OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

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15 C/OH NAME				IS Filer ID	(Ethics Commission	on File
JASON LEE PENA					Cure, voi	
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	JASON LEE PENA 20 Filer ID (Ethics Col			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1. MONE TARY POLITICAL CONTRIBUTIONS		s	9,363.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s		
3	SCHEDULE B: PLEDGED CONTRIBUTIONS		s	
4.	SCHEDULE E LOANS		s	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s	7,972.19
6.	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		ş	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	4
₿.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	s	6,670.25
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	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guido explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME JASON L				3 Filer ID (Ethics Commission Filors)
4 Date	5 Full name of contributor CARLO MENCHACA	7		
04/07/2023	6 Contributor address; 425 ROCK PRAIRIE FOR	city;	State; Zip Code H, TX 76140	250.00
8 Principal occu DWNER OP	upation / Job title (See Instructions) ERATOR		9 Employer (See Instruction SONOVUS ENERGY	•
Date 04/23/2023	Full name of contributor EDWARD PERKINS	out-of-state PA	yC (ID4:)	Amount of contribution (\$)
04/23/2023	Contributor address; 16524 COWBOY TRL FO	c _{ity;}	State; Ztp Code TH, TX 76247	25.00
	pation / Job title (See Instructions) /E TECHNICIAN		Employer (See Instruction PARK PLACE	ns)
Date 04/25/2023	Full name of contributor JEFFREY MUELLER	out-of-state PA	VC (ID4:)	Amount of contribution (\$)
04/23/2023	Contributor address; 8509 STETSON DR K	city; ELLER,	State; Zip Code TX 76244	25.00
Principal occup SOFTWARE	pation / Job title (See Instructions) ENGINEER		Employer (See Instruction SABRE INC	ns)
Dale	Full name of contributor GUY GRAVES	out-of-sinte PA	/C (ID4:)	Amount of contribution (\$)
04/25/2023	Contributor address; 825 BELLA CIR APT 605	City;	Slato; Zlp Code	50.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruction RETIRED	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule AT The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Effors) JASON LEE PENA 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# ... KAREN ERICKSON 04/03/2023 20.00 6 Contributor address; State, Zlp Code 3704WINIFRED DR FORT WORTH, TX 76133 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID) Amount of contribution (\$) SUSAN HEDARY 04/10/2023 Contributor address; City; State; Zip Code 2929 CLEBURNE RD FORT WORTH, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE AGENT RAINBOW INSURANCE AGENCY Date Full name of contributor out-of-state PAC (ID4:_ Amount of contribution (\$) ARMOR TEXAS INSURANCE AGENCY INC 04/15/2023 1,000.00 Contributor address; City, State, Zip Code 2612 W DICKSON ST FORT WORTH, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) INSURANCE AGENCY ARMOR TEXAS INSURANCE AGENCY INC Date Full name of contributor nut-of-state PAC (ID) Amount of contribution (\$) JON BUNN 04/08/2023 220.00 Contributor address; City; State; Zip Code 2606 HEMPHILL ST FORT WORTH, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) PASTOR THE HUB DFW

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONET	ARY POLITICAL CONTRIBU	JTIONS	schedule A1
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4 Date	5 Full name of contributor out-of-state PAC CAROLYN COOK	7 Amount of contribution (S)	
04/13/2013	6 Contributor address, City. WALES ST FORT WORTH, TX	State; Zip Code	25.00
8 Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instruc RETIRED	ilons)
Date		C (ID4)	Amount of contribution (\$)
04/20/2023	HOLLIE PLEMONS Contributor address; City; 3616 WINIFRED DR FORT WORTH		20.00
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Date	J THOMPSON	C (ID#:)	Amount of contribution (\$)
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Dale	Full name of contributor out-of-state PAC	; (ID ^h)	Amount of contribution (\$)
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SCHEDULE F1

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SCHEDULE F1

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SCHEDULE F1

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

Back, and pro-propagation in a control of the second of th		EXPENDITURE CATEG	ORIES	OR BOX 8(a)		
Advertising Expense Accounting Bushing Consulting Expense Control down Download Mado B Consideration Office Notice Politics Fred Control amont		Event Expense Fines Front Beverage Expense Golft/Awands/Membools Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries W	penso /riges/ContractEnhor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Tetal pages Schedulo F1	2 FILER N				3 Filer ID (Ethic	es Commission Filers)
4 Date 04/17/2023	5 Payeen					
6 Amount (\$) 357.23	7 Payee a 3120 B0	^{ddress;} ONNIE DR FORT WOF	RTH, TX	City; X 76116	State;	Zip Code
8 PURPOSE OF EXPENDITURE	1	ry (See Categories listed at the top of this s RTISING	schedule)	(b) Description SIGNS		
	(c)	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austii	1 TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
04/19/2023	THE H	OME DEPOT				
43.06	Payce a 4850 S	ddress; W LOOP 820 #R FORT	WOR	сііу; ТН, ТХ 76109	Slate;	Zip Code
PURPOSE OF EXPENDITURE	-	y (See Calegories listed at the top of this so RTISING	chedule)	Description SIGN POLES		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Ausli	n, TX. officeholder fivin	g expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeer	name				
04/19/2023	JABOS	ACE HARDWARE				
Amount (\$) 10.81	_{Рауее а} 3548 S	^{ddress;} HILLS AVE #12 FORT	WORT	City; TH, TEXAS 761	Slale; 09	Zip Code
	Categor	y (See Calegories listed at the top of this so	hadulat	Description		

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expend-lure to benefit C/OH

ADVERTISING

Check if travel outside of Texas. Complete Schedule 1.

