JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

P.O. Box 12070

FORM JC/OH COVER SHEET PG 1

	TIMANOE NEI ONT		SOVER SHEET TO I
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/MRE/MR) FIRST Sergio NICKNAME LAST	MI L. SUFFIX	Date Received 2011 JUL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmerked
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE			Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME LAST	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO POBOX PLEASE): APT/SUITE#;	CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
REPORT TYPE	January 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)
O PERIOD COVERED	Month Day Year THROUGH	Month Day 50 / 30	Year / I 4
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff 🔛	General Special
2 OFFICE	Justice of the Reace, A	13 OFFICE SOUGHT (if known	at the Peace, let.
	GO TO PAG		2 23

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

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME SWAI	0 L.	Delem	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTE CANDIDATE / OFFICER	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD NOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMINTEL(S)	COMMITTEE TYPE	COMMITTEE NAME	TA 2014 ELECTIO
	GENERAL SPECIFIC	COMMITTEE ADDRESS	RRAFIII
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	PM 2
		COMMITTEE CAMPAIGN TREASURER ADDRESS	17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
·.		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,425,00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ 1,496. C
	4. TOTAL	POLITICAL EXPENDITURES	\$ 21,032,50
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	\$ 1,610.22
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 20,000. <u>2</u>
18 AFFIDAVIT			
	1 104 NF3 (4 P.F		perjury, that the accompanying report is formation required to be reported by me



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before m	ne, by the said	this the
day of July	, 20 <u>14</u> , to certify w	hich, witness my hand and seal of office.
this Nx	lise Nevanz	Modern Public
Signature of officer administering oath	Print name of officer administering	

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form. 1 Total pages Schedule A(J):
Sergio L. De Leon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of contribution (\$) description(if applicable)
6 Contributor address; City; State; Zip Code 2334 Winter Territoria	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title
Prosenty Manual Manual	Manade
11 Contributor's employer/law firm	12 Law firm of contributer's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
Tim, Teeler	, see 1,
Contributor address; City; State; Zip Code	√ D√. 500.€
Fat Watt, Ty	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#	Amount of Sin-kin Sontribution (\$) (In-kin Sontribution (\$) (Tescription (if applicable)
Contributor address; City; State; Zip Code	AS. C SEC E REL
Blue Mound, Tr	(If travel outside of Texas, complete Schedule T
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

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):
2 FILER NAME	Surgio L. DeLe	- 0 ~	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorbut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	For worth, Tx	761-6	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job		
11 Contributor's e	employer/law firm	12 Law firm of contri	butor's spouse (if any	v)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#	٠/د	Amount of contribution (\$)	In-kind contribution description(if applicable)
બાયાય	Contributor address; City; State; Zip Code	76102	250. C	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if an	v)
If contributor is	s a child, law firm of parent(s) (if any)		23	Les
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution clescription (if appilicable)
413/14	1120 Penn St. Furt Worth, Tx	76102	(if travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	May	₹ % Ξ
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if an	AB CO
If contributor is	s a child, law firm of parent(s) (if any)			

Austin, Texas 78711-2070

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)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	dule A(J):	
2 FILER NAME	Surgio L. DoLe	•~	3 ACCOUNT # (Eth	ics Commission Filers)	
4 Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contributio description(if applica	
	3000 Hollow Creek	Rel,	25.0		
9 Contributor's p	rincipal occupation	10 Contributor's job		Texas, complete Schedul	le T)
5 Community sp	Worth Chamber of Com-	10 Continuators job	6 7 4 4 4	le Lations	
11 Contributor's e	mployer/law firm	12 Law firm of contril	outor's spouse (if any)		
13 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contributio description(if applica	
Clistia	Contributor address; City; State; Zip Code Woo Hive There For Worth, Ty 16	~~~ •117	(If travel outside o	/ Texas, complete Schedul	le T)
Contributor's p	rincipal occupation		r UFU		
Contributor's e	mployer/law firm	Law firm of contril	outor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)		B ≺:	E 20	4
Date	Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	tn-kind céntributio description(if applica	
भागाय	Contributor address; City; State; Zip Code	76115	(If travel outside o	of Texas, complete Schedu	
Contributor's p	rincipal occupation	Contributor's job		C/1	
\bar{b}	tine of				*
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
					1

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

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Scho	edule A(J):
2 FILER NAME	sergio L. DeLeon		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full hame of contributorput-of-state PAC (ID#	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Tille	6 Contributor address; City; State; Zip Code V: V: V: Ltz St., State; Zip Code	He 300 76102	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job t		
_ 4	tone	Canh	× F	terred
11 Contributor's e	mployer/law firm	12 Law firm of contril	outor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date UNSIN	Full name of contributorbut-of-state PAC (ID# Contributor address; City; State; Zip Code	. Dr. 6	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	incipal occupation	7UID7 Contributor's job t	` `	of Texas, complete Schedule T)
الابن	~ 1			
Contributor's er	mployer/law firm	Law firm of contri	outor's spouse (if any	N A RAP
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#	,	Amount of contribution (\$)	In-kind contribution description(if applicable)
-trilia	Contributor address; City; State; Zip Code		100.92	# 59 # 59
	Mashington, D.C	. 20013	(If travel outside	of Texas, complete Schedule T)
Contributor's p	incipal occupation	Contributor's job	itle ~ SK G	v. Affairs
Contributor's el	mployer/faw firm	Law firm of contril	outor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			

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

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sche	
2 FILER NAME	wyio L. De Leo.	n	3 ACCOUNT # (Eth	ics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
<i>े </i> रस्। प	6 Contributor address; City; State; Zip Code	_d,	150.40	
	Fort WATL TX	7401		Texas, complete Schedule T)
	incipal occupation	10 Contributor's job	title	
	nployer/law firm	12 Law firm of contri	butor's spouse (if any)	
3 If contributor is	a child, law firm of parent(s) (if any)	<u> </u>		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
ומויטיי	Contributor address; City; State; Zip Code	74147	(If travel outside of	r Texas, complete Schedule T)
	incipal occupation	Contributor's job	L	·
Contributor's en		Law firm of contri	butor's spouse (if any)	EL 20 .
If contributor is	a child, law firm of parent(s) (if any)		·	30 E 30
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Yolande Bt Cu	levas		TE OF TE
~127/14	Contributor address; City; State; Zip Code		250.℃	
!	P. 3. 16. 00 6			S U
	for work, TX 7	6161		f Texas, complète Schedule T)
	incipal occupation	Contributor's job		3.
	nployer/law firm		butor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A (J)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):				
FILER NAME	Suraio L. De	eraio L. Deleon		3 ACCOUNT # (Ethics Commission Filers)		
Date	5 Full name of contributor) #	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
4/19/14	6 Contributor address; City; State; Zip of S	Code Vary Ty 'Tha 2:	// travel outside of	of Texas, complete Schedule T)		
Contributor's p	rincipal occupation	10 Contributor's		rexas, complete concount 1)		
	56/4	Pre	C. MIII.			
Contributor's e	mployer/law firm	12 Law firm of c	ontributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)	_				
Date	Full name of contributor Dout-of-state PAC (ID) #:	Amount of contribution (\$)	In-kind contribution description(if applicable)		
6 25 M	Contributor address; City; State; Zip (code × 1616	25, %	of Texas, complete Schedule T)		
Contributor's p	rincipal occupation	Contributors	•			
Contributors of	mployer/law firm	Va W	contributor's spouse (if any			
Continuators ea	nployemaw IIIII	Lawimioro	onthibator o opouce (ir any	7 6 28		
If contributor is	a child, law firm of parent(s) (if any)	1				
Date	Full name of contributorbut-of-state PAC (IE	D#) Amount of	In-kind contribution description(if applicable)		
\30 IH	Contributor address; City; State; Zipo	Code TUILY	contribution (\$)	of Texas; complete Schedule 1)		
	rincipal occupation	Contributor's	s job title			
	mployer/law firm		ontributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)					
if cont	ATTACH ADDITIONAL COP tributor is out-of-state PAC, please see			g requirements.		

P.O. Box 12070

LOANS (J	UDICIAL)			SCHEDULE E (J)
The Inst	truction Guide explains how t	o complete this form.	1 Total pages S	Schedule E(J):
			1 9	14 /
2 FILER NAME	rgio L. De	Leon	3 ACCOUNT	# (Ethics Commission Filers)
4	AL OF UNITEMIZED LOA	ANS: ⇔ ⇔ ⇔	⇒ ⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
3/1/14	Richard N	. Abroms		5000,00
6 Is lender a financial	8 Lender address; City;	State; Zip Code		10 Interest rate
Institution?	UI45 We	ege wood		M/#
Y	E			11 Maturity date
	tot Worth	, 7x 74133		MA
12 Lender's Principal	Occupation	13 Lender's Job T	itle	
	lewrite	4017	Not we	4
14 Lender's Employer	/Law Firm	15 Law Firm of ler	ider's spouse (if an	yy)
16 If lender is child, la	w firm of parent(s) (if any)	<u> </u>		
17 Description of Colla	ateral	18 Check if persor	nal funds were dep	osited into political account
none				
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
not applicable	21 Guarantor address;	City; State; Zip Code		
23 Guarantor's Princip	al Occupation	24 Guarantor's Jo	b Title	
	•			
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of gu	arantor's spouse (i	(fany) 2014
27 If guarantor is child	, law firm of parent(s) (if any)			
				38 6 38
	ATTACH ADDITIO	NAL COPIES OF THIS SCHEDUL	EAS NEEDED	PM 2: 55
If lende	r is out-of-state PAC, pleas	e see instruction guide for ad	ditional reportir	g requirements.

LOANS	(JUDICIAL)
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P.O. Box 12070

SCHEDULE E (J)

The Ins	truction Guide explains how to complete th	s form.	1 Total pages Sch	. ' '			
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT#	(Ethics Commiss	ion Filers)		
<u> </u>	rgio L. DeLeo	n					
TOTA	AL OF UNITEMIZED LOANS: ⇒	\$	\$ \$	\$			
5 Date of loan	7 Name of lender ut-oi	-state PAC (ID#:		9 Loan Amo	unt (\$)		
2/26/14	Jeff Davis		•	5.00	0.00		
6 Is lender a financial	1	Code		10 Interest ra	ite		
Institution?	2325 mistlet	we by		N /	<u> </u>		
(N)	- 111 11			11 Maturity d	ate		
	Fort Worth,	7× 701	0	~//	<u>t</u>		
12 Lender's Principal	Occupation 1: C 7 ilk	13 Lender's Job Title	_	•			
14 Lender's Employer	······································	15 Law Firm of lender's spouse (if any)					
16 If lender is child, la	w firm of parent(s) (if any)	<u> </u>					
17 Description of Colla	ateral	18 Check if persona	funds were depos	ited into politica	al account		
none							
19 GUARANTOR INFORMATION	20 Name of guarantor	<u> </u>		22 Amount G	uaranteed (\$)		
not applicable	21 Guarantor address; City; Stat	e; Zip Code		ELECTIONS AL	TARRAN 2014 JUL 1		
23 Guarantor's Princip	nal Occupation	24 Guarantor's Job	Title	No.			
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guar	antor's spouse (if a	ny)	Ņ G		
27 If guarantor is child	, law firm of parent(s) (if any)						
			<u>,</u>		. ·		

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

VI. 2	EXPENDITUR	RE CATEGORIES FOR	R 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/Contract Solicitation/Fundralsing E Travel In District Travel Out Of District Office Overhead/Rental	t Labor Loar Expense Tran Con C Expense OTH	n Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By andidate/Officeholder/Political Committee IER (enter a category not listed above)
		de explains how to comp	olete this form.	
1 Total pages Schedule F:	Semio L.	De Leon		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2 33 14	5 Payee name Saul Gov	zales		
6 Amount (\$)	2205 IVI Fort War		.10 lo	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	top of this schedule) (b)	Description (If tra	vel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nan H	me	Office sought	Office held
Date 2 14	Payee name Boddan	Sierre		
Amount (\$)	Payee address, City;	State; Zip Code		70 Fm
260.€	3361 Bon Fort Wat	3 Or.	112	74 2014 21ECT
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nan H	me	Office sought	AOffice held
Date 2 23 14	Payee name Any CI Fey	nandez		2:5
Amount (\$)	Payee address; City; 2515 Prose	State; Zip Code CHAV. THAT	لره ل	,
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nan H	me	Office sought	Office held
Date 2 25 14	Payee name	Law Lava State; Zip Code		
260.00	Payee address; City; 2105 Linu For L Wor	oln Ave.	76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description (if tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nan H	me	Office sought	Office held
	ATTACH ADDITIONAL	CODIES OF THIS SCH	EDITIE AS NEE	DED

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	
Advertising Expense		es/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		ndraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dist		Contributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of		Candidate/Officeholder/Political Committee
l rees		ad/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2 4 10	Seraia L. De L		, -
4 Date	5 Payee name		
-l-aliu	3		
7 60 17	Joy a went		
6 Amount (\$)	7 Payee address; City; State; Zip Code	•	
	5210 L/LL. 14-	la .	
185.00	5010 001000	The Alexan	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(h) Deparinting	
OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	·		
O Complete ONLY if disease	Candidate / Officeholder name	06	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sough	nt Office held
expenditure to benefit of			
Date	Payee name		
2 2 4 14	Valoredo Crache		
P 67117	TILBURA CHOISE	1	
Amdunt (\$)	Payee address; City; State; Zip Code		
	5369 FH Flat	thes Ave	
150.00	- 1 11 - 11 -	. 9	
13110	TAY WORK ()	(16197	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ot Office held
expenditure to benefit C/O	H		₹ = ₹
D-1-	Payee name		
Date		_	33 0 7
2/24/14	610 Plint Center		En Tolu
Amount (\$)	Payee address; City; State; Zip Code		THE CO
	7406 S. Cooser St	., ste.102	S N
1,582.20		_	5 5
11200.	Arlington. Tx	76013	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	A . 1. 10		
EXPENDITURE	Printing Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	н		
Date	Рауее пате		
2/24/14	TIME THY DONNE	^	
Amount (\$)	Payee address; City; State; Zip Code		
	Tong Bounder de		
1 42 02	220.0 .000.000		
133.	For Worth, Tx	76197	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O			
	ATTACH ADDITIONAL COPIES OF THE	IIS SCHEDULE AS	NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	ATEGORIES FOR BOX 8(a calaries/Wages/Contract Labor colicitation/Fundralsing Expense cravel in District cravel Out of District office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reir Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a catego	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F: 3 • F 10 4 Date	2 FILER NAME Sery is L. 5 Payee name	Debeon		(Ethics Commission Filers)
2 23 14	Joyce Gro	~		
6 Amount (\$)	7 Payee address; City; State 5210 Libb	14 Ave.	. 7	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	this schedule) (b) Description	n (If travel outside of Texas, o	complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	jht .	Office held
Date 2 25 14	Payee name United States	Post office		
Amount (\$)	Payee address; City; State 4600 Mark 3 Foot Worth,	TX 76161		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Postage & Meile	this schedule) Description	n (If travel outside of Texas, o	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght 3	Office held
Date 2 21 14	Payee name AT+T			15 AN
250. °C	Payee address; City; State P.O. Box 537104 Phthwan, GA	; Zip Code		PM 2:5
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Wiccless Dybernet	fn voluntee ce		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office soug	ght	Office held
Date 2 21 14	Payee name Zip Printing (inter		
Amount (\$)	Payee address; City: State 3406 5 Co-pe		-	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	SNEEDED	

			·		
	EXPENDITUR	E CATEGORIES FOR	BOX 8(a)		
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P.O. Box 12070

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a	1
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Accounting/Banking		plicitation/Fundraising Expense	Loan Repayment/Reimbursement
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P.O. Box 12070

SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITUR	E CATEGORIES FO	OR BOX 8(a)		,
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr		n Repayment/Reimbur	sement
Accounting/Banking	Legal Services	Solicitation/Fundraisir	ng Expense Trai	nsportation Equipment	& Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		tributions/Donations M	
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EXPENDITURE CATEGORIES FOR BOX 8(a)				
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8 PURPOSE	(a) Category (See categories listed at the	·	Description (If tra	vel outside of Texas, comp	lete Schedule T)	
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	E CATEGORIES FOR BOX Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete the	Loan Repa e Transporta Contributio Candida se OTHER (er	nyment/Reimbursement tion Equipment & Related Expense ns/Donations Made By ate/Officeholder/Political Committee nter a category not listed above)
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4 Date 04/17/14	Payee name			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURI	E CATEGORIES FOR	BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	t Labor Loan	Repayment/Reimburse	ment
Accounting/Banking	Legal Services	Solicitation/Fundraising E	Expense Trans	sportation Equipment & F	Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ributions/Donations Mad	
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Amount (\$)	Payee address; City; S	State; Zip Code			
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If tra	vel outside of Texas, complete	Schedule T)
OF					
EXPENDITURE					
	ATTACH ADDITIONAL (ODIES OF THIS SOUR	DIN EAS NEED	DED	