CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 18 |
|---|------------------------|-------------------------------|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST JASON | MI | OFFICE USE ONLY |
| TV WIL | NICKNAME | DE LEON | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX | : APT / SUITE #; | CITY; STATE; ZIP CODE | 1000 |
| MAILING ADDRESS Change of Address | | | | 8.150 |
| 5 CANDIDATE/ OFFICEHOLDER | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked |
| PHONE | | | | Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER | MS / MRS / MR MRS. | MARIA | мі | Amount 4 |
| NAME | NICKNAME | LAST | C | Date Processed |
| | Mary | VEGA | - | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS | (NO PO BOX PLEASE); APT / S | SUITE #; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS (Residence or Business) | 308 Glasso | cock, Edinburg, Te | exas 78541 | |
| 8 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | (956) | 432-7608 | | |
| 10 00 00 00 00 00 00 00 00 00 00 00 00 0 | (956) | 432-7000 | | |
| 9 REPORT TYPE | January 15 | 30th day before e | election | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before ele | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day Year | Month | Day Year |
| | 7 | / 1 / 21 | THROUGH 9 | / 23 / 21 |
| 11 ELECTION | ELECTION DA | | ELECTION TYPE | |
| | Month Day | Year Primary | Runoff Other Description | |
| 7 | 11 / 2 / | ✓ 21 General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if know CITY COUNCI | |
| 14 NOTICE FROM | THIS BOX IS FOR NOTIC | CE OF POLITICAL CONTRIBUTIONS | ACCEPTED OR POLITICAL EXPENDITURES I | MADE BY POLITICAL COMMITTEES TO SUPPORT |
| POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICE | EHOLDER. THESE EXPENDITURE | S MAY HAVE BEEN MADE WITHOUT THE CAN | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| Additional Donor | GENERAL | COMMITTEE ADDRESS | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TRE | EASURER NAME | |
| | | COMMITTEE CAMPAION TO | SEASURED ADDRESS | |
| | | COMMITTEE CAMPAIGN TR | EASURER ADDRESS | |
| | | GO TO | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID | (Ethics Commission Filers) |
|---------------------------------|--|--------------|----------------------------------|
| | SON DE LEON | | |
| 17 CONTRIBUTION TOTALS | 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) | 5 | 11,600.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | 3 | 12,050.12 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | TDAY | 8,618.44 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE | 6,900.00 |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true | and correc | at and includes all information |
| rec | uired to be reported by me under Title 15, Election Code. | | |
| | | | |
| | Signature of Car | ndidate or 0 | Officeholder |
| | | | |
| | | | |
| | Please complete either option below | : | |
| | | | |
| | | | |
| (1) Affidavit | | | |
| | | | |
| NOTARY STAMP/SEAL | | | |
| Sworn to and subscribed | before me by this the _ | 0 | lay of, |
| 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer administer | ring oath Printed name of officer administering oath | Tit | le of officer administering oath |
| | OR | | |
| (2) Unsworn Declaration | on | | |
| My name is JAS | ON DE LEON, and my date of birth is _ | 11/0 | 3/1987 |
| My address is | , Edinburg , TX | < , 78 | 539 USA |
| Llidala | | | code) (country) |
| Executed in Hidalg | County, State of Texas , on the day of Octob (month) | | 20 <mark>21</mark> (year) |
| | Daya D | e Sem | |
| | Signature of Candida | ate/Officeho | lder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | JASON DE LEON | 20 Filer ID (Ethics Commission Filers) |
|-----|--|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,600.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 250.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ 6,900.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS \$ 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 FUI | NDS \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | TIONS RETURNED \$ |

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 07/06/2021 | 5 Full name of contributor out-of-state PAC (ID#: | | |
| 0770072021 | 0 0-1" | 5()() | |
| 8 Principal occu | spation / Job title (See Instructions) 9 Employer | (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 07/27/2021 | Contributor address; City; State; Zip 4119 Crosspoint Blvd., Edinburg Texas 78 | 500 ₋ 000 | |
| Principal occu | | (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 07/27/2021 | | 500.00 | |
| Principal occur | 4119 Crosspoint Blvd., Edinburg Texas 7853 pation / Job title (See Instructions) Employer | | |
| | Employer | (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 08/02/2021 | Contributor address; City; State; Zip | | |
| 2810 N. Closner, Edinburg, Texas 78541 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| - Tillopal occu | 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.

