

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission File #) 2 Total pages filed 12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: JASON MI: L NICKNAME: _____ LAST: PENA SUFFIX: _____	OFFICE USE ONLY Date Received <div style="text-align: right; font-weight: bold; font-size: small;"> CSO REC'D APR 28 '23 PM 5:07 </div>																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: 4101 ALAVA DR APT / SUITE #: _____ CITY: FORT WORTH, TX STATE: TX ZIP CODE: 76133	Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: x-small;">Receipt #</td> <td style="width:50%; font-size: x-small;">Amount \$</td> </tr> <tr> <td style="font-size: x-small;">Date Processed</td> <td></td> </tr> <tr> <td colspan="2" style="font-size: x-small;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged													
Receipt #	Amount \$																			
Date Processed																				
Date Imaged																				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 435-3227 EXTENSION: _____																			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: GARY MI: D NICKNAME: _____ LAST: BROWN SUFFIX: _____																			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): 4941 FLAGSTONE DR APT / SUITE #: _____ CITY: FORT WORTH, TX STATE: TX ZIP CODE: 76114																			
8 CAMPAIGN TREASURER PHONE	AREA CODE: (682) PHONE NUMBER: 226-9404 EXTENSION: _____																			
9 REPORT TYPE	<table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; font-size: x-small;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td>THROUGH</td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td align="center">4</td><td align="center">6</td><td align="center">23</td><td></td><td align="center">4</td><td align="center">28</td><td align="center">23</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	4	6	23		4	28	23				
Month	Day	Year	THROUGH	Month	Day	Year														
4	6	23		4	28	23														
11 ELECTION	<table style="width:100%; font-size: x-small;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td> <td>Primary</td><td>Runoff</td><td>Other Description</td> </tr> <tr> <td align="center">5</td><td align="center">6</td><td align="center">23</td> <td><input checked="" type="checkbox"/> General</td><td><input type="checkbox"/> Special</td><td>_____</td> </tr> </table>		ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	_____
ELECTION DATE			ELECTION TYPE																	
Month	Day	Year	Primary	Runoff	Other Description															
5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	_____															
12 OFFICE	OFFICE HELD (if any): _____	13 OFFICE SOUGHT (if known) FORT WORTH CITY COUNCIL DISTRICT 9																		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: x-small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
COMMITTEE TYPE	COMMITTEE NAME																			
GENERAL	COMMITTEE ADDRESS																			
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																			
	COMMITTEE CAMPAIGN TREASURER ADDRESS																			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME JASON LEE PEÑA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,363.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,642.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,391.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jason Lee Pena this the 28 day of April, 2023, to certify which I witness by hand and seal of office.
 Signature of officer administering oath: [Handwritten Signature] Printed name of officer administering oath: Hedy M Pena Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____
 My address is _____
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 _____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME JASON LEE PENA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,363.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,972.19
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. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 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 CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME JASON LEE PENNA		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor out-of-state PAC (ID# _____) CARLO MENCHACA 6 Contributor address; City; State; Zip Code 425 ROCK PRAIRIE FORT WORTH, TX 76140	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) OWNER OPERATOR		9 Employer (See Instructions) SONOVUS ENERGY
Date 04/23/2023	Full name of contributor out-of-state PAC (ID# _____) EDWARD PERKINS Contributor address; City; State; Zip Code 16524 COWBOY TRL FORT WORTH, TX 76247	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) AUTOMOTIVE TECHNICIAN		Employer (See Instructions) PARK PLACE
Date 04/25/2023	Full name of contributor out-of-state PAC (ID# _____) JEFFREY MUELLER Contributor address; City; State; Zip Code 8509 STETSON DR KELLER, TX 76244	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) SABRE INC
Date 04/25/2023	Full name of contributor out-of-state PAC (ID# _____) GUY GRAVES Contributor address; City; State; Zip Code 825 BELLA CIR APT 605 FORT WORTH, TX 76120	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME JASON LEE PENA		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor out-of-state PAC (ID# _____) KAREN ERICKSON	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 3704WINIFRED DR FORT WORTH, TX 76133		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 04/10/2023	Full name of contributor out-of-state PAC (ID# _____) SUSAN HEDARY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2929 CLEBURNE RD FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) RAINBOW INSURANCE AGENCY
Date 04/15/2023	Full name of contributor out-of-state PAC (ID# _____) ARMOR TEXAS INSURANCE AGENCY INC	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 2612 W DICKSON ST FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) INSURANCE AGENCY		Employer (See Instructions) ARMOR TEXAS INSURANCE AGENCY INC
