#### OFFICIAL RECORD CITY SECRETARY

## CANDIDATE / OFFICEHOLDER WORTH, TX

ıţ

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed: 25
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE	USEONLY
OFFICEHOLDER NAME	MR	JASON	<u>L</u>	Date Received	
37.00.00.00	NICKNAME	PENA	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4101 ALAV		CITY; STATE; ZIP CODE T WORTH, TX 76133	CS APR	0 REC'D 7'23 AVS:00
Change of Address	1051 000F	SHOUL MANNES	EVERTAL AND A STATE OF THE STAT		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 817 ) 435	5-3227	EXTENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount S
TREASURER NAME	MR	GARY	D	Date Processed	1 2
A	NICKNAME	l.AST	SUFFIX		<u> </u>
2	1	BROWN		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	4941 FLAG	STONE DR	FORT WORTH, TEXAS	3 76114	-
(Residence or Business)	15 11 12/10	0.0112.011	TOTAL TOTAL		L
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		.*
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( 682 ) 220	6-9404			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day a treasurer o (Officehold	fter campaign
и	July 15	Bth day before el	ection Exceeded Modified Reporting Limit	Final Repo	ort (Atlach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yes	nr
\ \	01 /	/ 18 / 2023	THROUGH 04	/06 /20	23
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E	4
*	Month Day	Year Primary	Runoff Other Description		
	05/06	<b>∕</b> 2023	10 1 10 10 10 10 10 10 10 10 10 10 10 10		
ia	/	0.000.000.00			
12 OFFICE	OFFICE HELD (if any)	4	FORT WORTH CI		DISTRICT 9
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CA IRED TO REPORT THIS INFORMATION ONLY I	NDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			8
,	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	47 10 11 10 1	
, -		COMMITTEE CAMPAGE	DEACHDED ADDRESS		
17		COMMITTEE CAMPAIGN TE	READURER ADDRESS		
2		до то	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME			16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		AN	\$
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOAN	S)	<sup>\$</sup> 7,168.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPEN	IDITURES		\$5,783.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE L	AST DAY	\$ \$1,385.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$
	wear, or affirm, under penalty of perjury uired to be reported by me under Title 15	이 나는 아이들이 가다면서 그는 그렇게 이번 이번에 가지를 받아 나를 하지 않아 때문에 가지를 하지 않아 있다.	true and co	prect and includes all information
		$\Omega$	4	3-
		Similar of	Condidata	ar Officeholder
		Signature of	Candidate	ar Officerfolder
	Please com	plete either option belo	ow:	
				Y M PENA
				lic, State of Texas mission Expires
(1) Affidavit			Janua	ry 18, 2025
		San	NOTARY	ID 12515207-4
NOTARY STAMP/SEA		0	1	
Sworn to and subscribed	before me by ASON	or tena this ti	ne 610	day of April
20 23 to certify	which, witness my hand and seal of office			
11 1110.	ملد د	du M Pena		Notana bubli
Signature of officer diministe	ring oath Printed name of	officer allministering oath		Title of officer administering oath
		OR .	No. over	
(2) Unsworn Declaration		A CONTRACTOR OF THE PARTY OF TH		
(2) Disworn Declaration	, ii			
My name is JASON LE	EE PENA	, and my date of birth	is	
My address is 4101 A		Fort Worth	1 0/00	76133 Tarrant
	(street)	(city)	(state)	(zip code) (country)
Executed in Tarrant	County, State of Texas	, on the 6th day of Apr		, 20 2023 (year)
		- Colp. 1	1=	
		Sig/fature of Ca	ndidate/Offi	ceholder (Declarant)

