JUDICIAL CANDIDATE / OFFICEHOLDER

FORM JC/OH COVER SHEET PG 1

CAMPAIG	I FINANCE REPORT		
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 SEX G-TO NICKNAME LAST	MI L	OFFICE USE ONLY Date Received THE CONTROL TO THE
	DE LEON		TARRÀ NH FEB ECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	ما ر المالالالالالالالالالالالالالالالالالال	10171	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST \STEP NICKNAME LAST	MI SUFFIX	Date Imaged
	OHVIS		
7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER PHONE	STREETADDRESS (NO PO BOX PLEASE) APT/SUITE#;	CITY; STATE;	ZIP CODE
9 REPORT TYPE	July 15 30th day before election Bth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 2014
11 ELECTION	Month Day Year CO Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	
	JUSTICE OF THE VEHCE, P	als Jurge	E OF THE PEALE, PUT, S
	GO TO PA	GE 2	

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

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME				
14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
SERGI	00 L. DE	LEON		
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA OLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S) -	COMMITTEE TYPE	COMMITTEE NAME	701 201 ELE EY:	
	GENERAL	COMMITTEE ADDRESS	ARRAM STEVE ECTIONS	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5 10 27 5 10 27	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN S	
	_,	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,200.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 16, 627.68	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,713.12			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,713.72 \$ 10,000.99			
18 AFFIDAVIT	LISA NEVAR NOTARY PUE STATE OF TE. My Comm. Exp. 12-12	true and correct and includes all under Title 15, Election Code. BLIC XAS 2-2017	of perjury, that the accompanying report is information required to be reported by me	
AFFIX NOTARY STAM	MP / SEAL ABOVE	Signature of Ca	andidate or Officeholder	
1 7	_	me, by the said Secs. L. Be Le		
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A(J):	
FILER NAME			3 ACCOUNT # (E	thics Commission F	ilers)
SE	RGIOL. DE LEON				
Date	5 Full name of contributor Domings A. Gara	` a	7 Amount of contribution (\$)	8 In-kind con description(if	
124114	400 9. Zong Blvd. Ste		1000.00		
	Dallas, Tx 75208			of Texas, complete	Schedule T)
	orincipal occupation	10 Contributor's job			
	employer/law firm	12 Law firm of contri		y)	
Gar	ru'a law Rim				V-1.
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind con description(if	
1/28/14	David Salgado Contributor address; City; State; Zip Code 3822 E. Rosedale St.		500.00	 	
	Fort Worth, Tx 7610	5	(If travel outside	of Texas, complete	Schedule T)
Contributor's p	principal occupation	Contributor's job	title		
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if an	y)	
Carr	employer/law firm niceria Los Pastores s a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if an	у)	
If contributor is	s a child, law firm of parent(s) (if any) Full name of contributorout-of-state PAC (ID#	Law firm of contri	Amount of contribution (\$)	In-kind con description(if	the same of the same
If contributor is	Full name of contributor Out-of-state PAC (ID#	Law firm of contri	Amount of contribution (\$)	In-kind cor description(if	applicable)
If contributor is	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind con description(if	applicable)
If contributor is Date	Full name of contributor Dout-of-state PAC (ID#	33	Amount of contribution (\$)	In-kind cor description(if	applicable)
Date Contributor's	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind con description(if	applicable)
Date Contributor's p	Full name of contributor Dout-of-state PAC (ID#	Contributor's job	Amount of contribution (\$)	In-kind cordescription(if	applicable) Statedule Comparison of the compar
Date Contributor's contributo	Full name of contributorout-of-state PAC (ID#	Contributor's job	Amount of contribution (\$) 25. 50 (If travel outside title	In-kind cordescription(if	applicable) Schedule
Date Contributor's c Contributor's c	Full name of contributorout-of-state PAC (ID#	Contributor's job	Amount of contribution (\$) 25. 50 (If travel outside title	In-kind cordescription(if	applicable)
Date Contributor's c Contributor's c	Full name of contributorout-of-state PAC (ID#	Contributor's job	Amount of contribution (\$) 25. 50 (If travel outside title	In-kind cordescription(If	applicable)

