

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: 19								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JASON <hr/> NICKNAME LAST SUFFIX DE LEON		OFFICE USE ONLY Date Received Rec'd. on 12/6/21 @9:02am Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address <div style="background-color: black; width: 100%; height: 30px;"></div>											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 30px;"></div>											
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MRS. MARIA C <hr/> NICKNAME LAST SUFFIX Mary VEGA											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 308 GLASSCOCK, EDINBURG, TEXAS 78541											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 432-7608											
9 REPORT TYPE <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED <table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">10 / 24 / 21</td> <td></td> <td style="text-align: center;">12 / 4 / 21</td> </tr> </table>				Month Day Year	THROUGH	Month Day Year	10 / 24 / 21		12 / 4 / 21		
Month Day Year	THROUGH	Month Day Year									
10 / 24 / 21		12 / 4 / 21									
11 ELECTION <table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 12 / 14 / 21 </td> <td style="width: 60%;"> ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff General <input type="checkbox"/> Special </td> </tr> </table>				ELECTION DATE Month Day Year 12 / 14 / 21	ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 12 / 14 / 21	ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff General <input type="checkbox"/> Special										
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CITY COUNCIL, PLACE 2									
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.											
COMMITTEE TYPE GENERAL SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS									
Additional Pages											

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****JASON DE LEON****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,120.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13,200.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,529.21
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

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)	\$ 13,120.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,529.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,500.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,200.00

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 _____ USA

Executed in Hidalgo County, State of Texas, on the 5th day of December, 2021

Signature of Candidate/Officeholder (Declarant)