## SUBTOTALS - C/OH

#### FORM CIOH COVER SHEET PG 3

1 000 000	
19 FILER NAME 20 Filer ID (Ethics 0	Commission Filers)
JASON LEE PENA	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7,168.00
2. " SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. F SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	\$
5. • SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$5,783.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ /c
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	\$ 6,670.25
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	H \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ )()
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
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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 LEE	PENA		3 Filer ID (Ethics Commission Filers)			
4 Date 01/18/2023	5 Full name of contributor  out-of-state PAC ALDO VALENCIA  6 Contributor address; City;	State; Zíp Code	7 Amount of contribution (\$) \$100.00 - ONLINE			
	2728 RIDGEVIEW LN IRVING, TE	XAS 75062				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)			
CEOM	· · · · · · · · · · · · · · · · · · ·	AVAL AC HEATING	G INC			
Dațe 01/19/2023	Full name of contributor 🔲 out-of-state PAG	C (ID#:)	Amount of contribution (\$) 4) \$25.00 - ONLINE			
	Contributor address; City;	State; Zip Code				
	5108 COCKRELL AVE FORT WORT	H, TX 76133				
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
CLERGY		WORLDVIEW MIS	SSIONS			
01/19/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$25.00 - ONLINE			
	Contributor address; City;	State; Zip Code				
,	400 EDWARDS DR FORT WO	RTH, TX 76179				
	pation / Job title (See Instructions)	Employer (See Instru	100000000000000000000000000000000000000			
CRIMPER	44	PARKER HANNIF	IN			
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)			
01/20/2023	ALAN GARCIA		\$100.00 - ONLINE			
9	Contributor address; City;	State; Zip Code				
	2508 HIGHVIEW TERRACE FORT WO	ORTH, TEXAS 76109				
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	·			
CONTRACT	OR	FORT WORTH LA	AWN SPRINKLER COMPANY			
£						
		9				
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ï.	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins					

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA					
4 Date 01/24/2023	5 Full name of contributor Out-of-state PACE	(ID#:)	7 Amount of contribution (\$) \$25.00 - ONLINE			
¥,	6 Contributor address; City;	State; Zip Code				
-	2225 HUNTINGTON FORT WORTH	, TX 76110				
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
RETIRED		RETIRED				
O1/24/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00 - ONLINE			
	2508 STADIUM DR FORT WORTH, TEX	XAS 76109	C-16 V			
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
SALES DIRE	CTOR	BRAD ANDERSO	<u> </u>			
Date 01/26/2023	Full name of contributor out-of-state PAC  JACOB ANDERSON		Amount of contribution (\$) \$50.00 - ONLINE			
	Contributor address; City;  2385 FREEWILL RD NW CLEVELA!	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
AGEÑT	•	INSURANCE SAL				
Dață 01/28/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$250.00 - ONLINE			
	Contributor address; City;	State; Zip Code				
	1900 PATTON CT FORT WORTH, T.	X 76110				
Principal occur DIRECTOR	pation / Job title (See Instructions)	Employer (See Instru-	ctions)			
*						
٦,	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Insti					

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete the	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
JASON LEE	PENA				
4 Date 01/29/2023	5 Full name of contributor	PAC (ID#:)	7 Amount of contribution (\$) \$100.00 - ONLINE		
	6 Contributor address; City;	State: Zip Code	Ĭ.		
	1001 HOLLY STREET ANNA TEXA	T			
No. 2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	pation / Job title (See Instructions)	9 Employer (See Instru			
AREA DIREC	CTOR REVENUE	AIMBRIDGE HOSI	PITALITY		
Date	Full name of contributor 🔲 out-of-state i	PAC (ID#:)	Amount of contribution (\$)		
01/31/2023	KENYA ALU		\$25.00 - ONLINE		
	Contributor address; City;	State; Zip Code			
	12624 STEADMAN FARMS DR KELL	ER, TX 76244			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
REALTOR		5 STAR REAL ES	TATE		
Date 02/02/2023	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$) \$25.00 - ONLINE		
,	Contributor address; City;	State; Zip Code			
	1107 MIRIKE DR WHITE SETTLEI	MENT, TX 76108			
	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
BRICK LAYE	R	BRICKS			
Date 02/02/2023	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$) \$25.00 - ONLINE		
	Contributor address; City;	State; Zip Code			
PO BOX 123 MONTGOMERY, AL 36111					
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
STREEVIEW	V	ADECCO			
5					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
JASON LEE	PENA		The St. March 101 - The Australia Commission of the Austra		
4 Date 02/02/2023	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) \$201.00 - ONLINE		
	6 Contributor address; City;	State; Zlp Code			
	649 STERN DR CROWLEY, TX 760	36			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)		
RETIRED		RETIRED			
Date	Full name of contributor  ut-of-state PA	C (ID#:)	Amount of contribution (\$)		
02/07/2023	JESSE RANGEL		\$500.00 - ONLINE		
,	Contributor address; City;	State; Zip Code			
-	10 DUSKVIEW LN FORT WORTH, TEX	KAS 76134			
S	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
PRESIDENT		RANGEL CONST	RUCTION LLC		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
02/08/2023	JASON ENRRIQUEZ		\$500.00 - ONLINE		
3	Contributor address; City;	State; Zip Code			
	5409 GRISSOM DR ARLINGTON, 7	TEXAS 76016			
	pation / Job title (See Instructions)	Employer (See Instru			
ELECTRICIA	<u>N</u>	A-GRADE ELECT	RIC		
Daţe 02/13/2023	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00 - ONLINE		
	16524 COWBOY TRL FORT WORTH,	TV 76247			
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
	/E TECHNICIAN	PARK PLACE			
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		
	If contributor is out-of-state PAC, please see inst				