Candidate / Officeholder name

ZIP TIES

Office sought

Check if Austin, TX: officeholder from J expense

Office hold

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 An existing Banking Consulting Expense Centribuisms Doralbons Made By Candidate Officeholder/Political Committee CreditColdParment

Event Expunse Free Food-Beverage Expense G-M/Awards/Menrands Expense Legal Services Loan Repayment Reinhursement Office Overhead Rental Expense Polling Expense Pilnting Expense Sal niesWingos/Contaid Libbo

Solicitation/Fundialisms Expensis Transportation Equipment & Related Expensio Travel In District Travel Out Of District Other (enter a category not listed above)

Cara Cara appacia	The Instruction Guide explains how to	complete this form,		
1 Total pages Schedule F1	2 FILER NAME JASON LEE PENA		3 Filer ID (Ethi	ics Commission Filars)
4 Date 04/20/2023	5 Payoe name TONY RAZZANO			
6 Amount (\$)	7 Payeu address;	City;	State;	Zip Code
40.00	9908 CHRYSALIS DR FORT WORT	H, TEXAS 7613	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONTRACTLABOR	BLOCKWALKI	NG	
ı	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Auslin	n, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought		Office held
Date	Payeo name			
04/20/2023	ZOEY MINOR			
Amount (\$)	Payee address;	City;	State;	Zıp Code
100.00	4803 SLIDE ROCK CT MANSFIELD,	TX 76063		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description BLOCKWALKIN	NG	
	Check ditravel outside of Texas, Complete Schedule T.	Check if Austin.	. EX: officeholder fiving	g expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/21/2023	TRUIST BANK		`	
Amount (\$)	Payeo address;	City;	State;	Zip Code
3.00	2820 S HULEN ST FORT WORTH, TI	EXAS 76109	,	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	BANK SERVICE	E CHARGE	
	Check if traval outside of Texas Complete Schedule T,	Check if Austin,	TX officeholder living) exponse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	•	Offico held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED	

SCHEDULE F1

If the requested info	ormation is	not applicable, DO NOT	include t	his page in the rep	oort.	
		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)		
Advinitising Expense Accombing Banking Constitut Expense Continuors-Donatons Mado B Candidate/Officebelder/Politica Crist Cad Paparent		ExentExpunsu Fees For tBoverage Expensu Gift/Awarts/Memoris Expenso Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Eundrali Transportation Equip Travel In District Travel Out Of Distric Other (onter a categ	oment & Related Expens :t
		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1	2 FILER N	AME LEE PENA			3 Filer ID (Elhic	s Commission Filers)
4 Date 04/24/2023	5 Payeens	ACE HARDWARD				
G Amount (\$)	7 Payee a	idress;		Cily;	State;	Zip Code
10.81	3548 S	HILLS AVE #12 FOR	T WORT	гн, тх 76109		
8	(a) Categor	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVER	RTISING		ZIP TIES		
	(c)	Check if travel cutside of Texas, Complete	Schedule T.	Check if Auslin	TX, officehelder living	g expense
 Complete <u>ONLY</u> if direct expenditure to benefit C/OI 		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
04/24/2023	THE HO	DME DEPOT				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
30.22	4850 SV	V LOOP 820 #R FOR	T WOR	TH, TX 76109		
PURPOSE OF EXPENDITURE		y (See Catagories listed at the lop of this RTISING	schedule)	Description SIGN POLES		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX. officebolder fivin	q expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
04/24/2023	ARTWO	RKS EMBROIDERY	& DESI	GN STUDIO LL	С	
Amount (\$) 919.27	Payeo a 2608 W	ddress; DICKSON ST FORT	WORTH	City: H, TX 76110	State;	Zip Code
	Category	/ (See Catagories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISTING		T-SHIRTS/HAT	TS	
ļ		Check if travel outside of Texas. Complete	Schedule T.	Chack if Austr	TX officeholder livi	og expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officoholder name		Office sought		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) Solicitation/Fundraising Expensu Transportation Equipment & Related Expense Travel In District Travel Out Of District Loan Repayment Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sulanes/Wages/Contract Linbor Advertising Expense AccountingBanking Consulting Expense Contributions/Donations Made By Event Expense Foes Food/Boverngo Expenso Gitt/Awards/Memorials Expenso Other (enter a category not listed above) Legal Services Candid MoOffic obelder/Political Committee Creat Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 3 Filer ID (Elhics Commission Filers) 2 FILER NAME JASON LEE PENA 4 Date 5 Payee name 04/24/2023 **REVV** Zin Code 6 Amount (\$) 7 Payee address; City; State: REVV.COM 15.20 (b) Description (a) Category (See Categories listed at the top of this schedule) ONLINE DONATION PROCESSING PROCESSING FEES PURPOSE OF EXPENDITURE **FEES** Check if travel outside of Texas, Complete Schedule T. Check if Auslin TX officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payce address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to bonefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schodule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office hold expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED