

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST JASON	MI
	NICKNAME	LAST DE LEON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 15px;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<div style="background-color: black; width: 100%; height: 15px;"></div>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST MARIA	MI C
	NICKNAME MARY	LAST VEGA	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 308 Glasscock Avenue, Edinburg, Texas 78541		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 432-7608	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 22 12 / 31 / 22		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL, PLACE 2	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

JAN 17 2023

City of Edinburg
City Secretary Department
10:50 a.m. Cp.

Date Hand-delivered or Date Postmarked
Jan 17, 2023

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME JASON DE LEON		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,577.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JASON DE LEON, and my date of birth is _____.

My address is _____.

Executed in Hidalgo County, State of Texas, on the _____ day of January, 2023.
(street) (city) (state) (zip code) (country)
(month) (year)

Jason DeLeon
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center;">JASON DE LEON</p>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 37,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 22,600.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) RGV LAND DEVELOPMENT, LLC 6 Contributor address; City; State; Zip Code 300 N. Mockingbird Avenue, Mission, Texas 78572	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) RAUL PALMA and CAROLINA PALMA Contributor address; City; State; Zip Code 705 Dawson Drive, Edinburg, Texas 78539	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) STEVEN E. CRUZ, II and AUDRA L. CRUZ Contributor address; City; State; Zip Code 2015 Saginaw Avenue, Edinburg, Texas 78541	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) DIANA E. DE JESUS and RUBEN J. DE JESUS Contributor address; City; State; Zip Code 1620 N. Armagoza Drive, Edinburg, Texas 78541	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) CUATRO NOVENTA, LLC <hr/> 6 Contributor address; City; State; Zip Code 2810 N.Closner Blvd., Edinburg, Texas 78572	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) REZA BADIOZZAMANI <hr/> Contributor address; City; State; Zip Code 10100 N. Bentsen Road, McAllen, Texas 78504	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) JAVIER HINOJOSA and MARIA ALMA L. HINOJOSA <hr/> Contributor address; City; State; Zip Code 1308 Encanto Blvd., Mission, Texas 78574	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) BS PROPERTIES, LLC <hr/> Contributor address; City; State; Zip Code 5807 N. 3rd Lane, McAllen, Texas 78504	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) BRIAN A. GODINEZ <hr/> 6 Contributor address; City; State; Zip Code 5007 N. 9th Street, McAllen, Texas 78504	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) PONCIANO N. LONGORIA, III <hr/> Contributor address; City; State; Zip Code 3804 Anaya Street, Edinburg, Texas 78539	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) AMMO CONSTRUCTION, LLC <hr/> Contributor address; City; State; Zip Code 317 S. Main Street, McAllen, Texas 78501	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) SHAVI MAHTANI <hr/> Contributor address; City; State; Zip Code 8133 N. 1st Street, McAllen, Texas 78504	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) OSCAR ARTURO GARZA and MAIELA RENEE GARZA 6 Contributor address; City; State; Zip Code 2313 Brock Street, Mission Texas 78572	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL B. RHODES Contributor address; City; State; Zip Code 1020 Allen View Drive, New Braunfels, Texas 78132	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) ARENA ANALYTICS, LLC Contributor address; City; State; Zip Code 1201 W. Jasmine Avenue, Alamo, Texas 78516	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) EXCELLENCE REAL ESTATE ADVISORS Contributor address; City; State; Zip Code 310 W. Nolana Avenue, McAllen, Texas 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) ALDAPE DEVELOPMENT, LLC <hr/> 6 Contributor address; City; State; Zip Code 4508 Tyler Avenue, McAllen, Texas 78503	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) OMAR CANO <hr/> Contributor address; City; State; Zip Code 2427 Beton Street, Edinburg, Texas 78542	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) LEONARDO MUNOZ <hr/> Contributor address; City; State; Zip Code 3813 Tierra De Oro, Weslaco, Texas 78596	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2022	Full name of contributor out-of-state PAC (ID#: _____) AARON H. BALLI d/b/a BALLIS SOCIAL & EVENT CENTER <hr/> Contributor address; City; State; Zip Code 1620-24 E. Griffin Parkway, Mission, Texas 78572	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2022	5 Full name of contributor out-of-state PAC (ID#: _____) LEWIS PENA FALCON & COOK <hr/> 6 Contributor address; City; State; Zip Code 311 W. Freddy Gonzalez Drive, Edinburg, Texas 78539	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2022	Full name of contributor out-of-state PAC (ID#: _____) BURNS BROTHERS, LTD <hr/> Contributor address; City; State; Zip Code 4216 N. Interstate I-69-C, Edinburg, Texas 78539	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2022	Full name of contributor out-of-state PAC (ID#: _____) MAVERICK VALLEY BUILDERS, LLC <hr/> Contributor address; City; State; Zip Code P. O. Box 204, La Blanca, Texas 78558	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2022	Full name of contributor out-of-state PAC (ID#: _____) VINOD K. KASAN and PRATIDA B. KASAN <hr/> Contributor address; City; State; Zip Code 312 W. Nolana Loop, Pharr, Texas 78577	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP <hr/> 6 Contributor address; City; State; Zip Code P. O. Box 17428, Austin, Texas 78760	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2022	Full name of contributor out-of-state PAC (ID#: _____) VICTOR DANIEC <hr/> Contributor address; City; State; Zip Code P. O. Box 2604, Edinburg, Texas 78540	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2022	Full name of contributor out-of-state PAC (ID#: _____) RABA-KISTNER PAC, INC. <hr/> Contributor address; City; State; Zip Code P. O. Box 690287, San Antonio, Texas 78269	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2022	Full name of contributor out-of-state PAC (ID#: _____) CAPITAL ONE - REFUND <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) 99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME JASON DE LEON	3 Filer ID (Ethics Commission Filers)
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4 Date 11/21/2022	5 Payee name JASON DE LEON
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6 Amount (\$) 22,600.00	7 Payee address; [REDACTED]	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	(b) Description Reimbursement
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JASON DE LEON	Office sought	Office held City Council, Place 2
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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