(512) 463-5800

(TDD 1-800-735-2989)

JUDICIAL CAMPAIGI	CANDIDATE / N FINANCE R	OFFICEH EPORT	IOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	5	AST		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUIT	E LEON	STATE; ZIP CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	UMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	NICKNAME	IRST IEFF AST	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE/	ASE); APT/SUITE#;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	UMBER	EXTENSION	· · ·
9 REPORT TYPE		th day before election	Exceeded \$500	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year OI OI 2014	THROUGH	Month Day	Year 2014
11 ELECTION	ELECTION DATE Month Day Year ひろ/O4 / バ	ELECTION TYPE	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	
	JUSTICE OF THE	GO TO PAC		THE PEACE, PCT.5

Texas Ethics Commissio	on P.O. Box	12070	Austin, Texas 78	711-2070	(512) 4	63-5800	(TDI	D 1-800	-735-2989
JUDICIAL C		E/OFFI	CEHOLDE	ERREPO	ORT:	Cove	FORM ER SH		
14 C/OH NAME	GIOL.	DE LE	on			15 ACCOU	NT # (Ethic	cs Comm	ission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE E	ONTRIBUTIONS ACCEPTED EXPENDITURES MAY HAVE DERS ARE REQUIRED TO R	BEEN MADE WITHO	OUT THE CAN	DIDATE'S OR O	FRICEHOLDER	R'S KNOWL	EDGE OR
	COMMITTEE TYPE	COMMITTEE N	IAME			-	ELEC	201	7
	GENERAL	COMMITTEE A	DDRESS			ren werke, ₂,,	SIEVE	FEB -	ARRAL
additional pages	a a secondaria de la composición de la	COMMITTEE C	AMPAIGN TREASURER	NAME					
		COMMITTEE C	AMPAIGN TREASURER	ADDRESS			ATOR	: 53	
17 CONTRIBUTION TOTALS	I. IUIALI		NTRIBUTIONS OF \$				\$	Ø	

TOTALS		PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,325.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ Ø
	4.	TOTAL POLITICAL EXPENDITURES	\$ 6,973.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10, 141, 40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ø

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

ROSEMARY GARZA NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 12-12-2017 AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SERGIO L. DE LEON ____, this the day of FEBRUARY ___, 2014 , to certify which, witness my hand and seal of office.

ROSEMARY GARZA Signature of officer administering oath

Print name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

Γ

Date 5	EO L. DE LEON Full name of contributor □out-of-state PAC (ID# Joan Kline Contributor address; City; State; Zip Code 1213 Elizabeth Blvd.)	3 ACCOUNT # (E	thics Commission Filers)
Date 5 Date 5 01 3 14 6 Contributor's prin Rec.	Full name of contributorout-of-state PAC (ID# Joan Kline Contributor address; City; State; Zip Code)		anda oonninaalon i heray
Date 5	Full name of contributorout-of-state PAC (ID# Joan Kline Contributor address; City; State; Zip Code)		
Contributor's prin	Joan Kline Contributor address; City; State; Zip Code)		
Rea			7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Rea	Fort Worth, Tx Julio		/if travel outside	of Taxas, complete Schedulo T)
Rea		10 Contributor's job		of Texas, complete Schedule T)
		Realtor		
		12 Law firm of contri		y)
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)
01/14/14	Contributor address; City; State; Zip Code 800 W. Weather for St.		200.8°	
	Fort Worth, Tx 76102			of Texas, complete Schedule T)
Contributor's prin		Contributor's job	title	
Contributor's emp	y at law	NA HOW	<u> </u>	
	Office of Jeff S, Hoover	Law firm or contri	butor's spouse (if an	y)
	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)
01/15/14	Francisco Hernondez Contributor address; City; State; Zip Code 800 W. Weether Fril St		500,20	
			50072	
	Fort Worth, TX The) ン	(If travel outside	of Texas, complete Schedule T)
Contributor's prin		Contributor's job		
Contributor's emp			butor's spouse (if an	~
	onder lan Firm	Law IIII O COILL	butor s spouse (il all	
	child, law firm of parent(s) (if any)			E 20
			Nit damm peter en "en de ret ente annen ann ann	TARR,
if contri	ATTACH ADDITIONAL COPIES O butor is out-of-state PAC, please see instru			-3 AMIL:

				89)	

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A(J):				
		······································	2 + 2				
FILER NAME			3 ACCOUNT # (Ethics Commission File	ers)			
	RGIO L. DELEON						
Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of 8 In-kind contri contribution (\$) description(if an				
ad 1	Harris Hutomotive						
01/15/14	Harris Automotive 6 Contributor address; City; State; Zip Code 3248 W. Seminary D	rive	25.00				
	Fort Worth, Tx 761	37	(If travel outside of Texas, complete So	chedule T)			
	principal occupation	10 Contributor's job	title				
	employer/law firm	12 Law firm of contri	butor's spouse (if any)				
3 If contributor i	s a child, law firm of parent(s) (if any)						
Date	Full name of contributorout-of-state PAC (ID#:		Amount of In-kind contr				
. 1 .	Brent C, Morton		contribution (\$) description(if ap	ppiicable)			
0 2114	Contributor address; City; State; Zip Code		500.00				
	3808 Hollow Creek	Rel	500				
	Fort Worth, Tx 741	16	(If travel outside of Texas, complete So	chedule T)			
	principal occupation	Contributor's job					
	www.filesteiner.com/complexed/comple	Law firm of contr	طً ibutor's spouse (if any)				
If contributor i	s a child, law firm of parent(s) (if any)						
Date	Full name of contributorout-of-state PAC (ID#:		Amount of In-kind contr				
	Hector L. Cortez	2	contribution (\$) description(if a	ppilcable)			
01 23 14	Contributor address; City; State; Zip Code		50.00				
	2722 S. Jennings A	νc.					
	Fort Worth, Tx M	0110	(If travel outside of Texas, complete S	Schedule T			
Contributor's	principal occupation	Contributor's job	title III III				
Contributor's	employer/law firm	Law firm of contr	ibutor's spouse (if any)	2 7			
				$r \rightarrow R$			
If contributor	is a child, law firm of parent(s) (if any)		No a	r Z			
				0			
			tang ing ing ing ing ing ing ing ing ing i				
			TOR 53	ŗ ∹			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED				

www.ethics.state.tx.us

ł

Austin, Texas 78711-2070

(512) 463-5800 (T

POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BC Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab Legal Services Solicitation/Fundraising Expe Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense			an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
	The Instruction Guide	explains how to co	mplete this form.	
Total pages Schedule F:3	2 FILER NAME	na hina ina kada pika kila di kanangan manan kina di kuma na manan kina di kanan sa manan kanan kanan manan ka	 	3 ACCOUNT # (Ethics Commission Filers
1043	SERGIO L DEI	EON		
Date	5 Payee name			
01 01 2014	Booker Indust	rics	kanan dan berarakan kerinta kerinta dari barakan dalam kerinta dari berarakan dari berarakan dari berarakan da	
Amount (\$)	7 Payee address; City; Sta 2344 Farrington	ite; Zip Code		
108.25	Dallas, Tx 7520-	7		
PURPOSE	(a) Category (See categories listed at the top		(b) Description (If the	ravel outside of Texas, complete Schedule T)
	Camerallian Bri	han f	Data	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office nolder name	cnse	Office sought	Office held
Date	Payee name			
01/01/2014	ATIT			
Amount (\$)		ate; Zip Code		
154,29	P.O. Box 53710	•		
DUDDOGE	Category (See categories listed at the top		Description //ft	ravel outside of Texas, complete Schedule T)
PURPOSE OF	to		Description (in	aver outside of Texas, complete ochedule 17
EXPENDITURE	Ottive expense		iell pl	hne
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
41/10/10	Edwards & lett	erson sign	2	
Amount (\$)		te: Zip Code		
in the second	4733 Don Drive	-		
1,759 00	Dallas, Tx			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If the	ravel outside of Texas (complete Sphedule T)
OF		,		
EXPENDITURE	Printing Britense		Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office heid
Date	Payee name			
1/09/14	Fort Worth Hisp	anic thoul	241	
Amount (\$)	Payee address; City; Sta	ite; Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>	
120.00	1327 N. Main St.	x JULA		
PURPOSE	Eategory (See categories listed at the top	· · · · · · · · · · · · · · · · · · ·	Description (If tr	ravel outside of Texas, complete Schedule T)
	Event Expense		Tickets	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
CONFIDENCE CIVILIT IL OLIGOT	samalance i simosi bidor natite		Child Sought	Citice heid

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES		SCHEDULE F		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/F Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Loar Lising Expense Tran Coni trict C Rental Expense OTH	n Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME	-	3 ACCOUNT # (Ethics Commission Filers)		
2 05 3	SERGIO L. DELEON				
4 Date	5 Payee name				
01-11-14	Home Deart				
6 Amount (\$)	7 Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		
109.00	133 Sycamore School Rd Fat Worth, Tx 7613				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1	vel outside of Texas, complete Schedule T)		
OF EXPENDITURE	A Makin Kana	0.0	the sec		
	Advertising Expense	Office sought	4x8 signs		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought			
Date	Payee name				
01-H-14	Juan Martinez				
Amount (\$)	Payee address; City; State; Zip Code				
M # 00	1419 W. Berry St.				
715.00	Fort Worth, TX Toll	0			
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)		
	Donation				
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
01-21-14	Booky Industric>				
Amount (\$)	Payee address; City; State; Zip Code 2344 Farrington				
10000			EL 2		
1-1.5	Dallas, Tx 75207				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Consulting Expire	Trata	FEB RR		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought			
Date	Payee name		<u>35 x</u> 20		
01-21-14					
Amount (\$)	Payee address; City; State; Zip Code				
	4323 F. Lancester				
00.04	Fort Worth, TX TWO'	3			
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)		
EXPENDITURE	Event Expense	Tidets	`		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

www.ethics.state.tx.us

Revised 04/19/2013

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ntract Labor Loar	Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundrai	sing Expense Tran	sportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		ributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distr		andidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	ental Expense OTH	ER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3 of 3	SORGEDO L. DE LEON		
4 Date	5 Payee name		
01-22-14	ATTT		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
, 13	1.0. Bux 537104		
166.13	Atlanta GA 30353		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Candidate / Officeholder name	Office sought	~~
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
01-23-14	Painter Communication	ذ	
Amount (\$)	Payee address; City; State; Zip Code	······································	
 	75 Maple St., Ste 203		
4017.50	•	. 1	
1011	Conshohokon PA 19	1428	
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Phone bo	mhs
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
	-		
01-23-14	Edwards + latterson Sign: Payee address; City; State; Zip Code)	Y: LEC 20 T
Amount (\$)			
200.02	4733 Don Drive		
devo.	Dalles, TY T		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas complete Schedule Tr
OF		۵	
EXPENDITURE	Advertising Expense	Tremes 1	- sign = =
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			Χ,
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
L			

www.ethics.state.tx.us