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 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	
	DE LEON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Jan 17 %
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER	JEFF		Date Processed
NAME	NICKNAME LAST	SUFFIX	
	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	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	X January 15 30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	07 / 01 / 16 THR	ои д н 12 /31 /	16
	, , , ==	12 / 31 /	
11 ELECTION	ELECTION DATE Month Day Year Primary Genera	Description	
			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	0)
	JUSTICE OF THE PEACE, PC	JUSTICE OF THE	PEACE, PCT. 5 (2018)
	00.70	DAGE 2	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	GE SERGIO L.		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	(1
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Fages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			1 ~
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,065.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 130.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,755.03
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 9,879.94
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* 0.00
18 AFFIDAVIT			erjury, that the accompanying report is ormation required to be reported by me
		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
	ribed before me, t	by the said <u>SERGIO L. DE LEON</u>	, this the
day JANUARY	, 20	to certify which, witness my hand and seal of office.	
Signature of officer	dministoring sath		FTEXAS officer administering oath
Signature of officer a	toministering oath	My Comm. Ex	p. 12-12-2017

	-		
Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Sergio L. Deleon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:	7 Amount of contribution (\$)
9/26/16 Contributor address; St., State; Zip Code		100.00	
8 Contributor's p	principal occupation	9 Contributor's job title	
PA.	Horney at law	Attorner	,
10 Contributor's e	employer/law firm nty & btomger s a child, law firm of parent(s) fif any)	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🔲 out-of-state PAC II	D#:)	Amount of contribution (\$)
Carolyn J. Huber Contributor address; City; State; Zip Code 1921 Brandon Ct.			50.00
Contributor's p	rincipal occupation	Contributor's job title	
Re.	tire d		
		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 (\$)
વ રિયી/	Cynthia Miller Contributor address; City; State: 38.30 (tollow Crech Benbrouse The Thirty	·	25.00
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
11	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS Nation guide for additional	NEEDED ಬ

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A(J)1: 2 o F 2
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sergio L. Deleon	
4 Date 5 Full name of contributor out-of-state PAC	
9 (26) 16 Bill Mendows 6 Contributor address; 1-then City; State;	Zip Code 5v.€
Fort Worth, TX Tulor	58.C
8 Contributor's principal occupation	9 Contributor's job title
William Rigg Near Estate	
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 Full research contributes	Amount of contribution (\$)
Full name of contributor out-of-state PAC I	UH:
Contributor address; City; State;	Zip Code 50.00
Fort Worth, TX 74133	
Contributor's principal occupation	Contributor's job title
Metro 1	
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_I	D#: Amount of contribution (\$)
alzolio Francisco Hernondez	
Contributor address; City; State:	
Contributor's principal occupation	Contributor's job title
Attorney at law	Attorney
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Hernondey Law From	
If contributor is a child, law firm of parent(s) (if any)	L CONTROL OF THE CONT
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	uction guide for additional reporting requirements.

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)			
	Seryio L. Deleon					
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)			
ا ام	Anna R. Horson					
9/30/14	6 Contributor address; City; State;	Zip Code	50.00			
	Hurst Tx 76053					
8 Contributor's 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 Full name of contributor out-of-state PAC ID#:			Amount of contribution (\$)			
9/30/16	Mark A Stelmas					
	Contributor address; City; State; 3237 いるちょうり みんと.		[60]			
	Fort Worth TX 7610					
Contributors p	principal occupation	Contributor's job title	·			
Contributor's e	mployer/law firm	1 ft f hill- dl				
Continuotors e	mpoyenaw mm	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	D#:)	Amount of contribution (\$)			
mal zolu.	Raticial + Stout, LLP					
043-114	Contributor address; City; State:	Zip Code	100.2			
Contributor's p	rincipal occupation	Contributor's job title				
· U	Attornoon of law	Atton	-			
Contributor's e	imployer/law firm	Law firm of contributor	's spouse (if any)			
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	s a child, law firm of parent(s) (if any)					
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lf	contributor is out-of-state PAC, please see instru		•			

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 4 o.f. 2		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
•	Sergio L. DeLeon				
4 Date	5 Full name of contributor ut-of-state PAC	D#:)	7 Amount of contribution (\$)		
10/3/16	6 Contributor address; St. City; State; 4312 Griggs St. Tr. 761	25.20			
8 Contributor's p	principal occupation				
10 Contributor's e	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 Full name of contributor out-of-state PAC ID#:					
10/2/14	Contributor address; City; State; 1229 Shady Dake in.	50. <u>&</u>			
Contributor's principal occupation Contributor's job title					
Contributor's employer/law firm Law firm of contributor		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 (\$)		
10/0/14	Contributor address; City; State: Soc NE 23+4 St Fat Worth, TX 7414		(00.2		
Contributor's 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)				
lf	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 5 of 21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Sergio L Deleo n 5 Full name of contributor out-of-state PAC ID#: 10 Corb. n 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 25.00 8 Contributor's principal occupation 9 Contributor's job title 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 out-of-state PAC ID#:___ Contributor address; City; State; Zip Code 10/3/14 1000.00 Austin, Tx 78760 Contributor's principal occupation Contributor's job title Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm or parent(s) (If any) Date Full name of contributor out-of-state PAC ID#:____ Amount of contribution (\$) George Hoepprer Contributor address; City; State: Zip Code 500.00 10/7/16 Fort Worth, TX 7610] Contributor's job title Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) George thic perer Direitments 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.

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:			
2 FILER NAME	Sergio L. Deleon		3 Filer ID (Ethics Commission Filers)			
4 Date	, –		7 Amount of contribution (C)			
→ Date	5 Full name of contributor)#:)	7 Amount of contribution (\$)			
Mile Moncriet 6 Contributor address; City; State; Zip Code 177 Tener St., Ste. 1030 Fort Worth, Tx 7102			100 €			
8 Contributor's p	principal occupation	9 Contributor's job title				
En	mer Fri Mayor					
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)			
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	Amount of contribution (\$)				
iolilic	3822 E. Rosedole St.	≺e.S Zip Code	500.20			
Cantributaria	FW, TOWS	Contributor's job title				
Contributor's principal occupation Contributor's job title		•				
	Stre					
Contributor's e	mployer/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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of contribution (\$)			
10/11/10	Scl Espino Campaign Contributor address; City; State:	Zip Code	aso =			
Contributor's p	FW TX 76164	Contributor's job title				
Filta	· · ·	·	en (°) rus			
	employer/law firm	Law firm of contributor	(2,000)			
a	in Tixle Co.					
If contributor is	s a child, law firm of parent(s) (if any)					
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If	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru					

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Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
1	Sergio L. Deleon				
4 Date	5 Full name of contributor		7 Amount of contribution (\$)		
いたしん	For Wark, Tx 7603	50. œ_			
8 Contributor's p		9 Contributor's job title			
I	me it				
10 Contributor's e		11 Law firm of contributor's	r's spouse (if any)		
Jim	dustr Company				
	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#:)	Amount of contribution (\$)		
147/16	Contributor address; City; State;	State; Zip Code \\00 \\\20			
	Fort Worth, Tx 74109				
Contributor's p	rincipal occupation	Contributor's job title			
	sne (
Contributor's e	mployer/law firm	Law firm of contributor's	's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#:)	Amount of contribution (\$)		
	V		(0)		
10/11/12	Yolanda Cuevas		2 2 2 2		
. (Contributor address; City; State:	Zip Code	250.2		
Contributor's	The Mound, Tx 74131	Contributor's job title	I		
	' '		es ei		
	mployer/law firm	Law firm of contributor	r's spouse (if any)		
	mps,c.,.a.i	Law IIIII of Continuotor	is spouse (ii arry)		
If contributor is	a child, law firm of parent(s) (if any)				
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SCHEDULE A(J)1

