/	00		l
	Contributor address; City; State; 5032 Highland Meadow Dr.					
	FOUL WORLD TX 76132					
Contributor's	orincipal occupation	Contributor's job title				
C.	onin. Pct.					
Contributor's	awn. Pct. employer/law firm	Law firm of contributor	's spouse (if any)			
	Towart Co.		, ,			
	s a child, law firm of parent(s) (if any)					
ii dominoutoi i	o a ormo, law min or parent(s) (ii any)					- 1
			r			
Date	Full name of contributor	ID#:)	Amount of c	ontribution (\$)	
1 1	Made V R					
10/29/16	Mark K. Bauer					
	Contributor address; City; State:	Zip Code	200.	90		
			1			
	Collegvilles TX 76034					
Contributor's	principal occupation	Contributor's job title				
	3 Technologics	Consult	and tens	<u>m</u> :	2	,
Contributor's	employer/law firm	Law firm of contributor		Ö ö	5	\triangleright
		· ·		= 33 9	_	ARRA
If contributes :	a a shift faw firm of parent/a) //f a A			<u>∓</u> ∑		>-
a contributor is	s a child, law firm of parent(s) (if any)			En	<u>.</u>	五十
				3	•	On
				Sectoria 2	2	MOS THY
				PS	ë	7
				R.		7
				101	<u></u>	
						
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS I	NEEDED '			
l1	contributor is out-of-state PAC, please see instr	uction guide for additional	l reporting requi	rements.		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME JUDGE SERGIO L. DE LEON	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: Todd Springfield 6 Contributor address; City: State; Zi 2722 S, Montrice is Co., Cranbury Tx 76049	7 Amount of contribution (\$)
8 Contributor's principal occupation 9	Contributor's job title Law firm of contributor's spouse (if any)
12 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 (\$)
Contributor address; City; State; Zing 2415 Pearl Are.	p Code 30.20
Contributor's principal occupation Self-engley Contributor's employer/law firm	Contributor's job title
Contributor's employer/law firm Show the foliate South If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state PAC ID#: Contributor address; City; State: Zi	m 2
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)	PHILLIPS AT OR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exp

'	Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Expo Salaries/Wag		Travel In Distri Travel Out Of Other (enter a		above)
(Credit Card Payment		The Instruction Guide expla	ins how to cor	mplete this form.			
1	Total pages Schedule G:	2 FILER NA	MME JDGE SERGIO L. DE L	EON		3 Filer ID (Ethics Commiss	ion Filers)
4	Date	5 Payee nar						
L	10/6/15	TC	dress; City; State;					
6	Amount (\$)	7 Payee add	dress; City; State;	Zip Code				
	\$ 350.00	280	os W. Bowie Stree	4				
	Reimbursement from political contributions intended	Fin	os W. Bowie stres + Worth, TX	16109				
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b)	Description	do of Toyon Complete	Cabadula T	
	OF EXPENDITURE	Prin	ting Expense			de of Texas. Complete TX, officeholder livir		
9	Complete ONLY if direct expenditure to benefit C/0	Candid	late / Officeholder name	0	ffice sought		Office he	eld
H		T _		W-1				
	Date	Payee nar	ne					
	Amount (\$)	Payee add	dress; City; State; 2	Zip Code				•
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)		de of Texas. Complete		TAR
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name	0	ffice sought		O Office To	A PE
	Date	Payee nar	me				MILLIPS MAINISTI	200 200 200 200 200 200 200 200 200 200
	Amount (\$)	Payee ad	dress; City; State;	Zip Code			ATOR	ی ≺
	Reimbursement from political contributions intended							
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	ida ad Tauras Os mailate	. Cabadala T	
	OF EXPENDITURE	:				de of Texas. Complete TX, officeholder livir		
	Complete ONLY if direct expenditure to benefit C/		late / Officeholder name	0	ffice sought		Office he	eld
		ATTA	ACH ADDITIONAL COPIES	OF THIS SCH	IEDULE AS NEEI	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
JUDGE SERGIO L. DE LEON 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Samis 7-1-15 C1. 1-

トー・・ン	Jam 3 Clab		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	4400 Bryant Dring Rd.		
291.88	Fort Worth, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	7.1- 42	Check if travel outside of Texas. Cor	mplete Schedule T.
OF EXPENDITURE	Exert Expense, July 4th	Check if Austin, TX, officeholde	r living expense
EXPENDITORE	Porales; water, candy, etc		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7-2-15	Railhead BBQ Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
	2900 montgomeny		
264.51	Fort Worth, TX 76107		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Frent expense - BBQ	Check if travel outside of Texas. Com	nplete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officehold	living expense
		j	SE RAT
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
			THE BOY
Date	Payee name		S ANIO: 32
.			IO: 32
7-13-15	FWHCC) 9g 70
Amount (\$)	Payee address; City; State; Zip Code		1
00	1327 N. Main St.		
175.00	Fort Worth, Tx 76164	1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Con	nplete Schedule T.
OF EXPENDITURE	Monishis renewal	Check if Austin, TX, officeholder	r living expense
	·		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	-		
į į	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JUDGE SERGIO L. DE LEON 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 7-15-15 6 Amount (\$) 1100 Circle Drive \$ 250. °E For F Worth, Tx 76119 (a) Category (See Categories listed at the top of this schedule) (b) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF 2 media EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name HALDS City; State; Zip Code 1.0. Box 141513 \$500.00 Fort Worth, TX 76/61 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Donapor Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date ATXT 7.22-13 Amount (\$) Payee address; City; State; Zip Code P.O. Box 537104 157.1 Atlanta, GA 30353 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complet **PURPOSE** OF lampaign all phone Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expense)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services		ages/Contract Labor	Other (enter a c	category not listed	d above)	
	The Instruction G	ide explains how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME JUDGE SERGIO L. D	E LEON		3 Filer ID (E	Ethics Commiss	sion File	ers)
4 Date	5 Payee name				···		
7-25-15	Juntos Se						
6 Amount (\$)	7 Payee address; City; 2021 NW 295						
\$150,00	Fort Worth	_	,				
8	(a) Category (See Categories listed at 1		(b) Description				
PURPOSE			Check if travel ou	utside of Texas. Comp	plete Schedule T.		
OF			Check if Austin	, TX, officeholder	living expense		
EXPENDITURE	Ponetin						
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder na	me	Office sought		Office he	eld	
Date	Payee name						
7.20-13	Marian Tol	وبصواميي	O. Ra	~ .1.			
7-28-13 Amount (\$)	Mexican Dnd Payee address; City;	State: Zip Code	Nay In	noc			
	4109 S. Her	drin					
\$100.00	Fort Worth	•	5				
	Category (See Categories listed at I		Description				
PURPOSE			Check if travel ou	tside of Texas. Comp	olete Schedule T.		
OF EXPENDITURE			Check if Austin	, TX, officeholder l	living expense		
	Donation	_		•			
	Coodidate (Officeboldense		Origo cought	ro)	COffice h	. co	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder na	me	Office sought	7	Office h	50	ARR
					530	<u></u>	2
Date	Payee name		-		が美		Z=
	۸. ۸	01		11	AP.	വ	SIM C
7-29-13	Lake Com	o Ylann	ing Comin	- nee	==E	3	20
Amount (\$)	rayee address, Ony,	Siale, Lip Code	•	1	STR	5	
\$ 250.2	P.O. D>x 12	2 51 2		1	STRATOR	10: 32	-<
# 12	Fort Wor	HTIX 7	6107		S	~	
	Category (See Categories listed at		Description				
PURPOSE			Check if travel ou	itside of Texas. Comp	plete Schedule T.		
OF EXPENDITURE	Donation	\	Check if Austin	, TX, officeholder	living expense		
	755.4						
Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought		Office h	neld	
expenditure to benefit C/O							
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NEI	EDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide exp		ages/Contract Labor omplete this form.	Other (enter a c	category not lister	d above)	
1 Total pages Schedule F1:	2 FILER N. JUDG				3 Filer ID (I	Ethics Commis	sion File	ers)
4 Date 8 20 15	5 Payee na	me citic Table						
6 Amount (\$) 440, 20	1600	dress; City; State; S. University L Worth, Tx	Dire	7				
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the sent from the sen	this schedule)	(b) Description Check if travel o	utside of Texas. Comp n, TX, officeholder			-
9 Complete ONLY if direct expenditure to benefit C/OF	Candid	ate / Officeholder name		Office sought		Office he	eld	
Date	Payee na	me						
8/21/15	Di	amond Hil	1 5	- H cm	S			
Amount (\$)	Payee ad	dress; City; State; I May dell St. at Worth	Zip Code	ط ه اما				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of t		Description Check if travel ou	utside of Texas. Comp			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office he	eld	
Date \$ 27 15	Payee na	7.7			,	ELECTION	2016 JAN	TARRA
Amount (\$)*		dress; City; State; . 3 × 537 lo Y lanta GA	Zip Code	, s }		S ADMINIS	15 A	NT COUNTY
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of t	,	1 =	utside of Texas. Comp n, TX, officeholder	1 6	AM 10: 32	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office h	eld	
	АТ	TACH ADDITIONAL COPI	IES OF THIS	SCHEDULE AS NE	EDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JUDGE SERGIO L. DE LEON 4 Date 7 Payee address; City; State; Zip Code 9/21/15 6 Amount (\$) 2812 Place St. 100.8 Fort Worth, Tx 76111 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Donation EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name a/23/15 City; State; Zip Code P.D. Box 537104 At Landa, GA 30353 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Campaign wel phone OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code A bryten Height Stehm 10/6/15 Amount (\$) 245.80 Ent Watt, Tx 76147 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Postage Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	_	al Services ne Instruction Guide		Vages/Contract Labor	Other (enter a c	ategory not liste	ed above))
1 Total pages Schedule F1:	2 FILER NAME JUDGE S	ERGIO L. DE	LEON		3 Filer ID (E	Ethics Commis	ssion Fil	ers)
4 Date 10/13/15	5 Payee name	y House						
6 Amount (\$)'	7 Payee addres	is; City; SI Main St.	ate; Zip Code	n 7				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/OI		Officeholder name		Office sought		Office h	eld	
Date	Payee name							
10/27/15	AT.	+ T						
Amount (\$)	Payee addres	•	ate; Zip Code					
151, 05	- '	· Box 53.	_	3 53				
PURPOSE OF EXPENDITURE		Categories listed at the to			utside of Texas. Comp n, TX, officeholder I			
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office h	eld	
Date	Payee name					6	5	
10/29/15	Chy	& House				TRAIR	JAN	RAN
Amount (\$)	Payee address	,	ate; Zip Code			ूर	U)	OL.
