

# 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: <span style="font-size: 1.5em;">18</span>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR.</b></div> <div>FIRST <b>JASON</b></div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>DE LEON</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px;"> Date Received <span style="font-size: 1.2em; color: blue;">Rec'd on 10/4/21 @ 8:15am</span> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked <span style="font-size: 1.2em; color: blue;">10-4-21</span> </div>									
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 5px;"> Receipt #   Amount \$   </div>									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MRS.</b></div> <div>FIRST <b>MARIA</b></div> <div>MI <b>C</b></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>Mary</b></div> <div>LAST <b>VEGA</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> Date Processed   Date Imaged   </div>									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="text-align: center; font-size: 1.1em;"><b>308 Glasscock, Edinburg, Texas 78541</b></p>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="text-align: center; font-size: 1.1em;">( 956 )      432-7608</p>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  <b>7    /    1    /    21</b> </div> <div>THROUGH</div> <div> Month    Day    Year  <b>9    /    23    /    21</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <b>11    /    2    /    21</b> </div> <div> ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div>Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div>Special</div> <div></div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL, PLACE 2</b>									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
GO TO PAGE 2											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> JASON DE LEON		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 11,600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,050.12
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,618.44
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,900.00

**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 11/03/1987.  
My address is [REDACTED], Edinburg, TX, 78539, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Hidalgo County, State of Texas, on the \_\_\_\_\_ day of October, 2021.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>JASON DE LEON</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,600.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,900.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,050.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



## SCHEDULE A1

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

Revised 8/17/2020



**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

08/04/2021

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**JASON DE LEON d/b/a JDL MANAGEMENT**

7 Amount of contribution (\$)

**500.00**

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/09/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**JASON DE LEON d/b/a JDL MANAGEMENT**

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**JASON DE LEON d/b/a JDL MANAGEMENT**

Amount of contribution (\$)

**500.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/2021

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**JASON DE LEON d/b/a JDL MANAGEMENT**

Amount of contribution (\$)

**3,000.00**

Contributor address; City; State; Zip Code

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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/11/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/12/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>EZ CUTS, LLC</b> Contributor address; City; State; Zip Code <b>100 E. Nolana Avenue, Suite 170, McAllen, Texas 78540</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/23/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/09/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>1,500.00</b>
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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/13/2021</b>	<div style="text-align: center;">5 Full name of contributor out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b></div> <div style="text-align: center;">6 Contributor address; City; State; Zip Code [REDACTED]</div>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/13/2021</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>MARCELINA M. ALAMIA</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>P. O. Box 3606, Edinburg, Texas 78540</b></div>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2021</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>LEON DE LEON</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code <b>P. O. Box 125, San Juan, Texas 78589</b></div>	Amount of contribution (\$) <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2021</b>	<div style="text-align: center;">Full name of contributor out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code [REDACTED]</div>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

**1** Total pages Schedule A2:

**3 Filer ID (Ethics Commission Filers)**

\$ 0.00

Check if travel outside of Texas. Complete Schedule T.

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: <b>4</b>
2 FILER NAME <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>08/04/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	9 Loan Amount (\$) <b>500.00</b>
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 <b>0.00</b>
		11 Maturity date <b>08/04/2022</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <b>08/09/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	Loan Amount (\$) <b>200.00</b>
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 <b>0.00</b>
		Maturity date <b>08/09/2022</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		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)
<hr/>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>08/10/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	9 Loan Amount (\$) <b>3,500.00</b>
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 <b>0.00</b>
		11 Maturity date <b>08/10/2022</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <b>08/11/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	Loan Amount (\$) <b>100.00</b>
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 <b>0.00</b>
		Maturity date <b>08/11/2022</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>08/23/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	9 Loan Amount (\$) <b>500.00</b>
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 <b>0.00</b>
		11 Maturity date <b>08/23/2022</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <b>09/09/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	Loan Amount (\$) <b>1,500.00</b>
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 <b>0.00</b>
		Maturity date <b>09/09/2022</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>09/13/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	9 Loan Amount (\$) <b>100.00</b>
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 <b>0.00</b>
		11 Maturity date <b>09/13/2022</b>
12 Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <div style="background-color: black; height: 20px; width: 100%;"></div>	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

  