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: 4
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2021	5 Full name of contributor out-of-state PAC (ID#: _____) MONICA SANDOVAL and BENIGNO SANDOVAL 6 Contributor address; City; State; Zip Code 704 Abbott Avenue, Edinburg, Texas 78541	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2021	Full name of contributor out-of-state PAC (ID#: _____) JAVIER HINOJOSA and MARIA ALMA HINOJOSA 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 11/12/2021	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 11/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Future Texas Contributor address; City; State; Zip Code 1317 Orange Blossom, Weslaco, Texas 78596	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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:
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Full name of contributor out-of-state PAC (ID#: _____) JACOB DE LEON 6 Contributor address; City; State; Zip Code 601 E. Seminole Avenue, Pharr, Texas 78577	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2021	Full name of contributor out-of-state PAC (ID#: _____) LIONGATE BUILDERS, LLC Contributor address; City; State; Zip Code 1604 Rosewood Drive, Mission, Texas 78573	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) CSJ GROUP Contributor address; City; State; Zip Code P. O. Box 3666, Edinburg, Texas 78540	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) LINEBARGER, GOGGAN, BLAIR & SAMPSON Contributor address; City; State; Zip Code P. O. Box 17428, Austin, Texas 78760	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2021	5 Full name of contributor out-of-state PAC (ID#: _____) JESUS A. ZAMBRANO 6 Contributor address; City; State; Zip Code 3900 N. 10th Street, Suite 1055, McAllen, Texas 78501	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) DIANA DE JESUS and RUBEN DE JESUS Contributor address; City; State; Zip Code 1620 N. Armagoza Drive, Edinburg, Texas 78541	Amount of contribution (\$) 800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) ST. EULALIA HOLDINGS, LLC Contributor address; City; State; Zip Code 608 S. 12th Street, McAllen, Texas 78501	Amount of contribution (\$) 520.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) ALLIANCE IN HEALTH Contributor address; City; State; Zip Code 800 E. Dove Avenue, Suite J & I, McAllen, Texas 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2021	5 Full name of contributor out-of-state PAC (ID#: _____) ARCHIE'S ELECTRIC 6 Contributor address; City; State; Zip Code 11916 N. Bryan Road, Mission, Texas 78573	7 Amount of contribution (\$) 240.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) ROBERT ACOSTA and MARTHA ACOSTA Contributor address; City; State; Zip Code P. O. Box 577, Alamo, Texas 78516	Amount of contribution (\$) 160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) JOSE M. LUNA DOMINGUEZ Contributor address; City; State; Zip Code 1713 S. Toledo Street, Pharr, Texas 78577	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) SANTOS AYALA, JR. Contributor address; City; State; Zip Code 10817 N. Stewart Road, Mission, Texas 78573	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E: 3
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 11/05/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON DE LEON d/b/a JDL MANAGEMENT	9 Loan Amount (\$) 2,200.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate 0.00
		11 Maturity date 11/05/2022
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
<hr/>		
Date of loan 11/08/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON DE LEON d/b/a JDL MANAGEMENT	Loan Amount (\$) 1,200.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	Interest rate 0.00
		Maturity date 11/08/2022
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E:
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 11/11/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON DE LEON d/b/a JDL MANAGEMENT	9 Loan Amount (\$) 800.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate 0.00
		11 Maturity date 11/11/2022
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 11/15/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON DE LEON d/b/a JDL MANAGEMENT	Loan Amount (\$) 1,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Interest rate 0.00
		Maturity date 11/15/2022
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**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 E:
2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 11/28/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON DE LEON d/b/a JDL MANAGEMENT	9 Loan Amount (\$) 8,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate 0.00
		11 Maturity date 11/28/2022
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <div style="font-size: 2em; margin-left: 40px;">9</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">JASON DE LEON</div>	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2021	5 Payee name <div style="text-align: center; font-size: 1.2em;">BANK OF AMERICA</div>	
6 Amount (\$) <div style="font-size: 1.5em;">16.00</div>	7 Payee address; City; State; Zip Code 1701 E. Expressway 83, San Juan, Texas 78589	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Accounting / Banking Expense</div>	(b) Description <div style="text-align: center; font-size: 1.2em;">Bank fees</div>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">JASON DE LEON</div>	Office sought Office held <div style="text-align: center; font-size: 1.2em;">City Council, Place 2</div>
Date 11/02/2021	Payee name <div style="text-align: center; font-size: 1.2em;">LEONORA ALANIZ</div>	
Amount (\$) <div style="font-size: 1.5em;">500.00</div>	Payee address; City; State; Zip Code 320 Roundup Circle, Edinburg, Texas 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor Expense</div>	Description <div style="text-align: center; font-size: 1.2em;">Block Walking and Placement of Signs</div>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">JASON DE LEON</div>	Office sought Office held <div style="text-align: center; font-size: 1.2em;">City Council, Place 2</div>
Date 11/03/2021	Payee name <div style="text-align: center; font-size: 1.2em;">LUIS NINO</div>	
Amount (\$) <div style="font-size: 1.5em;">300.00</div>	Payee address; City; State; Zip Code 919 E. Lovett, Edinburg, Texas 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor Expense</div>	Description <div style="text-align: center; font-size: 1.2em;">Block Walking and Placement of Signs</div>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">JASON DE LEON</div>	Office sought Office held <div style="text-align: center; font-size: 1.2em;">City Council, Place 2</div>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/08/2021		5 Payee name FRANCISCA RODRIGUEZ			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 2210 Bahama Drive, Edinburg, Texas 78541			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 11/08/2021		Payee name CITY OF EDINBURG			
Amount (\$) 250.00		Payee address; City; State; Zip Code 415 W. University Drive, Edinburg, Texas 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Parade		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 11/12/2021		Payee name BEATRICE CANTU			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2210 Bahama Drive, Edinburg, Texas 78541			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	