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
95	ERGIO L. DE LEON			
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	Shawn R. Goodwin		contribution (\$)	description(if applicable)
. 1 1	SHAWN IS. GERAWIN			
2 4 14	6 Contributor address; City; State; Zip Code 2324 Winton Tex. W		250.00	
	Fort World, To 7610 vincipal occupation operty Management	s 9		of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		
11 Contributor's e	mployer/law firm	Memage 12 Law firm of contril	J butor's spouse (if any	۸)
11 Contributors e	mployer/law mm	2 Law min or contin	bator o spouse (ii arr	,
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code	/	contribution (\$)	description(if applicable)
2/4/14	Contributor address; City; State; Zip Code			
71-11-1	5309 Meadowbrook Dr	•	500.00	
Contributor's r	rincipal occupation	Contributor's job		of Texas, complete Schedule T)
Contributor of	ini sparosospano.			
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)
le contributor le	s a child, law firm of parent(s) (if any)			
ii contributor is	sa child, law lifth of parent(s) (ii arry)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Bruce Hawkins		contribution (\$)	description(if applicable)
-1.1.	l .			
2 4 (14	Contributor address; City; State; Zip Code		250.00	·
			750-2	<u>-</u>
	morrilton, AR 72110			of Texas, complete Schedule T)
DBH-	Management Consultants	Contributor's job	1 1-	
Contributor's e	mployer/law firm		butor's spouse (if an	Mai E 12
If contributor is	s a child, law firm of parent(s) (if any)			OT STE
				3m W 3-
				24 A
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	
				2 ~
If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reportii	ng requirements.
If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ng requirements.
lf con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ng requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	dule A(J):		
2 FILER NAME			3 ACCOUNT # (Et	nics Commission F	ilers)	
SER	GDO L. DE USON					
4 Date	5 Full name of contributorbut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind cor description(if		
	Donna Kelly		contribution (4)	description(ii	applicar	,
2/4/14	6 Contributor address; City; State; Zip Code		25.00			
•	6317 Whitman Ave.		_ !			
	For Worth, Tx Mu133	\	(If travel outside of	of Texas, complete	Schedule	ъ
9 Contributor's p	principal occupation	10 Contributor's job		. , , , , , , , , , , , , , , , , , , ,		·/-
44 Contributors	malaya flav fire	40 Lawford of contri	butada anausa (if anu			
11 Contributor's e	mployer/law firm	12 Law irm of contri	butor's spouse (if any)		į
13 If contributor is	s a child, law firm of parent(s) (if any)					-
Date	Full name of contributorbut-of-state PAC (ID#:)	Amount of	In-kind cor	tribution	
			contribution (\$)	description(if	applicat	le)
2/2/14	Contributor address: City: State: Zip Code		1			
1. 1	Contributor address; City; State; Zip Code 9502 Camp Bowie We	est.	1,000,00			-
	Fort Worth, TX 74		(If travel outside o	of Texas, complete	Schodulo	_
	rincipal occupation	Contributor's job		i lexas, complete	Scredule	" —
	ig Automotive	Owner				
Contributor's e	mpfbyer/law firm	Law firm of contri	butor's spouse (if any)		1
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>				
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind cor	tribution	
	Lisa R. Woodward		contribution (\$)	description(if	applicab	le)
02/14/14	Contributor address; City; State; Zip Code		300.0=			
	5033 Grenade Or.		300.			İ
	Fort Worth, Tx 7611	9	(If travel outside o	of Toyon assembleto	Cabadula	_
Contributor's p	rincipal occupation	Contributor's job		of Texas, complete		"
76	# 8	July.		<u> </u>	~	크
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any)		17	28
If contributor is	a child, law firm of parent(s) (if any)			137	(3)	-
				200	72	
						3
				C) (3)	<u> </u>	
				27		-
					(v)	aurely.
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULF	AS NEEDED	102	ည	
If con	ATTACH ADDITIONAL COPIES C			55	တ	
If con				55	တ	auriffan.
If con				55	တ	arriga.
If con				55	တ	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule A(J):
2 FILER NAME			3 ACCOUNT # (Ethi	cs Commission Filers)
SER	STO L. DE LEON			
4 Date	5 Full name of contributor)	7 Amount of 8	In-kind contribution
02/13/14	Havold Hammett 6 Contributor address; City; State; Zip Code 2884 Manorwood Tre		contribution (\$)	description(if applicable)
	1			
O Contributed o	Fort Worth, TX 761	09		Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job	title	
11 Contributor's e	employer law firm		butor's spouse (if any)	
Itan	met law Firm			
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description(if applicable)
بابدا بس	Stephen Coslik		"	
02/14/14	Contributor address; City; State; Zip Code		1	
	2100 W. The Street		1,000.	
	Fort Worth, Tx 761	٥٦	(If travel outside of	Texas, complete Schedule T)
	principal occupation	Contributor's job		
	Woodmont Longony	Chan		
Contributors e	employer/law firm	Law firm of contri	butor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-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 p	principal occupation	Contributor's job	title	
Contributor's e	employer/law firm	l awfirm of contri	butor's spouse (if any)	
		Caw IIIII of Contin	butor's spouse (if arry)	
If contributor is	s a child, law firm of parent(s) (if any)			
				- XIII
				AM IO:
				5 5
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	5 ~ <
lf con	tributor is out-of-state PAC, please see instr			CO 1
		•		,

LOANS (J	JDICIAL)		•	SCHEDULE	E (J)
The Inst	ruction Guide explains how to complete this	s form.	1 Total pages Sch	edule E(J):		
2 FILER NAME	- 1 05 .5 .41		3 ACCOUNT#	(Ethics Commission	on Filers)	
4 5 5 5 K	ED L. DE LEON			1		
	AL OF UNITEMIZED LOANS: ⇒	$\Rightarrow \Rightarrow \Rightarrow$	\$ \$	\$		
5 Date of loan	7 Name of lender ut-of-	-state PAC (ID#:		9 Loan Amou	ınt (\$)	
1/29/14	Juan F. Perez	-		5,000	o. <u>00</u>	
6 Is lender a financial Institution?	8 Lender address; City; State; Zip	Code		10 Interest ra	e	
				11 Maturity da	ate	
× ×	Cedar Hill, TX	75104		MA		
12 Lender's Principal (13 Lender's Job Title				
14 Lender's Employer/		15 Law Firm of lender's spouse (if any)				
16 If lender is child, lav	w firm of parent(s) (if any)		and the second s			
17 Description of Colla	ateral	18 Check if persons	al funds were depos	ited into politica	account	
Tione						
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Gu	aranteed	(\$)
not applicable	21 Guarantor address; City; Stat					
23 Guarantor's Princip	l al Occupation	24 Guarantor's Job	Title			
				20 10	2	
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of gua	rantor's spouse (if a	- Audina		TARE
27 If guarantor is child	, law firm of parent(s) (if any)			5.2 22	. N	
If lende	ATTACH ADDITIONAL COPIES (r is out-of-state PAC, please see instruc			MISTRATOR	AM ID: 28	

LOANS (JI	JDICIAL)			SCHEDULE E (J)
The Inst	ruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule E(J):
2 FILER NAME			3 ACCOUNT#	(Ethics Commission Filers)
SERGI	L. DE LEON			
4 TOTA	L OF UNITEMIZED LOANS: ⇒	\$ \$ \$	⇔ ⇔	\$
5 Date of loan	7 Name of lender ut-of	-state PAC (ID#:)	9 Loan Amount (\$)
2/20/14	Richard N. Abrams	:		5,000.00
6 Is lender a financial	8 Lender address; City; State; Zip			10 Interest rate
Institution?	6145 Wedgwood			
Y (N)	Fort Worth, TX 7	4133		11 Maturity date
12 Lender's Principal (13 Lender's Job Titl	e	- / - 1
•	autive	First N		
14 Lender's Employer/	Law Firm	15 Law Firm of lend		
First	National			
16 If lender is child, lav	w firm of parent(s) (if any)			
17 Description of Colla	teral	18 Check if persona	I funds were depos	ted into political account
none				
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City; Stat	e; Zip Code		TARRAN 2014 FEB 2 ELECTIONS
23 Guarantor's Princip	al Occupation	24 Guarantor's Job	Title	
25 Guarantor's Employ	/er/Law Firm	26 Law Firm of gua	rantor's spouse (if a	ny)
27 If guarantor is child	law firm of parent(s) (if any)			0, 0
If lende	ATTACH ADDITIONAL COPIES (r is out-of-state PAC, please see instruc			requirements.

P.O. Box 12070

	EXPENDITURE C.	ATEGORIES	FOR BOX 8(a)			
Advertising Expense		alaries/Wages/Co		Loan Repayment/R		
Accounting/Banking	=	olicitation/Fundrai			ipment & Related Expens	se
Consulting Expense Event Expense		ravel In District ravel Out Of Disti		Contributions/Dona Candidate/Office	tions made by eholder/Political Committ	tee
Fees		ffice Overhead/R			tegory not listed above)	- 1
	The Instruction Guide ex	cplains how to c	complete this for	m.		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Fi	ilers)
	SERGIO L. DE V	めと				
	5 Payee name					
01/26/14	7 Payee address; City; State	C Zin Codo	-			
6 Amount (\$)	luon Circle Pa					
260.00	Fort Worth, T		+			
8 PURPOSE	(a) Category (See categories listed at the top of			(If travel outside of Texa	as, complete Schedule T)	
OF EXPENDITURE	contract labor		Field	ماءيد		
	Candidate / Officeholder name		Office sough		Office held	
9 Complete ONLY if direct expenditure to benefit C/OF			Office 30agri		Office field	
Date	Payee name					
01/26/14	Payee address; City; State	l				
Amount (\$)		; Zip Code				
	2515 Prospect					
260.00	Fort Worth, TX	76164				
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
EXPENDITURE	Contract Labor		Freed L	July		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t	Office held	
Date	Payee name					
pulantit	Badden Sien	<u>a</u>				
Amount (\$)	Bodden Sierr Payee address; City; State	: Zip Code		3	FB	
7 - 00	SSUI Bong Dr.			1	C) _C	TARRA
303.		н			== A	20
	Fort Worth, TY				इता छ	2
PURPOSE OF	Category (See categories listed at the top of	this schedule)	•		as, complete Schedule 13)	-IE
EXPENDITURE	contract labor		Field	Wal		<u></u> [2]
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t	Office held	Visconia Visconia Visconia Visconia
Date	Payee name					
الله المامالية	Logan Sieva				9 0	
Amount (\$)	Payee address; City; State	: Zip Code			 	
	5561 Bong Dr.					
725.00	Fort Worth, Tx					
PURPOSE	Category (See categories listed at the top of	this schedule)		(If travel outside of Tave	es, complete Schedule T)	-
OF EXPENDITURE	Oategory (See Categories Instel at the top of	uns scredule)	Description	(II traver outside or Texe	s, complete Scredule 1)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t	Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS S	SCHEDULE AS	NEEDED		