Date of loan <b>09/14/2021</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JASON DE LEON d/b/a JDL MANAGEMENT</b>	Loan Amount (\$) <b>500.00</b>
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 <b>0.00</b>
		Maturity date <b>09/14/2022</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		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 <div style="background-color: black; height: 20px; width: 100%;"></div>	
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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: <b>6</b>	2 FILER NAME <b>JASON DE LEON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>07/06/2021</b>	5 Payee name <b>MARK GARCIA</b>	
6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code <b>909 N. McColl Road, Edinburg, Texas 78539</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Sponsor / Texas Cook EM</b>
	(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 <b>Jason De Leon</b>	Office sought <b>City Council, PL 2</b> Office held
Date <b>07/26/2021</b>	Payee name <b>THE PRINT SHOP</b>	
Amount (\$) <b>1,551.38</b>	Payee address; City; State; Zip Code <b>2312 S. Tourist Drive, Edinburg, Texas 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Signs</b>
	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 <b>Jason De Leon</b>	Office sought <b>City Council, PL 2</b> Office held
Date <b>07/28/2021</b>	Payee name <b>IRENE GARZA</b>	
Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>1018 E. McIntyre, Edinburg, Texas 78539</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Block Walking and Placement of Signs</b>
	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 <b>Jason De Leon</b>	Office sought <b>City Council, PL 2</b> Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/02/2021</b>		5 Payee name <b>MARK GARCIA</b>			
6 Amount (\$) <b>150.00</b>		7 Payee address; City; State; Zip Code <b>909 N. McColl Road, Edinburg, Texas 78539</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description <b>Sponsor / Cook Off</b>		
	(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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>08/05/2021</b>		Payee name <b>RODOLFO RIOS</b>			
Amount (\$) <b>500.00</b>		Payee address; City; State; Zip Code <b>932 Sito Circle, Alamo, Texas 78516</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Block Walking and Placement of Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>08/10/2021</b>		Payee name <b>JD FARM AND RANCH</b>			
Amount (\$) <b>145.00</b>		Payee address; City; State; Zip Code <b>9200 State Highway 107, McAllen, Texas 78503</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Sponsor Flag Football Team</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
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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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/11/2021</b>		5 Payee name <b>RODOLFO RIOS</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>932 Sito Circle, Alamo, Texas 78516</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		(b) Description <b>Block Walking and Placement of Signs</b>		
	(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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>08/19/2021</b>		Payee name <b>RAMON GARZA</b>			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code <b>813 Sur Avenue, Edinburg, Texas 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Block Walking and Placement of Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>08/19/2021</b>		Payee name <b>WELCOME HOME</b>			
Amount (\$) <b>298.66</b>		Payee address; City; State; Zip Code <b>219 W. Nolana Street, McAllen, Texas 78501</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>		Description <b>Koozies</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
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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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/27/2021</b>		5 Payee name <b>RRR CONSTRUCTION</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>1409 S. 9th Street, Edinburg, Texas 78539</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		(b) Description <b>Block Walking and Placement of Signs</b>		
	(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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>08/30/2021</b>		Payee name <b>RICARDO HERNANDEZ</b>			
Amount (\$) <b>500.00</b>		Payee address; City; State; Zip Code <b>10731 Hernandez Drive, Edinburg, Texas 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Block Walking and Placement of Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>09/03/2021</b>		Payee name <b>IRENE GARZA</b>			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code <b>1018 E. McIntyre, Edinburg, Texas 78541</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Block Walking and Placement of Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	

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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <b>JASON DE LEON</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>09/07/2021</b>		<b>5</b> Payee name <b>LEO GOMEZ</b>			
<b>6</b> Amount (\$) <b>400.00</b>		<b>7</b> Payee address; City; State; Zip Code <b>7972 E. Mile 17, Edinburg, Texas 78542</b>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		<b>(b)</b> Description <b>Block Walking and Placement of Signs</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	Office held
Date <b>09/13/2021</b>		Payee name <b>BERNARDO DIAZ</b>			
Amount (\$) <b>1,505.76</b>		Payee address; City; State; Zip Code <b>2312 S. Tourist Drive, Edinburg, Texas 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Making Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	Office held
Date <b>09/13/2021</b>		Payee name <b>BRENDA MOLINA</b>			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code <b>4225 N. Denkhaus Blvd., Edinburg, Texas 78543</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Block Walking and Placement of Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	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 <b>JASON DE LEON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/16/2021</b>		5 Payee name <b>RAMON GARZA</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City; State; Zip Code <b>813 Sur Avenue, Edinburg, Texas 78539</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		(b) Description <b>Block Walking and Placement of Signs</b>		
	(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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date <b>09/21/2021</b>		Payee name <b>BERNARDO DIAZ</b>			
Amount (\$) <b>749.32</b>		Payee address; City; State; Zip Code <b>2312 S. Tourist Drive, Edinburg, Texas 78539</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor Expense</b>		Description <b>Making Signs</b>		
	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 <b>Jason De Leon</b>		Office sought <b>City Council, PL 2</b>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	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		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	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		Office sought	

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