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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:	2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Payee name JESSE CANALES		
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 716 W. Fay, Edinburg, Texas 78539		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs
	(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 City Council, Place 2 Office held			
Date 11/17/2021	Payee name CITY OF EDINBURG		
Amount (\$) 100.00	Payee address; City; State; Zip Code 415 W. University Drive, Edinburg, Texas 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Expense		Description Thanksgiving Turkeys
	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 JASON DE LEON Office sought City Council, Place 2 Office held			
Date 11/19/2021	Payee name ROSENDO RODRIGUEZ		
Amount (\$) 100.00	Payee address; City; State; Zip Code 5608 Sugarland Drive, Edinburg, Texas 78542		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs
	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 JASON DE LEON Office sought City Council, Place 2 Office held			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <div style="text-align: center;">JASON DE LEON</div>		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/2021		5 Payee name <div style="text-align: center;">MARK GARCIA</div>			
6 Amount (\$) <div style="text-align: center;">420.21</div>		7 Payee address; City; State; Zip Code 909 N. McColl Road, Edinburg, Texas 78539			
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Sponsor / Cookoff		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	Office held
Date 11/18/2021		Payee name BAR-B-CUTIE RESTAURANT			
Amount (\$) 330.00		Payee address; City; State; Zip Code 7517 N. 10th Street, McAllen, Texas 78504			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Expense		Description Lunch for Robert Vela Football Players		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	Office held
Date 11/23/2021		Payee name ISMAEL "SMILEY" MARTINEZ CAMPAIGN			
Amount (\$) 443.00		Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet and Greet Event		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/2021		5 Payee name CARLOS JASSO			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 3123 Nikki Lane, Edinburg, Texas 78539			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Management of Campaign		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 11/29/2021		Payee name RAMON GARZA			
Amount (\$) 2,000.00		Payee address; City; State; Zip Code 813 Sur Avenue, Edinburg, Texas 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 11/29/2021		Payee name LEONORA ALANIZ			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 320 Roundup Circle, Edinburg, Texas 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2021	5 Payee name LUPE RODRIGUEZ		
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 1409 S. 9th Street, Edinburg, Texas 78539		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs
	(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name JASON DE LEON Office sought City Council, Place 2 Office held </div>			
Date 11/30/2021	Payee name DORA MENDOZA		
Amount (\$) 800.00	Payee address; City; State; Zip Code 4809 Curry Road, Edinburg, Texas 78541		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs
	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name JASON DE LEON Office sought City Council, Place 2 Office held </div>			
Date 12/01/2021	Payee name EMILIANO QUINTANILLA, JR.		
Amount (\$) 300.00	Payee address; City; State; Zip Code 1002 S. 17th Street, Edinburg, Texas 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Caps
	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name JASON DE LEON Office sought City Council, Place 2 Office held </div>			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2021	5 Payee name JULIA OLIVAREZ		
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 803 Crawfish Drive, Edinburg, Texas 78542		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs
	(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 City Council, Place 2
	Office held		
Date 12/01/2021	Payee name RAMON GARZA		
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 813 Sur Avenue, Edinburg, Texas 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs
	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 JASON DE LEON		Office sought City Council, Place 2
	Office held		
Date 12/01/2021	Payee name GARY SEPULVEDA		
Amount (\$) 400.00	Payee address; City; State; Zip Code 1218 E. Mahl, Edinburg, Texas 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs[
	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 JASON DE LEON		Office sought City Council, Place 2
	Office held		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2021	5 Payee name YOLANDA NINO		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 919 E. Lovett, Edinburg, Texas 78539		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs
	(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 Office sought Office held JASON DE LEON City Council, Place 2		
Date 12/02/2021	Payee name YOLANDA JASSO		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1412 East Samano Street, Edinburg, Texas 78539		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs
	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 JASON DE LEON City Council, Place 2		
Date 12/02/2021	Payee name MARIA ELENA SOSA		
Amount (\$) 600.00	Payee address; City; State; Zip Code 503 N. 83rd Street, Edinburg, Texas 78542		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs[
	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 JASON DE LEON City Council, Place 2		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME JASON DE LEON		3 Filer ID (Ethics Commission Filers)	
4 Date 12/02/2021		5 Payee name ANGIE GARZA			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 416 W. Minnesota Road, Pharr, Texas 78577			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Expense		(b) Description Block Walking and Placement of Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 12/03/2021		Payee name IRENE GARZA			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 1018 E. McIntyre, Edinburg, Texas 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Expense		Description Block Walking and Placement of Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	
Date 12/03/2021		Payee name ISMAEL "SMILEY" MARTINEZ CAMPAIGN			
Amount (\$) 250.00		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet and Greet Event		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON DE LEON		Office sought City Council, Place 2	

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