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 JASON DE LEON d/b/a JDL MANAGEMENT 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | ctions) |
| Date 08/09/2021 | Full name of contributor out-of-state PAC (ID#:) JASON DE LEON d/b/a JDL MANAGEMENT Contributor address; City; State; Zip Code | Amount of contribution (\$) 200.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| Date 08/10/2021 | Full name of contributor JASON DE LEON d/b/a JDL MANAGEMENT Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) JASON DE LEON d/b/a JDL MANAGEMENT | Amount of contribution (\$) |
| 08/10/2021 | Contributor address; City; State; Zip Code | 3,000.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

| **** | 1000 C C C C C C C C C C C C C C C C C C | |
|-------------------|---|---------------------------------------|
| 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 08/11/2021 | 5 Full name of contributor JASON DE LEON d/b/a JDL MANAGEMENT 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) |
| Date 08/12/2021 | Full name of contributor out-of-state PAC (ID#:) EZ CUTS, LLC Contributor address; City; State; Zip Code 100 E. Nolana Avenue, Suite 170, McAllen, Texas 78540 | Amount of contribution (\$) 500.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date 08/23/2021 | Full name of contributor JASON DE LEON d/b/a JDL MANAGEMENT Contributor address; City; State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date 09/09/2021 | Full name of contributor JASON DE LEON d/b/a JDL MANAGEMENT Contributor address; City; State; Zip Code | Amount of contribution (\$) 1,500.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| | ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A | |

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 5 Full name of contributor out-of-state PAC (ID#:) JASON DE LEON d/b/a JDL MANAGEMENT | | 7 Amount of contribution (\$) |
| 00/10/2021 | 6 Contributor address; City; State; Zip Code | 100.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) MARCELINA M. ALAMIA | Amount of contribution (\$) |
| 09/13/2021 | Contributor address; City; State; Zip Code P. O. Box 3606, Edinburg, Texas 78540 | 200.00 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) LEON DE LEON | Amount of contribution (\$) |
| 09/14/2021 | Contributor address; City; State; Zip Code P. O. Box 125, San Juan, Texas 78589 | 2,000.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) JASON DE LEON d/b/a JDL MANAGEMENT | Amount of contribution (\$) |
| 09/14/2021 | Contributor address; Gity; State; Zip Code | 500.00 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | | |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
|---|--|---------------------------------------|--|--|
| JASON DE LEON | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 0.00 | |
| 5 Date 07/24/2021 | 6 Full name of contributor □ out-of-state PAC (ID#: | Zip Code | 8 Amount of Contribution \$ In-kind contribution description 250.00 Food Expense Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL)(See Instructions) Or | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | itor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor | Zip Code | Amount of In-kind contribution description In-kind contribution description In-kind contribution description In-kind contribution description | |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | tor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL CODIES OF T | THE SCHEDIN | I E A C NEEDED | |

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

SCHEDULE E

| If the requested information is not applicable, DO NOT include this page in the report. | | | | | |
|---|--|--|--|--|--|
| The | The Instruction Guide explains how to complete this form. | | | | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| JA | SON DE LEON | | | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ 0.00 | | |
| 5 Date of loan | 7 Name of lender out-of-state i | PAC (ID#:) | 9 Loan Amount (\$) | | |
| 08/04/2021 | JASON DE LEON d/b/a JDL | MANAGEMENT | 500.00 | | |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate 0.00 | | |
| ☐ Y ■ N | | te de la companya de | 11 Maturity date 08/04/2022 | | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | 00/0 // 00/0 | | |
| Owner | | 00 40 49 | | | |
| 14 Description of Coll none | ateral | Check if personal fundaccount (See Instruct | ds were deposited into political ions) | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | | |
| | 18 Guarantor address; City; | State; Zip Code | | | |
| not applicable | | | | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | | | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | | |
| 08/09/2021 | JASON DE LEON d/b/a JDL | MANAGEMENT | 200.00 | | |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate 0.00 | | |
| ☐ Y ■ N | | | Maturity date 08/09/2022 | | |
| _ | on / Job title (See Instructions) | Employer (See Instructions) | | | |
| Owner | | | | | |
| | | Check if personal fund account (See Instruct | ds were deposited into political | | |
| none | Name of superator | account (See mistract | | | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | | |
| el . | Guarantor address; City; | State; Zip Code | | | |
| ■ not applicable | | | | | |
| | on (See Instructions) | Employer (See Instructions) | | | |
| · · · · · · · · · · · · · · · · · · · | er 1000 | | | | |
| | ATTACH ADDITIONAL COP | ES OF THIS SCHEDULE AS NEE | :DED | | |
| If le | If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