1 Total pages Schedule A(J)1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
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tor's job title
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of contributor's spouse (if any)
Amount of contribution (\$)
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of contributor's spouse (if any)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction Guide explains how to complete this form.				al pages So		(J)1:	
2 FILER NAME			3 File	er ID (Ethic	s Commi	ssion Fi	lers)
	pergio L. Deleon						
4 Date	4 Date 5 Full name of contributor		7 An	nount of co	ntributio	n (\$)	
10/10/12	Terry B. Thompson						
(* (*)	6 Contributor address; ond we City; State			አ s.	30		
8 Contributor's r	principal occupation	9 Contributor's job title					
	tral	g commenter o jes mie					
10 Contributor's		11 Law firm of contributor	s spous	e (if any)			
12 If contributor is	s a child, law firm of parent(s) (if any)						
	s a sine, law initi si parente) (ii any)						
Date	Full name of contributor out-of-state PAC	ID#:)	Am	ount of co	ntribution	1 (\$)	
1 .	Barbara Williams						
10/14/14				100.2			
• •	Contributor address; City; State;	Zip Code					
	Fort Worth, "Ix 74107						
Contributor's p	orincipal occupation	Contributor's job title					
√ ∑	Horney						
Contributor's e	mployer/law firm	Law firm of contributor	's spous	e (if any)			
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If contributor is	a child, law firm of parent(s) (if any)						
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Date	Full name of contributor	D#:)	Am	ount of co	ntribution	1 (\$)	
10/12/15	Pat lane						
		7in Ondo		200	7		
	Contributor address; City; State:	Zip Code					
Contributor's p	rincipal occupation	Contributor's job title					
Retia	and Lochhael Madr						
Contributor's e	mployer/law firm	Law firm of contributor	's spous	e (if any)	11.5	در	
						- 2	•,
If contributor is	a child, law firm of parent(s) (if any)						
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	ATTACH ADDITIONAL COPIES O				~	~	
if	contributor is out-of-state PAC, please see instru	iction guide for additional	reportir	ng require	ments.		

Т	The Instruction Guide explains how to complete this f	form.	1 Total pages Sche	
2 FILER NAME			3 Filer ID (Ethics (
_	sergio L. Deleon			
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contr	ribution (\$)
rolistic	1215 Elizabeth RWI Fort Worth, TX 76110			
	principal occupation	9 Contributor's job title		
	al Folder			
10 Contributor's e	mployer/law firm	11 Law firm of contributor	r's spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	ID#:)	Amount of contr	ibution (\$)
iolizh	Contributor address; City; State;	; Zip Code	500 °	<u></u>
Contributor's p	principal occupation	Contributor's job title		
Eyen	• • • •			
	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 contr	ibution (\$)
10/14/16	Conas & Flore			
	Contributor address; City; State:	Zip Code	100 3	<u>7</u>
Contributor's p	principal occupation	Contributor's job title		
Contributor's ea	mployer/law firm	Law firm of contributor	r's spouse (if any);	
If contributor is	a child, law firm of parent(s) (if any)			
				1. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
lf c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru	F THIS SCHEDULE AS N action guide for additional	IEEDED reporting requireme	ents.

The Instruction Guide explains how to complete this f	orm.		1 Total pages Schedule A(J)1:			
Serg, o L. Deleon			(Ethics Commiss	sion Filer	s)	
4 Date 5 Full page of contributor Dout-of-state PAC	ID#:)	7 Amount	of contribution	(\$)		
O 12 14 6 Contributor address; City; State; Zip Code			500. ex.			
8 Contributor's principal occupation	9 Contributor's job title					
Withorney at low.						
10 Contributor's employer/law firm The Went Low Tree	11 Law firm of contributor's	s spouse (if a	ny)			
12 If contributor is a child, law firm of parent(s) (if any)			,			
Date Full name of contributor ☐ out-of-state PAC	ID#:)	Amount o	of contribution	(\$)		
1. Ren Hernander						
Contributor address; City; State; Zip Code			٠, حــ			
Contributor's principal occupation	Contributor's job title					
We will	COMMIDATOR S JOD MAG					
Contributor's employer/law firm	Law firm of contributor's	c coouse (if a	nu)			
Contributor of employona.	Law him of Continuous	s spouse (ii ~	(עוי			
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:			. 13 <u>49</u>			
Contributor's principal occupation	Contributor's job title		1 :			
Consident			3	F-3 F-3.3		
Contributor's employer/law firm	Law firm of contributor's	s spouse (if a	ny)	~ C.,		
line Ster Project				7	(a)	
If contributor is a child, law firm of parent(s) (if any)				-1		
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ATTACH ADDITIONAL COPIES O			uirements.			