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	• •	an Repayment/Re	eimbursement	
Accounting/Banking	Legal Services Solicitation/Fund	raising Expense Tra	ansportation Equi	oment & Related E	xpense
Consulting Expense	Food/Beverage Expense Travel In Distric		ntributions/Donat		
Event Expense	Polling Expense Travel Out Of D			holder/Political C	
Fees	- · ·		HER (enter a cat	egory not usted a	bove)
	The Instruction Guide explains how t	complete this form.			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commis	sion Filers)
	SERGED L. DE LEOH		<u> </u>		
4 Date	5 Payee name				
01/26/14	Saul Garcia 7 Payee address; City; State; Zip Code				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
, .	\$205 Irion St.				
260,00					
**	Fort Worth, Tr Thos				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	ravel outside of Texas	s, complete Schedule	T)
OF EXPENDITURE	contract labor		4		
		Office sought	<u> </u>	06	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	l
expenditure to benefit C/C	'O				
Date	Payee name				
01/26/14	Fabian Antonia				
Amount (\$)	Fabian Antopia Payee address; City; State; Zip Code			-	
Amount (#)					
90.00	2105 Lincoln Ave.				
40.	Fort Worth, Tx 7016	4			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texa:	s, complete Schedule	T)
OF		_ ,			
EXPENDITURE	contract labor	Geld w.	nh		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/C	H ·		c.	£ 2	
Date	Payee name				700
			· ·	= = n	R
01/24/14	Booker Dublics Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		- 27 B	<u> </u>
Amount (\$)	l ·			N	
_	2344 Farrington			25	anner)
81.19	Dallas, Tx 75207				
	Category (See categories listed at the top of this schedule)	Description (II)	ravel outside of Texa		
PURPOSE OF		Description (in	raver outside of Texas	55.4 C	
EXPENDITURE	Consulting Expense	Data	:		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	·
expenditure to benefit C/C	Н	J			
Date	Payee name				
01/26/14	Vermica Toras Ben	لمثا			
Amount (\$)	Payee address; City; State; Zip Code				
	6901 Mc Cont, Str. 150				
100.00		- · •			
100.2	Fort Worth, Tx 761.	34			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texa	s, complete Schedule	T)
OF EXPENDITURE	donation				
				06	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

P.O. Box 12070

	EXPENDITURE CATE	GORIES FOR BOX 8(a)
Advertising Expense		es/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		ation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	• .	In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees		Out Of District Overhead/Rental Expense	OTHER (enter a category not listed above)
7 003	The Instruction Guide explain	•	` ' '
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	SERGED L. DELE	⁶ م	· ·
4 Date	5 Payee name		
01/22/14 6 Amount (\$)	7 Payee address; City. State; Zi 3406 S. Coper	er	
6 Amount (\$)	7 Payee address; City, State; Zi	Ct., Str., 102	
999.00	Arlington, Tx 7		
8 PURPOSE	(a) Category (See categories listed at the top of this so		n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Waile	_
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/O	H		
Date	Payee name		
01-30-14	Faurards & Patter Payee address; City; State; Zi	rson Sighs	
Amount (\$)			
1,596.69	4733 Don Dri	٧٠	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dallas Tx 75	247	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			3 5 5
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office soug	tht Office held R
Date	Payee name		0.4 0 2-
01-30-14	11585		
Amount (\$)	Payee address; City; State; Zi	p Code	7 P
, 20	Jack D. Watson		
534.30	Fort Worth, TX		# 2 T
PURPOSE	Category (See categories listed at the top of this so	chedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Postonge		4
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/OI	Н		
Date	Payee name		
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98.00	Fort Wordl, Tx	76147	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)
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Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES	OP BOY 8(a)	
Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re	ntract Labor Loar sing Expense Tran Conf ict C	n Repayment/Reimbursement isportation Equipment & Related Expense tributions/Donations Made By Landidate/Officeholder/Political Committee IER (enter a category not listed above)
1 000	The Instruction Guide explains how to c	•	ich (einer a category not usted above)
1 Total pages Schedule F: 2	FILER NAME SERGED L. DE VEON		3 ACCOUNT # (Ethics Commission Filers)
4 Dala			
4 Date 5	US15		
6 Amount (\$) 7	Payee address; City; State; Zip Code		
250.36	Jack D. Watson Fort Worth, Tx 7	ا ما اما	
8 PURPOSE (a)	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Postage		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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02 03 14 Amount (\$)	Tarrent Co. Demo. Par Payee address; City; State; Zip Code		
,	2806 Race St.		
500.00	For Wath, Tx 761		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, compilete Schedule ()
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			2 E
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350.00	2344 Farrington Dallas, Tx 75207		28 ATOR
D. IDDOOR	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
PURPOSE OF			
EXPENDITURE	Consulting	Process;	ry
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Date	Payee name		
02/09/14	Fabian Antopia		
Amount (\$)	Payee address; City; State; Zip Code		
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YO. PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (irtia	vel outside of Texas, complete Schedule T)
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OF EXPENDITURE		Office sought	Office held

P.O. Box 12070

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor Losing Expense To	ontributions/Dona Candidate/Offic	ipment & Related Ex	mmittee
	The Instruction Guide	explains how to c	omplete this form	1.		
1 Total pages Schedule F:	2 FILER NAME SING-DO L. T	x I FON		3 ACCOUNT	# (Ethics Commission	on Filers)
4 Date	5 Payee name	96 00 01				
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6 Amount (\$)		-				
130.00	Fort Worth, TX 76112					
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) Field with)		
					Office held	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	
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PURPOSE	Category (See categories listed at the to		Description (If	travel outside of Texa	as, complete Schedule T	, <u>20 – 1</u>
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Amount (\$)		ate; Zip Code			7.9	
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PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description (ii	rtravel outside of Tex	as, complete Schedule 1	,
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	EXPENDITURE	CATEGORIES FOR B	OX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking				on Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense	Polling Expense	Travel Out Of District		e/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Rental Ex	pense OTHER (en	ter a category not listed above)	
	The Instruction Guide	e explains how to complet	te this form.		
1 Total pages Schedule F:	2 FILER NAME		3 AC	COUNT # (Ethics Commission Filers)	
	SERGED L.	DE LEON			
4 Date	5 Payee name				
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8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Do	escription (If travel outsid	e of Texas, complete Schedule T)	
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9 Complete ONLY if direct	Candidate / Officeholder name	e Of	fice sought	Office held	
expenditure to benefit C/O	/n			Y: E 3	
Date	Payee name			岩 绉 吊 岩	
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Amount (\$)	Payee address; City; S	State; Zip Code			
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PURPOSE	Category (See categories listed at the to	op of this schedule)	escription (If travel outsid	e of Texas, complete Schedule T)	
OF EXPENDITURE			mil lice		
EVLEUDITOKE	Candidate / Officeholder name				
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expenditure to benefit C/O	/П				
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1.1.	1	C			
02/13/14	Payee address; City; S	*** ~			
Amount (\$)	Payee address; City; S	tate; Zip Code			
	Jack D. W				
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PURPOSE	Category (See categories listed at the to	op of this schedule) D	escription (If travel outsic	e of Texas, complete Schedule T)	
OF EXPENDITURE	1				
EXPENDITURE	postage				
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Date	Payee name				
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AIROUMI (\$)	Payee aud. City; S	state; Zip Code			
PURPOSE	Category (See categories listed at the to	op of this schedule)	escription (If travel outside	le of Texas, complete Schedule T)	
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expenditure to benefit C/O	ЭН				
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P.O. Box 12070

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		n Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundrai	sing Expense Tra	nsportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re		HER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
i lotal pages ochequie r.	CERCE 1 De 1-1		3 ACCOUNT # (Etnics Cultimission Filets)
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4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State; Zip Code		·
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860.00			
	Dallas, Tx 15247		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	avel outside of Texas, complete Schedule 1
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Omoo sough	1 1 1
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Date	Payee name		92 - 1
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Amount (\$)	Payee address; City; State; Zip Code		5 1
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
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EXPENDITURE	Printing	Office sought	
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02/15/19			
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		Description (If to	avel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	233011ption (IIII	and the second s
EXPENDITURE	postage		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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02/20/14	Payee address; City; State; Zip Code	of Church	
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70.	Fort Wall, Tx 761.	7	
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expenditure to benefit C/C	7T		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	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		tributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R	Rental Expense OTH	IER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	SERGED L. DE LEON			
4 Date	5 Payee name		<u></u>	
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6 Amount (\$)	7 Pavee address: City: State: Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)	
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
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	Candidate / Office Holder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	98	
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PURPOSE OF	Caredot à (see caredottes usred et me rob ot mis extended)	Description (it is	ore success or reads, complete contention of	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				