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5' The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	4				3 Filer ID (Ethics Commission Filers)
JASON LEE	PENA				
4 Date 02/20/2023	5 Full name of contributor HEDY PENA	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$) \$1.00 - ONLINE
្លិវ	6 Contributor address;	City;	State;	Zip Code	
3+	4101 ALAVA DR FORT \	NORTH, TX	76133		
The state of the s	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
INSURANCE	AGENT		ARMO	R TEXAS IN	SURANCE AGENCY INC
Date 02/21/2023	Full name of contributor DEIDRE YUKNAVICH	out-of-state PAC	; (ID#;		Amount of contribution (\$) \$ \$50.00 - ONLINE
3	Contributor address;	City;	State;	Zip Code	
,	1923 OLD YORK DR KELL	ER, TEXAS	76248		
Principal occup	eation / Job title (See Instructions)	FG	Empl RETIR	oyer (See Instruc ED	tions) ,
Date 02/24/2023	Full name of contributor  DAVID MARTINEZ	out-of-state PAC	; (ID#:		Amount of contribution (\$) \$10.00 - ONLINE
*	Contributor address;	City;	State;	Zlp Code	
-	4920 FAIR PARK BLVD				
	pation / Job title (See Instructions)		I	oyer (See Instruc	tions)
RETIRED			RETIR	ED	
Date 02/25/2023	Full name of contributor  LANDRA ALLISON  Contributor address;	out-of-state PAC		Zip Gode	Amount of contribution (\$) \$100.00 - ONLINE
, at	120 SCARLET OAKS DR J	IOSHUA, TX	76058		
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
RETIRED			RETIR	RED	
Ĭ,		No. 10 10 10 10 10 10 10 10 10 10 10 10 10			
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The Instruction Guide explains how to complete this form.  2 FILER NAME JASON LEE PENA  4 Date 02/25/2023	If the requested information is not applicable, DO NOT Include this page in the report.						
JASON LEE PENA  4 Date 02/25/2023							
EDUARDO AGUILAR  6 Contributor address; City; State; Zip Code  400 EDWARDS DR FORT WORTH, TX 76179  8 Principal occupation / Job title (See Instructions) RETIRED  Date. 02/25/2023 PARCON S10.00 - ONLINE  S10.00 - ONLINE  \$10.00 - ONLINE  \$10.00 - ONLINE  Amount of contribution (\$) \$  \$10.00 - ONLINE  Contributor address; City; State; Zip Code  4101 ALAVA DR FORT WORTH, TEXAS 76133							
8 Principal occupation / Job title (See Instructions) RETIRED  Pate  02/25/2023 PARCHIP Contributor Out-of-state PAC (ID#:							
RETIRED    Date   Date							
Date. 02/25/2023   Full name of contributor   out-of-state PAC (ID#:							
02/25/2023 BASILIO CASTANEDA \$10.00 - ONLINE  Contributor address; City; State; Zip Code  4101 ALAVA DR FORT WORTH, TEXAS 76133							
4101 ALAVA DR FORT WORTH, TEXAS 76133							
The state of the s							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
OWNER ARTWORKS EMBROIDERY DESIGN STUD	0						
Date   Full name of contributor   oul-of-state PAC (ID#:)   Amount of contribution (\$)							
Contributor address; City; State; Zip Code							
3812 NORTH NICHOLS ST FORT WORTH, TX 76106							
Principal occupation / Job title (See Instructions)  RETIRED  Employer (See Instructions)  RETIRED							
Date   Full name of contributor   out-of-state PAC (ID#:) Amount of contribution (\$) \$50.00 - ONLINE							
Contributor address; City; State; Zip Code							
8101 BOAT CLUB RD STE 203 FORT WORTH, TX 76179							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
SALĖS JI							
7 71							
î.							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

If the requested information is not applicable, DO NOT include this page in the report.						
, The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA					
4 Date 03/21/2023	5 Full name of contributor  out-of-state PAC JOSEPH HEDARY  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$51,00 - ONLINE			
•	2251 HEMPHILL ST FORT WORTH	, TX 76110				
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
RETIRED	74.00	RETIRED				
Datê 03/23/2023 r	Full name of contributor out-of-state PACE RUBEN QUESADA  Contributor address; City;	State; Zip Code	Amount of contribution (\$) 2 \$100.00 - ONLINE -			
+4	4144 ALAVA DR FORT WOR	TH, TX 76133				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)			
DT ;		HEALTH CARE				
Date 03/30/2023	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00 - ONLINE			
_	3451 RIVER PARK DR APT 812 FO	RT WORTH, TX 76	116			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc				
EDUCATOR		FORT WORTH IS	D			
04/01/2023	Full name of contributor ☐ oul-of-state PAG	C (ID#:)	Amount of contribution (\$) \$100.00 - ONLINE			
	Contributor address; City;	State; Zip Code				
	2308 WINTON TER E FORT WORTH,	1				
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
HOMEMAKE	:К	NONE				
3,			_			
4	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst					

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	***		3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA					
4 Date 04/03/2023	5 Full name of contributor	(ID#:) State; Zip Code	7 Amount of contribution (\$) \$25.00 - ONLINE			
	3258 S UNIVERSITY DR FORT WO	RTH, TX 76109				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
RETIRED		RETIRED				
Daté 02/25/2023 f	Full name of contributor	State; Zip Code	Amount of contribution (\$) i \$250.00 - CHECK			
Principal accur	5462 RUTLAND AVE FORT WORTH, To pation / Job title (See Instructions)					
RETIRED	ration / Job title (See Instructions)	Employer (See Instruc	uons)			
KETIKED		RETIRED				
Date 03/21/2023	Full name of contributor ☐ out-of-state PAC FRANK PENA	(ID#:)	Amount of contribution (\$) \$250.00 - CHECK			
	Contributor address; City;	State; Zlp Code				
	4420 FIESTA CIR E FORT WORTH,	TX 76133				
	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
SALES		BROTHERS CON	STRUCTION			
Date   02/25/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) \$500.00 - CHECK			
	Contributor address; City;	State; Zip Code				
	3208 W SEMINARY DR FORT WORTH	, TX 76133				
	pation / Job title (See Instructions)	Employer (See Instruc	ACTOR SEE AND ACTOR OF THE SECOND SEC			
MECHANIC		MORGAN MECHA	NIC SHOP			
¥ Vz						
₫.	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see instru					
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## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
ir The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA					
4 Date 02/25/2023	5 Full name of contributor □ out-of-state PAC LESLIE GALINDO	; (ID#:)	7 Amount of contribution (\$) \$100.00			
	6 Contributor address; City;	State; Zip Code				
	6336 BAKER LN ALVARADO TX	X 76009				
	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)			
OFFICE ADM	MINISTRATOR	TCU				
Daté	Full name of contributor ut-of-state PAC	; (ID#:)	Amount of contribution (\$)			
02/25/2023	DAVID LAMBERTSON	\$10.00				
5.	Contributor address; City;	State; Zlp Code				
3*	DID NOT DISCLOSE	- <u>y</u>				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
RETIRED		RETIRED				
Date'	Full name of contributor	· UD#				
02/25/2023	JOE MCHANEY	(10#,)	Amount of contribution (\$) \$220.00 - CHECK			
,			7			
	Contributor address; City;	State; Zip Code				
	5724 WHARTON DR FORT WORTH					
La .	pation / Job title (See Instructions)	Employer (See Instruc				
HEATING/AC	TECHNICIAN	ECCO ENVIRONA	MENTAL AIR			
Date 02/25/2023	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)			
02/20/2020	MARK WILTFONG		\$100.00			
	Contributor address; City;	State; Zip Code	19			
	7812 GARZA AVE FORT WORTH, TX 7	76116	2.00000			
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
PASTOR	- WH.	SPIRIT OF TRUTH	MINISTRIES			
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			A.			
1	ATTACH ADDITIONAL COPIES					
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