500. %	Fort	Main St. Worth, -				LLIPS	AM IO:	COUNT
BUBBOSE	Category (See	Categories listed at the to	op of this schedule)	Description Check if travelo	utside of Texas. Comp	ete Scheme T	32	~~
PURPOSE OF EXPENDITURE	Event	Jopen x -	- Frol		n, TX, officeholder			
		every						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office	neld	
	ATTAC	H ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME JUDGE SERGIO L. DE LEON 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code 6 Amount (\$) 4521 Diaz Av. \$ 350.00 Fort Work, Tx 76107 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Reimbuse went EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code P.O. BOX 471752 100.20 rgory (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Donation **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Texas Wasleyen University Payee address; City, State; Zip Code 11/2/15 Amount (\$) 1201 Wesleyon St. 250.00 For + Worth Tx 76105 Category (See Categories listed at the top of this schedule) Des Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense To bets to wests EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	•	category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME JUDGE SERGIO L. DE LEON	3 Filer ID	(Ethics Commission Filers)		
4 Date	5 Payee name				
11 4/15 6 Amount (\$)	7 Payee address; City; State; Zip Code				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 3,500.00	Fort Watt, Tx 76	133			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	,	Check if travel outside of Texas. Con	nplete Schedule T.		
OF	han depayment	Check if Austin, TX, officeholder	r living expense		
EXPENDITURE	port of provide				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/24/15	ATIT				
Amount (\$)	Payee address; City; State; Zip Code				
150.20	P. D. Box 537104	-			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Com	plete Schedule T.		
OF EXPENDITURE	compare collephone	Check if Austin, TX, officeholder	living expense		
	Condidate / Office halds are seen	Office sought	Office heat A		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Cince sought	RA		
			GP Z ST		
Date	Payee name		TARRANT COUNT		
1 1			5 T CC		
12/14/15	FWHCC		重 3 8		
Ambunt (\$)	Payee address; City; State; Zip Code		STR OF		
	1327 N. Max st		RATOR		
130.00	Fort Worth, TX 76164		D		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Con	nplete Schedule T.		
OF EXPENDITURE	Tillets to wind	Check if Austin, TX, officeholder living expense			
	Condidate / Officehelds	Office county	Office held		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services of the services all committees.	•	nter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME JUDGE SERGIO L. DE LEON	3 Filer	ID (Ethics Commission Filers)			
4 Date 12/21/15	Darrell Whitsel	Florist				
6 Amount (\$)	7 Payee address; City; State; Zip Code 1506 W. Magnalia Fort Worth, Tx					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memural Express		el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	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 Check if travel outside of Texas Check if Austin, TX, officel	•			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TARR PLECTION BY:			
Date	Payee name		ANT CO			
Amount (\$)	Payee address; City; State; Zip Code		M 10: 32			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texa Check if Austin, TX, office	·			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.	1	Total page	s Sched	lule L:		
2 FILER NAME	JUDGE SERGIO L. DE LEON	3	Filer ID	(Ethics (Commission	on Filers)
LENDER INFORMATION	4 Name of lender RICHARD N. ABRAMS	í					
	5 Lender address; City; State; Zip Code 6145 WEDGEWOOD DR., FORT WORTH, TX 76133						
GUARANTOR INFORMATION	6 Name of guarantor NOT APPLICABLE		and the Walter Steen				
👿 not applicable	7 Guarantor address; City; State; Zip Code						
LENDER INFORMATION	Name of lender					-	
	Lender address; City; State; Zip Code						
GUARANTOR INFORMATION	Name of guarantor			-			
not applicable	Guarantor address; City; State; Zip Code				ELECTIONS ADMINISTRATO	2016	TARR
LENDER INFORMATION	Name of lender				RANK P	M 15	新
	Lender address; City; State; Zip Code		• • • •		MEISTR.	安尼	OUNTY OUNTY
GUARANTOR INFORMATION	Name of guarantor		ž		RATUR	, ,	ड
not applicable	Guarantor address; City; State; Zip Code					• • • •	
LENDER INFORMATION	Name of lender						
	Lender address; City; State; Zip Code						
GUARANTOR INFORMATION	Name of guarantor	Production to the second					
not applicable	Guarantor address; City; State; Zip Code						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEL	DED				