SCHEDULE E

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

| ii iiio roquotiot | Thiermation is not applicable, bo no | i include this page in the rep | Sort. |
|--|---|---|---------------------------------------|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | SON DE LEON | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UN | IITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan 08/10/2021 | Octor state PAO (IDM) | | 9 Loan Amount (\$) 3,500.00 |
| 6 Is lender a financial Institution? | 8 Lender address: City: | State: Zip Code | 10 Interest rate 0.00 |
| Y N | | , | 11 Maturity date 08/10/2022 |
| 12 Principal occupation Owner | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Coll | ateral | Check if personal fund account (See Instruction | Is were deposited into political ons) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; City; | State; Zip Code | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan 08/11/2021 | Name of lender out-of-state I | 339/3113/31 | Loan Amount (\$) 100.00 |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate 0.00 |
| Y N | | | Maturity date 08/11/2022 |
| Principal occupation Owner | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Colla | ateral | Check if personal fund account (See Instruction | s were deposited into political ons) |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; | State; Zip Code | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| If le | ATTACH ADDITIONAL COPI | ES OF THIS SCHEDULE AS NEE | |

SCHEDULE E

| ii the requested | u information is not applicable, DO NO | T include this page in the re | port. |
|--|--|---|---|
| The | Instruction Guide explains how to compl | lete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | SON DE LEON | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan 08/23/2021 | 7 Name of lender □ out-of-state F JASON DE LEON d/b/a JDL | PAC (ID#:) _ MANAGEMENT | 9 Loan Amount (\$) 500.00 |
| 6 Is lender a financial Institution? | 8 Lender address: City: | State: Zip Code | 10 Interest rate 0.00 |
| YIN | | | 11 Maturity date 08/23/2022 |
| 12 Principal occupation Owner | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Colla | ateral | Check if personal fundaccount (See Instruct | ds were deposited into political tions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| ■ not applicable | 18 Guarantor address; City; | State; Zip Code | |
| 20 Principal Occupati | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan 09/09/2021 | Name of lender | PAC (ID#:) MANAGEMENT | Loan Amount (\$) 1,500.00 |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate 0.00 |
| Y N | | | Maturity date 09/09/2022 |
| Owner | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Colla | iteral | Check if personal fund account (See Instruction | ds were deposited into political |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| ■ not applicable | Guarantor address; City; | State; Zip Code | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| If le | ATTACH ADDITIONAL COPI | ES OF THIS SCHEDULE AS NEE | |

SCHEDULE E

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

| ii tilo roquotiot | a mornation is not applicable, DO NO | r include this page in the re | port. |
|--|--|--|--|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | SON DE LEON | 1 | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan 09/13/2021 | 7 Name of lender □ out-of-state F JASON DE LEON d/b/a JDL | A STORY CARRELL | 9 Loan Amount (\$) 100.00 |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate 0.00 |
| Y N | | | 11 Maturity date 09/13/2022 |
| 12 Principal occupation Owner | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Coll | ateral | Check if personal fundaccount (See Instruct | ds were deposited into political ions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| 09/14/2021 | JASON DE LEON d/b/a JDL | MANAGEMENT | 500.00 |
| ls lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate 0.00 |
| ☐ Y ■ N | | | Maturity date 09/14/2022 |
| Principal occupation Owner | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Colla | ateral | Check if personal fund | ds were deposited into political |
| ■ none | | account (See Instructi | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| If le | ATTACH ADDITIONAL COPI | ES OF THIS SCHEDULE AS NEE truction guide for additional re | |

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

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

| 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 07/06/2021 | 5 Payee name MARK GARCIA | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 250.00 | 909 N. McColl Road, Edinburg, Te | xas 78539 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Event Expense | Sponsor / 1 | Texas Cook E | М |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name Jason De Leon | Office sought Office held City Council, PL 2 | | |
| Date | Payee name | | | |
| 07/26/2021 | THE PRINT SHOP | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,551.38 | 2312 S. Tourist Drive, Edinburg, Texas 78539 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Printing Expense | Signs | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | 7 | Office held |
| experience to belief 0/01 | Jason De Leon | City Council, I | PL 2 | |
| Date | Payee name | | | |
| 07/28/2021 | IRENE GARZA | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,000.00 | 1018 E. McIntyre, Edinburg, Texas | 78539 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block Walk | ing and Place | ment of Signs |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | 2556 | Office held |
| expenditure to benefit C/OH | Jason De Leon C | ity Council, F | PL 2 | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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

| 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 08/02/2021 | 5 Payee name MARK GARCIA | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 150.00 | 909 N. McColl Road, Edinburg, Tex | (as 78539 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Event Expense | Sponsor / C | Cook Off |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Jason De Leon | Office sought City Council, PL | Office held |
| Date | Payee name | | |
| 08/05/2021 | RODOLFO RIOS | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 500.00 | 932 Sito Circle, Alamo, Texas 785 | 516 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| | | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | | ing and Placement of Signs |
| OF | | Block Walk | ing and Placement of Signs |
| OF EXPENDITURE Complete ONLY if direct | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Block Walk | |
| OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Block Walk | n, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin | n, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon | Check if Austin | n, TX, officeholder living expense Office held |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; | City: | n, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH | City: | n, TX, officeholder living expense Office held PL 2 |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; 9200 State Highway 107, McAllen, Category (See Categories listed at the top of this schedule) | City: | n, TX, officeholder living expense Office held PL 2 |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; 9200 State Highway 107, McAllen, | City: Texas 78503 Block Walk | n, TX, officeholder living expense Office held PL 2 |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) 145.00 PURPOSE OF | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; 9200 State Highway 107, McAllen, Category (See Categories listed at the top of this schedule) | City: Texas 78503 Description Sponsor Fla | Office held PL 2 State; Zip Code |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) 145.00 PURPOSE OF EXPENDITURE | Contract Labor Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; 9200 State Highway 107, McAllen, Category (See Categories listed at the top of this schedule) Event Expense | City: Texas 78503 Description Sponsor Fla | Office held PL 2 State; Zip Code |
| Complete ONLY if direct expenditure to benefit C/OH Date 08/10/2021 Amount (\$) 145.00 PURPOSE OF EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Jason De Leon Payee name JD FARM AND RANCH Payee address; 9200 State Highway 107, McAllen, Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | City: Texas 78503 Description Sponsor Fla | Office held PL 2 State; Zip Code g Football Team TX, officeholder living expense Office held |

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

| Stront Gurd'r dyffiotic | 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 | 5 Payee name | | | |
| 08/11/2021 | RODOLFO RIOS | | 2.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 500.00 | 932 Sito Circle, Alamo, Texas 785 | 16 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walk | ing and Place | ement of Signs |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Jason De Leon | Office sought City Council, PL | | Office held |
| Date | Payee name | | | |
| 08/19/2021 | RAMON GARZA | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,000.00 | 813 Sur Avenue, Edinburg, Texas | 78539 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Contract Labor Expense | Block Walk | ing and Place | ement of Signs |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held |
| experience to belief civeri | Jason De Leon | City Council, I | PL 2 | |
| Date | Payee name | | | |
| 08/19/2021 | WELCOME HOME | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 298.66 | 219 W. Nolana Street, McAllen, Te | xas 78501 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertisement Expense | Koozies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living e | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held |
| experiorure to benefit C/OH | Jason De Leon | City Council, P | 'L 2 | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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

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

| Credit Card Payment | The Instruction Guide explains how to | Wages/Contract Labor complete this form. | Other (enter a catego | ory not listed above) |
|--|--|--|-------------------------|-----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME JASON DE LEON | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 08/27/2021 | RRR CONSTRUCTION | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 500.00 | 1409 S. 9th Street, Edinburg, Tex | as 78539 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walkii | ng and Place | ement of Signs |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Jason De Leon | Office sought City Council, PL | 2 | Office held |
| Date | Payee name | Oity Courion, 1 E | | |
| 08/30/2021 | RICARDO HERNANDEZ | 7 | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 500.00 | 10731 Hernandez Drive, Edinburg | Texas 78539 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walki | ng and Place | ement of Signs |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Jason De Leon | City Council, F | PL 2 | |
| Date | Payee name | | | |
| 09/03/2021 | IRENE GARZA | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,000.00 | 1018 E. McIntyre, Edinburg, Texas | 3 78541 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walkin | ng and Place | ement of Signs |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OH | Jason De Leon | City Council, Pl | L 2 | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | DED | |
| | | | | |

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waqes/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | one (one a category not include above) | |
|---|--|---------------------|--|----|
| 1 Total pages Schedule F1: | 2 FILER NAME JASON DE LEON | | 3 Filer ID (Ethics Commission Filers |) |
| 4 Date 09/07/2021 | 5 Payee name LEO GOMEZ | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 400.00 | 7972 E. Mile 17, Edinburg, Texas | 78542 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walk | ing and Placement of Sigr | าร |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| experiditure to benefit C/OF | Jason De Leon | City Council, PL | . 2 | |
| Date | Payee name | | | |
| 09/13/2021 | BERNARDO DIAZ | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 1,505.76 | 2312 S. Tourist Drive, Edinburg, Te | exas 78539 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Contract Labor Expense | Making Sig | ns | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to belieff C/OH | Jason De Leon | City Council, I | PL 2 | |
| Date | Payee name | | | |
| 09/13/2021 | BRENDA MOLINA | | | |
| | | | | |
| Amount (\$) | Payee address; 4225 N. Denkhaus Blvd. Edinburg | City; | State; Zip Code | |
| 1,000.00 | 4225 N. Denkhaus Blvd., Edinburg, Texas 78543 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor Expense | Block Walk | ing and Placement of Sigr | าร |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/OH | Jason De Leon C | City Council, F | PL 2 | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEF | DED | - |

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

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held