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The Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1; 1				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
JASON LEE PENA							
4 Date 02/25/2023 5 Full name of contributor LINDA WILTFONG 6 Contributor address;	out-of-state PAC		7 Amount of contribution (\$) \$100.00				
ANALYSIS OF NAME AREAS OF THE STREET AND A TRANSPORT OF THE STREET	City;	State; Zip Code					
7816 GARZA AVE FORT V  8 Principal occupation / Job title (See Instructions)	WORTH, I		dana)				
RETIRED		9 Employer (See Instruc	uons)				
RETIRED		RETIRED					
Daté  O2/25/2023  Full name of contributor  CANDACE WIGLEY  Contributor address;	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) £ \$50.00				
		TOPOS A TOPOS					
7816 GARZA AVE FORT WC	JKIN, IX /	Employer (See Instruc	tione				
HOSRITAL ADMIN	COOKS CHILDRE						
1100 GITAL ADMIN		COOKS CHILDRE	140				
02/25/2023 Full name of contributor  ITALIA DELACRUZ	2/25/2023						
Contributor address;	Contributor address; City; State; Zip Code						
4249 SUMMERSWEET LN	N CROWLE	EY, TX 76036					
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)				
OWNER		KKC TRANSPORT	T LLC				
Date Full name of contributor D2/25/2023 AMIE SUPER	] out-of-state PAC	(ID#:)	Amount of contribution (\$) \$10.00				
Contributor address;	City;	State; Zlp Code					
7024 VAHALLA RD FORT W	VORTH, TX	76116					
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instruc RETIRED	ctions)				
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		OF THIS SCHEDULE AS I uction guide for additional					

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	***************************************			3 Filer ID (Ethics Commission Filers)				
JASON LEE	PENA			N V B				
4 Date 02/25/2023 報	5 Full name of contributor DAVID MARTINEZ	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$90.00				
	6 Contributor address; City; State; Zip Code							
	4920 FAIR PARK BLVD F	ORT WOR	TH, TX 76115					
	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)				
RETIRED			RETIRED					
Daté. 02/25/2023	LUCILA SERID	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$) / \$100.00				
		22300 <del>5</del> 6		¥				
Belander	UNKNOWN							
, ,	eation / Job title (See Instructions)		Employer (See Instruc	tions)				
UNKŸOWN			UNKNOWN					
Daţe 02/25/2023	Full name of contributor [							
*	Contributor address;	City;	State; Zip Code	4.0				
-	4420 FIESTA CIR E FOR	T WORTH,	TX 76133	3833				
	pation / Job title (See Instructions)		Employer (See Instruc	ctions)				
RETIRED			RETIRED					
02/25/2023	Full name of contributor HECTOR MARTINEZ	out-of-state PAC	; (ID#:)	Amount of contribution (\$) \$20.00				
	Contributor address;	City;	State; Zip Code					
-	UNKNOWN							
	pation / Job title (See Instructions)		Employer (See Instruc	ctions)				
UNKNOWN			UNKNOWN					
G. A								
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f	f* ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							
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The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1;				
2 FILER NAME	4	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
JASON LEE	PENA						
4 Date 02/25/2023	5 Full name of contributor	7 Amount of contribution (\$) \$10.00					
•							
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
OWNER	25 355 355 355 355 355 355 355 355 355 3	SENOVA ENERGY	,				
Daté 02/25/2023	Full name of contributor	State; Zlp Code	Amount of contribution (\$) + \$20.00				
ব	1900 PATTON CT FORT WORTH, T	X 76110					
Principal occup	pation / Job title (See Instructions)	tions)					
DIRECTOR		MURION					
02/25/2023	Full name of contributor	Amount of contribution (\$) \$40.00					
nadka a	6336 BAKER LN ALVARADO						
CAT BREED	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
CAT BREED	EK	B GALINDO					
02/25/2023	Full name of contributor		Amount of contribution (\$) \$10.00				
,	Contributor address; City; UNKNOWN	State; Zip Code					
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tione				
OWNER	The state of the s	CASA CLEAN	anulis)				
i. Šr							
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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			3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA		15 15.			
4 Date 02/25/2023	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$10.00			
253-9219	6708 SANTIAGO AVE FORT WORT	H, TX 76133				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)			
RETIRED		RETIRED	10 ASSASS			
Daté. 02/11/2023	Full name of contributor	S AGENCY INC	Amount of contribution (s) \$ \$1,000.00 - CHECK			
Principal occup	pation / Job title (See Instructions)	itions)				
INSURANCE	AGENT	ISURANCE AGENCY INC				
Date 01/24/2023	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00 CHECK			
	4420 FIESTA CIR E FORT WORTH,	TX 76133	19933031			
Principal occup RETIRED	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Datë 01/24/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$250.00 CHECK			
	5105 TRENTMAN ST FORT WORTH, T	X 76119				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc BROTHERS FOUL	•			
N			-1			
*			-			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

If the requested information is not applicable, DO NOT include this page in the report.						
t The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
JASON LEE	PENA					
4 Date 01/24/2023	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$500.00 - CHECK			
1	3644 RYAN AVE FORT WORTH, TX	( 76110				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
CONSTRUC	TION MANAGER	VAQUERO HOME				
04/04/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) # \$500.00 ~ CHECK			
Principal pegun	1416 WATSON RD FORT WORTH, TX pation / Job title (See Instructions)	Employer (See Instruc				
INSURANCE						
INGOIXANCE	AGENT	PATRICIA CASAN	OVA AGENCY			
04/03/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$20.00 CHECK			
*	Contributor address; City;	State; Zip Code				
	3704 WINIFRED DR FORT WORTH	·	NA NA			
RETIRED	oation / Job title (See Instructions)	RETIRED	ctions)			
Date ‡	Full name of contributor	C ((D#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zlp Code				
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Š.						
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#### SCHEDULE F1

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	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wi	oense ages/Contract Labor	Trans Trave Trave	el in District el Out Of District	ment & Related Expense
1 Total pages Schedule F1:		LEE PENA			3 Fil	ler ID (Ethics	Commission Filers)
4 Date ; 03/17/2023	5 Payeens	ame K OF AMERICA					
6 Amount (\$) \$3.00	7 Payee a		RT WO	RTH, TX 76	133	State;	Zip Code
8 ( PURPOSE OF EXPENDITURE	FEES	ry (See Categories listed at the top of this	250	(b) Description WITHDRAV		50 B	į.
•	(c)	Check if travel outside of Texas, Complete S	chedule T,		2554566574 104547.63	officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sough			Office held
02/14/2023	Payee n EDG	eme ERTON STRATEGIES	3				
Amount (\$) \$1,000	Payee a 1500 KI	<sup>ddress;</sup> ELLER PKWY STE 10	8-402 K	City; (ELLER, TX	76248	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s JLTING EXPENSE	schedule)	Description CONSULTI	NG	N .	_
		Check if travel outside of Texas. Complete S	chedule T.	Check If	Austin, TX, o	officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sough			Office held
Date	Payeer	name	·				
02/13/2023	AXIOM :	STRATEGIES					
Amount (\$) \$1,582.00	Payee a	oddress;		City;		State;	Zip Code
	\$1001	CONGRESS AVE STE	100 Al	JSTIN, TX 7	8701		
) PÙRPOSE OF EXPENDITURE		y (See Categories listed at the top of this JLTING EXPENSE	schedule)	Description CONSULT	ING E	XPENSE	•
,	Г	Check if travel outside of Texas, Complete S	Schedule T.	Check If	Austin, TX,	officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sough	nt		Office held
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 GIfVAwards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	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 LEE PENA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		100
03/29/2023	TONY RAZZANO		
6 Amount (\$) \$40.00	7 Payee address; 9908 CHRYSALIS DR FORT WORT	City; H, TX 76131	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description BLOCKWALKI	NG
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austin	TX, afficeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date.	Payee name		
04/03/2023	JONATHAN HODSON		
Amount (\$)	Payee address;	City;	State; Zip Code
\$160.00	416 KETRAN RD BURLESON, TX 7	6028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description BLOCKWALKI	NG
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Cendidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/06/2023	FORT WORTH HIGH TECH SIGNS CO		
Amount (\$) \$1,582.00	Payee address;	City;	State; Zip Code
* . / - Ŋ	3120 BONNIE DR FORT WORTH, T	X 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS	
	Check if travel outside of Texas. Complete Schodule T.	Check If Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	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 Gif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariae Magner/Contract Leber

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment		Vages/Contract Labor Ot	avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/02/2023	THE HOME DEPOT		
6 Amount (\$) \$86.13	7 Payee address; 4805 SW LOOP 820 #R FORT W	ORTH, TEXAS 761	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************
PURPOSE	ADVERTISING	6 FT POLES	,
OF	7.572.7710.170	The property of the control of the c	- <sup>(2</sup>
EXPENDITURE		<u> </u>	
	(c) Check if traval 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	Office sought	Office held
Date	Payee name		
03/13/2023	THE HOME DEPOT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$29.18	7950 SOUTH FWY FORT WORTH,	TX 76134	
2.4			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	6FT POLES	
ENTER EXPOSED SOUTH WATER TRANSPORT	Checkif travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
, '	in an Personal Company		
03/14/2023	THE HOME DEPOT		
Amount (\$) \$43.06	Payee address;	City;	State; Zip Code
	4805 SW LOOP 820 #R FORT W	ORTH, TEXAS 761	109
,	Category (See Categories listed at the top of this schedule)	Description	
PÜRPOSE	ADVERTISING	6FT POLES	
, OF EXPENDITURE			
EAI ENDITORE		1	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oil	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	y Il Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense	
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1 Total pages Schedule F1:		LEE PENA			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payeen	ame					
03/20/2023	THE	IOME DEPOT				B	
6 Amount (\$) \$43.06	7 Payee a 4805 S\		ORT WO	ORTH, TEXAS	76109 State;	Zip Code	
e.							
8 PURPOSE OF EXPENDITURE	ADVE	ry (See Categories listed at the top of ERTISING		(b) Description 6 FT POLES			
	(c)	Check If travel outside of Texas, Comple	ite Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Of		date / Officeholder name		Office sought		Office held	
Date '	Payee n	ame	*******	*****			
03/16/2023	0.050	HOME DEPOT					
Amouint (\$) \$10.80	Payee a 4805 S\	5일 (19일본) 1일 10일 10일 15일 (19일본) 12일 (19일본)	FORT WC	ORTH, TEXAS	76109 State;	Zip Code	
) <sub>1</sub> .						ŭ	
PURPOSE OF EXPENDITURE	Categor ADVER	y (See Categories listed at the top of t TISING	his schedule)	Description 6FT POLES			
,		Check if travel outside of Texas, Comple	eta Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame				***************************************	
03/14/2023	REVV						
Amount (\$) \$204,52	Payee a	ddress;		City;	State;	Zip Code	
	1920 L	ST NW STE 325 DIS	STRICT O	F COLUMBIA,	WASHINGT	ON 20036	
i PÜRPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of t SSING FEES		Description	UNDRAISING	,	
***************************************		Check litravel outside of Texas. Comple	nte Schedule T.	Check if Aust	lin, TX, officeholder livin		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held	
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#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment )		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission-Filers)
	JASON	LEE PENA				
4 Date	5 Payee no					
03/14/2023		ORKS EMBROIDERY	/ DESIG	SN STUDIO		
6 Amount (\$) \$1,000.00	7 Payee a			City;	State;	Zip Code
ψ1,000.00 	2528 W DICKSON ST STE A FORT WORTH, TEXAS 76110					
8 t	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	ADVE	RTISING		T-SHIRT AND	HATS	3
↑ OF EXPENDITURE						
ï.	(c)	Check if travel outside of Yexas, Complete S	Sala aduda W			
O Complete ONLY is allowed		· · · · · · · · · · · · · · · · · · ·	schedule I.		in, TX, officeholder livin	
<ol> <li>Complete ONLY if direct expenditure to benefit C/OF</li> </ol>		late / Officeholder name		Office sought		Office held
						1
Date,	Payee na	ame				٠
,}.						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
Gr.						
\$1	d.					
	Category	(See Categories listed at the top of this :	schedule)	Description		
PURPOSE				ĺ		
OF EXPENDITURE						
	П	Check if travel outside of Texas. Complete S	chedule T.	Check If Aust	in, TX, afficeholder livin	d synense
Complete ONLY if direct	Candid	late / Officeholder name		Office sought	in, in, uncertained livin	Office held
expenditure to benefit C/OH				o moo dought		Omea neid
Date	Рауее п	ame				
i)						
Amount (\$)	Payee at	ddrang				
	i ayob a	uui ees,		City;	State;	Zip Code
,						
Mt	Category	(See Categories listed at the top of this s	chadula)	Description	***************************************	
PURPOSE	- magai)	1222 Savelland upon at the tob of this s	re-reduie)	Description		
, OF						
EXPENDITURE		· · · · · · · · · · · · · · · · · · ·				-
1,		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, efficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

3.

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundralsir Transportation Equipr Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne			<u> </u>	
04/03/2023	ZOEY MIN	NOR				
6 Amount (\$)\$65.00  Reimbursement from political contributions intended	7 Payee add 4803 SLI	dress; DE ROCK CT MANSF	IELD,	TX 76063	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this sci	nedule)	(b) Description		
) OF EXPENDITURE	CON	ITRACTOR LABOR		BLOCKWALKI	NG	
	(c) (	Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin	, TX, officeholder living e	kpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date!	Payee nar	ne				
04/03/2023	TONY	RAZZANO				
Amount (\$) \$155  right political contributions intended	Payee add 9908 CHF	iress; RYSALIS DR FORT WOI	RTH, Т	City; X 76131	State;	Zip Code
PURPOSE	Category	(See Categories listed at the top of this sc	hedule)	Description		
OF EXPENDITURE	CON	TRACT LABOR		BLOCKWALKI	NG	``
14		Check If travel outside of Texas. Complete Sch	edule T.	Check If Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held
Date Date	Payee nan	ne				
03/31/2023	ZOEY MI	NOR				
Amount (\$) \$60.00  Reimbursement from political contributions intended	Payee add		_D, TX	76063 City;	State;	Zip Code:
PURPOSE	Category	(See Categories listed at the top of this sci	nedule)	Description		
; OF EXPENDITURE	CONTRAC	CT LABOR		BLOCKWALKIN	IG	.,
7		Check If travel outside of Texas. Complete Scho	edule T.	Check If Austin	, TX, officeholder living e	kpense
Complete ONLY If direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
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### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Event Expense Loa Accounting/Banking Fees Offic Consulting Expense Food/Beverage Expense Poli Contributions/Donations Made By Gift/Awards/Memonals Expense Prin			Office O Polling E Printing Salaries	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor  Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel I out of District Travel Out of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne	1	A CONTRACTOR OF THE PARTY OF TH			
02/27/2023	REVP						
6 Amount (\$) \$3,250.00 Reimbursement from political contributions intended	7 Payee address; City State; Zip Code 2201 SPINKS RD #302 FLOWER MOUND, TX 75022						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)			(b) Description	a) Description		
	CONSULTING			CONSULTING			
					stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
02/25/2023	HEDARY'S FOOD TRUCK						
Amount (\$) 500,00  Reimbursement from political contributions intended	Payee address; City: State; Zip Code 2929 CLEBURNE RD FORT WORTH, TX 76110						
PURPOSE	Category (See Calegories listed at the top of this schedule) Description			Description	**************************************		
OF EXPENDITURE	FOOD EXPENSE LAUNCH EV				ENT FOOD SERVICES		
	Check if Iravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>QNLY</u> if direct expenditure to benefit C/6		ate / Officeholder name		Office sought	The second second second second second second	Office held	
Date 02/25/2023	Payee nar	ne S RENTALS		THE STATE OF			
Amount (\$) \$635.00 Reimbursement from political contributions intended	Payae address; City; State; Zip Code UNIVERSITY DR FORT WORTH, TEXAS					Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
	RENTAL EXPENSE LAUNCH PART			TY SUPPLY RENTAL			
					stin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	Alto a	Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	SCHEDULE AS NEED	DED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Mad- Candidate/Officeholder/Polit Credit Card Payment	Event Expense Loa Fees Office By Gift/Awards/Memorials Expense Logal Services Sala The Instruction Guide explains how	n Repayment/Retiribursement de Overhead/Rental Expense ng Expense ding Expense des/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total:pages Schedule G:	2 FILER NAME					
,			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
02/25/2023	COSTCO					
\$165.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code OVERTON RIDGE BLVD FORT WORTH, TX 76132					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	DRINKS, PLATES	Y SUPPLIES				
9	(c) Checkif travel outside of Texes, Complete Schedule T.		TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Datel*	Payee name					
02/01/2023	FORT WORTH HIGH TECH SIGNS	CO .	1			
Amount (\$) \$1,840.25 Reimbursement from political contributions intended	Payee address; 3120 BONNIE DR FORT WORTH, TX		State; Zip Code			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
() OF EXPENDITURE	ADVERTISING	SIGNS				
į.	Check if travel outside of Texas, Complete Schedule 7.					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	X, officeholder living expense Office held—			
Date	Payee name					
Amount (S)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended			ı			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	ad			
	Check if travel outside of Texas. Complete Schedule T.	K, officeholder living expense				
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						