7	he Instruction Guide explains how to complete this f	orm.	1 Total pages So		
2 FILER NAME			3 Filer ID (Ethic	s Commission F	ilers)
C	servio L. Delcon				
4 Date	5 Full name of contributor		7 Amount of co	ntribution (\$)	
10/20/14	Carlos Flore				
Carlos Flore 6 Contributor address; City; State; Zip Code 1413 Crak Panh Mrd. Fort Worth, Tx 74104				<u></u>	
8 Contributor's p	principal occupation	9 Contributor's job title			
Ena.	new				
10 Contributor's	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)	<u> </u>	,		
Date	Full name of contributor	D#:)	Amount of co	ntribution (\$)	
	Jam der lovelace				
10/20/14	Contributor address; City; State;	Zin Code	150 %	c	
	2316 513 Mare.	2.0000			
Contributor's	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	D#:)	Amount of co	ntribution (\$)	
10/20/4	Michael G. Engler				
	Contributor address; City; State:	Zip Code	250-	ون	
	fort worth, TX 96133				
Contributor's p	principal occupation	Contributor's job title			
1	Honey				
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)	A	
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	s a child, law firm of parent(s) (if any)			Ç.,	2.7
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lf	contributor is out-of-state PAC, please see instru			ments.	

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1	Total pa	ges Sc		(J)1:	
2 FILER NAME			3	Filer ID	(Ethics	Commi	ssion Fi	ilers)
	rgio L. Deleon							
4 Date	5 Full name of contributor	D#:)	7	Amount	of co	ntributio	n (\$)	
10/20/14	Cavillo Funeral Director			ゝ	Sō-	w_		
	rincipal occupation	9 Contributor's job title						
F	imployer/law firm							
10 Contributor's e	employer/law firm	11 Law firm of contributor	's sp	ouse (if	any)			
0	villa Fureng Homes		,-					
	a child, law firm of parent(s) (if any)							
12 II CONTINUED IS	a cino, law initi of parein(s) (ii any)							
Date	Full name of contributor	D#:		Amount	of cor	tributio	n (\$)	
i 1	Pete Alvarado Dron							[
10/20/16	· · · · · · · · · · · · · · · · · · ·			154	ე. ⇔ <u>.</u>	•		
	Contributor address; Clty; State;	Zip Code		, ,,				
	1500 M. Main St.							
Contributor's p	rincipal occupation	Contributor's job title						
•	· · ·	Contributor 3 job title						
Contributor's e	Insurence Azent	Law firm of contributor	'c cn	ouse /if	201/			
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	a child, law firm of parent(s) (if any)							
Date	Full name of contributor	D#:)		Amount	of cor	tributio	n (\$)	
10/20/16	_			1	6 0.	(Sec)		
	Contributor address; City; State:	Zip Code		1	0 0.			
	Ent Worth, TX 74143							
Contributor's p	rincipal occupation	Contributor's job title			17			~;
ω. Δ	1~.	·			'			
Contributor's e	mployer/law firm	Law firm of contributor	's sp	ouse (if	any)		2.7	
30			•	•	1		***	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Т	he Instruction Guide explains how to complete this f	orm.	1	Total pa	ges Schedule A(J)1:	
2 FILER NAME			3	Filer ID	(Ethics Commission File	rs)
Sun	gio L De					
4 Date	5 Full name of contributor out-of-state PAC D-Hun Zinner were 6 Contributor address; City; State	ID#:	7	Amoun	t of contribution (\$)	
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8 Contributor's p	principal occupation	9 Contributor's job title				
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10 Contributor's e	employer/law firm	11 Law firm of contributor	s sp	ouse (if	any)	
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Т	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)
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4 Date	5 Full name of contributor ut-of-state PAC	ID#·	7 Amount of contribution (\$)
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8 Contributor's p	rincipal occupation	9 Contributor's job title	
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	Fort worth, TX 7464		
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4 Date 5 Full name of contributor ☐ out-of-state PAC	iD#:	nount of contribution (\$)
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6 Contributor address; AW/ City; State Que > 200 TX 75200	,	
8 Contributor's principal occupation	9 Contributor's job title	
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If contributor is out-of-state PAC, please see inst	uction guide for additional reporti	ng requirements.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 17 of Zj
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor		7 Amount of contribution (\$)
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8 Contributor's principal occupation 9 Contributor's job title			
10 Contributor's employer/law firm 11 Law firm of contributor's sp			's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
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SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
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8 Contributor's principal occupation 9 Contributor's job title			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor		7 Amount of contribution (\$)
Son Juan Belera 6 Contributor address; State; Zip Code 5322 Wentund St. Fort Wirth, Tx 76132			(ඉ ං. **•
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	Fort Worth, Tr. 76133		
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	Deboveh A. Callardo Contributor address; 25th State:	: Zip Code	
	Deboveh H. Callardo Contributor address; 2019 NW 2912 St. That Worth, The 7612	:	
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The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A(J)1: 20 o よく)
2 FILER NAME Sergio L. Delcon	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC IC Jorde L. Balder 6 Contributor address; City; State; 10/24/15 Contributor address; Tx 75201	Zip Code 7 Amount of contribution (\$)
8 Contributor's principal occupation	9 Contributor's job title
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)	
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If contributor is out-of-state PAC, please see instru	uction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services 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) Sergio L. De Leon 5 Payee name 10+5 4 Date Tx Wesleyan Universite ayee address; City; State; Zip Code 10/7/16 7 Payee address; 6 Amount (\$) 1201 Wesleyon Street 40000 (a) Category (See Categories listed at the top of this schedule) (b) D (b) Description 8 ____ Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense -OF EXPENDITURE Check if Austin, TX, officeholder living expense Alumni Dinner Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Billy Bob's Texas
Payee address; City; State; Zip Code 10/7/16 2520 Rodes Plaza Category (See Categories listed at the top of this schedule)

Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** - Annual Fall Bush Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 10/20/16 Amount (\$) 7425 Ewing Are. Tout worth, Tx 76114 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract Labor OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Printing Expense

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Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W. The Instruction Guide explains how to co		enter a category not listed above)
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6 Amount (\$)	7 Payee address; City; State; Zip Code P. O. Box 53710+		
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/21/14	Dick Abrams		
Amount (\$)	Payee address; City; State; Zip Code		
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S00. %	Fort Worth, TX 76	33	
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OF EXPENDITURE	Final Loan Repayment	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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10/21/16	Sergio L. Delcon		3 5 8
Amount (\$)	Payee address; City; State; Zip Code		
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	Fort Werth, Tx 7610		
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EXPENDITURE	Reimbursement	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) **Legal Services** 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) 3085 Sergio 5 Pavee name 4 Date 6 Amount (\$) 7 Payee address; 220 University Drive 82.00 Fort worth, Tx 70107 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **OF** Event Expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City: State; Zip Code 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
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200.80	P.O.BOX 471752 Fort Worth, Tx	76147	
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	1	de	
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1000	Fort Worth, Tx	76164	
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EXPENDITURE	Event Extense	Check if Austin	, IA, officeriology fiving expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Cod	ie	
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OF			n, TX, officeholder living expense
EXPENDITURE	contribution		β
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 5085 4 Date 6 Amount (\$) 7 Payee address; P.O. BOX 537104 165.94 Atlanta, GA 30353-7184 (b) Description 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF other-campaign we phose EXPENDITURE Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Save San Matco Church Payee address; City; State; Zip Code 7425 Ewing Ave. 250.00 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code Amount (\$) Payee address; 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** CI Office held Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:		3	Filer ID (Ethics Commission Filers)
\	Sergio L. De Leon		
4 Date	5 Payee name		
9/2/14	5 Payee name T. mothy /barra 7 Payee address; City; State; Zip Code	41.00	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
300. 00	2865 W Bound St.		
reimbursement from political contributions intended	Fort World, TX		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF			exas. Complete Schedule T.
EXPENDITURE	Event Frymm - Smitedin	Check if Austin, TX, off	liceholder living expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name	12.1-2	
9/7/14	U.S. Post office		
Amount (\$)	Payee address; City; State; Zip Code		
196.00	Arlington Heights Station		
Reimbursement from	3101 W 6th St.		
political contributions intended	Ford Worth, TX 7610-	1	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	OF Check if travel outside of Texas. Complete Schedule T.		,
EXPENDITURE	Event Expose - postage	Check if Austin, TX, off	ficeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
experiunture to benefit C/On			
Date	Payee name		
Date	rayee name		
			7
Amount (\$)	Payee address; City; State; Zip Code		
			SS T
Reimbursement from political contributions			
intended			35
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Check if Austin, TX, off	icenolaer living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			