Date 04/08/2023	Full name of contributor out-of-state PAC (ID# _____) JON BUNN	Amount of contribution (\$) 220.00
Contributor address; City; State; Zip Code 2606 HEMPHILL ST FORT WORTH, TX 76110		
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME JASON LEE PENNA		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2013	5 Full name of contributor out-of-state PAC (ID# _____) CAROLYN COOK	7 Amount of contribution (\$) 25.00
6 Contributor address, City, State, Zip Code WALES ST FORT WORTH, TX 76133		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 04/20/2023	Full name of contributor out-of-state PAC (ID# _____) HOLLIE PLEMONS	Amount of contribution (\$) 20.00
Contributor address, City, State, Zip Code 3616 WINIFRED DR FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 04/20/2023	Full name of contributor out-of-state PAC (ID# _____) J THOMPSON	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code 2501 MUSEUM WAY FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Sold and abandoned property expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Postage Expense	Travel Out Of District
Candidate/Office/Under 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	2 FILER NAME JASON LEE PENA	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Payee name HIGH TECH SIGNS	
6 Amount (\$) 357.23	7 Payee address; City; State; Zip Code 3120 BONNIE DR FORT WORTH, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS
	(c) Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2023	Payee name THE HOME DEPOT	
Amount (\$) 15.11	Payee address; City; State; Zip Code 4850 SW LOOP 820 #R FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN POLES
	Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2023	Payee name THE HOME DEPOT	
Amount (\$) 60.45	Payee address; City; State; Zip Code 4850 SW LOOP 820 #R FORT WORTH, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN POLES
	Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Substitution/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME JASON LEE PENA	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Payee name DLX	
6 Amount (\$) 104.89	7 Payee address; City; State; Zip Code DELUXE.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BOOKKEEPING	(b) Description CHECK PRINTING
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name DLX	
Amount (\$) 55.77	Payee address; City; State; Zip Code DELUXE.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BOOKKEEPING	Description CHECK PRINTING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2023	Payee name THE CASA DE LINA	
Amount (\$) 66.14	Payee address; City; State; Zip Code 5216 WEDGMONT CIR N FORT WORTH, TX 76133	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description MEET & GREET
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/ Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME JASON LEE PENNA	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name HIGH TECH SIGNS	
6 Amount (\$) 357.23	7 Payee address; City; State; Zip Code 3120 BONNIE DR FORT WORTH, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/19/2023	Payee name THE HOME DEPOT	
Amount (\$) 43.06	Payee address; City; State; Zip Code 4850 SW LOOP 820 #R FORT WORTH, TX 76109	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN POLES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/19/2023	Payee name JABOS ACE HARDWARE	
Amount (\$) 10.81	Payee address; City; State; Zip Code 3548 S HILLS AVE #12 FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ZIP TIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 0(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME JASON LEE PENA		3 Filer ID (Ethics Commission Filers)	
4 Date 04/20/2023		5 Payee name TONY RAZZANO			
6 Amount (\$) 40.00		7 Payee address; City; State; Zip Code 9908 CHRYSALIS DR FORT WORTH, TEXAS 76131			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description BLOCKWALKING		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/20/2023		Candidate / Officeholder name ZOEY MINOR			
Amount (\$) 100.00		Payee address; City; State; Zip Code 4803 SLIDE ROCK CT MANSFIELD, TX 76063			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description BLOCKWALKING		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/21/2023		Candidate / Officeholder name TRUIST BANK			
Amount (\$) 3.00		Payee address; City; State; Zip Code 2820 S HULEN ST FORT WORTH, TEXAS 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description BANK SERVICE CHARGE		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Sole/Partial Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME JASON LEE PENA		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2023		5 Payee name JABOS ACE HARDWARD			
6 Amount (\$) 10.81		7 Payee address; City; State; Zip Code 3548 S HILLS AVE #12 FORT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description ZIP TIES		
	(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		Office sought Office held	
Date 04/24/2023		Payee name THE HOME DEPOT			
Amount (\$) 30.22		Payee address; City; State; Zip Code 4850 SW LOOP 820 #R FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description SIGN POLES		
	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	
Date 04/24/2023		Payee name ARTWORKS EMBROIDERY & DESIGN STUDIO LLC			
Amount (\$) 919.27		Payee address; City; State; Zip Code 2608 W DICKSON ST FORT WORTH, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description T-SHIRTS/HATS		
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME JASON LEE PENA	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name REVV	
6 Amount (\$) 15.20	7 Payee address; City; State; Zip Code REVV.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PROCESSING FEES	(b) Description ONLINE DONATION PROCESSING FEES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED