

**OFFICIAL RECORD  
CITY SECRETARY  
FORT 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.			<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: <span style="font-size: 2em; color: blue;">25</span>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>JASON</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  Date Received  <span style="font-size: 1.5em;">CSO REC'D APR 7 '23 4:00</span>		
	NICKNAME	LAST <b>PENA</b>	SUFFIX			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address <input type="checkbox"/>						
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	<b>( 817 )</b>	<b>435-3227</b>		Date Hand-delivered or Date Postmarked		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>GARY</b>	MI <b>D</b>	Receipt #	Amount \$	
	NICKNAME	LAST <b>BROWN</b>	SUFFIX	Date Processed		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)				STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4941 FLAGSTONE DR FORT WORTH, TEXAS 76114</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	<b>( 682 )</b>	<b>226-9404</b>				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month    Day    Year <b>01 / 18 / 2023</b>			THROUGH    Month    Day    Year <b>04 / 06 / 2023</b>		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <b>05 / 06 / 2023</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known) <b>FORT WORTH CITY COUNCIL DISTRICT 9</b>		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.					
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				
<b>GO TO PAGE 2</b>						

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME 16 Filer ID (Ethics Commission Filers)

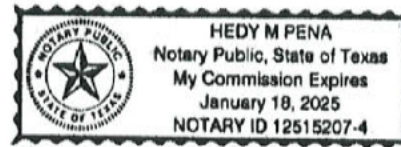
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,168.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,783.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,385.00
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 6th day of April 2023, to certify which, witness my hand and seal of office.

[Signature] Hedy M Pena Notary public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JASON LEE PENA, and my date of birth is [Redacted]

My address is 4101 Alava Dr, Fort Worth, TX, 76133, Tarrant  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 6th day of April, 202023.  
(month) (year)

[Signature]  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>JASON LEE PENA</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,168.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,783.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,670.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:
2 FILER NAME JASON LEE PENA		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDO VALENCIA	7 Amount of contribution (\$) \$100.00 - ONLINE
6 Contributor address; City; State; Zip Code 2728 RIDGEVIEW LN IRVING, TEXAS 75062		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) AVAL AC HEATING INC
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS WOOD	Amount of contribution (\$) \$25.00 - ONLINE
Contributor address; City; State; Zip Code 5108 COCKRELL AVE FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) CLERGY		Employer (See Instructions) WORLDVIEW MISSIONS
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDUARDO AGUILAR	Amount of contribution (\$) \$25.00 - ONLINE
Contributor address; City; State; Zip Code 400 EDWARDS DR FORT WORTH, TX 76179		
Principal occupation / Job title (See Instructions) CRIMPER		Employer (See Instructions) PARKER HANNIFIN
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN GARCIA	Amount of contribution (\$) \$100.00 - ONLINE
Contributor address; City; State; Zip Code 2508 HIGHVIEW TERRACE FORT WORTH, TEXAS 76109		
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) FORT WORTH LAWN SPRINKLER COMPANY
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</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: 1
2 FILER NAME JASON LEE PENA		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAMIAN LEONARD	7 Amount of contribution (\$) \$25.00 - ONLINE
6 Contributor address; City; State; Zip Code 2225 HUNTINGTON FORT WORTH, TX 76110		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD ANDERSON	Amount of contribution (\$) \$50.00 - ONLINE
Contributor address; City; State; Zip Code 2508 STADIUM DR FORT WORTH, TEXAS 76109		
Principal occupation / Job title (See Instructions) SALES DIRECTOR		Employer (See Instructions) BRAD ANDERSON
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOB ANDERSON	Amount of contribution (\$) \$50.00 - ONLINE
Contributor address; City; State; Zip Code 2385 FREEWILL RD NW CLEVELAND, TN 37312		
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) INSURANCE SALES
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT WILSON	Amount of contribution (\$) \$250.00 - ONLINE
Contributor address; City; State; Zip Code 1900 PATTON CT FORT WORTH, TX 76110		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) MURION
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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  
01/29/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MANJIDER SINGH

7 Amount of contribution (\$)  
\$100.00 - ONLINE

6 Contributor address; City; State; Zip Code

1001 HOLLY STREET ANNA TEXAS 75409

8 Principal occupation / Job title (See Instructions)

AREA DIRECTOR REVENUE

9 Employer (See Instructions)

AIMBRIDGE HOSPITALITY

Date  
01/31/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
KENYA ALU

Amount of contribution (\$)  
\$25.00 - ONLINE

Contributor address; City; State; Zip Code

12624 STEADMAN FARMS DR KELLER, TX 76244

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

5 STAR REAL ESTATE

Date  
02/02/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
AARON JAMES

Amount of contribution (\$)  
\$25.00 - ONLINE

Contributor address; City; State; Zip Code

1107 MIRIKE DR WHITE SETTLEMENT, TX 76108

Principal occupation / Job title (See Instructions)

BRICK LAYER

Employer (See Instructions)

BRICKS

Date  
02/02/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JAY THOMAS

Amount of contribution (\$)  
\$25.00 - ONLINE

Contributor address; City; State; Zip Code

PO BOX 123 MONTGOMERY, AL 36111

Principal occupation / Job title (See Instructions)

STREEVIEW

Employer (See Instructions)

ADECCO

2

3

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 02/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYLVIA HICKS ..... 6 Contributor address; City; State; Zip Code  649 STERN DR CROWLEY, TX 76036	7 Amount of contribution (\$) \$201.00 - ONLINE
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE RANGEL ..... Contributor address; City; State; Zip Code  10 DUSKVIEW LN FORT WORTH, TEXAS 76134	Amount of contribution (\$) \$500.00 - ONLINE
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RANGEL CONSTRUCTION LLC
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON ENRRIQUEZ ..... Contributor address; City; State; Zip Code  5409 GRISSOM DR ARLINGTON, TEXAS 76016	Amount of contribution (\$) \$500.00 - ONLINE
Principal occupation / Job title (See Instructions) ELECTRICIAN		Employer (See Instructions) A-GRADE ELECTRIC
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD PERKINS ..... Contributor address; City; State; Zip Code  16524 COWBOY TRL FORT WORTH, TX 76247	Amount of contribution (\$) \$50.00 - ONLINE
Principal occupation / Job title (See Instructions) AUTOMOTIVE TECHNICIAN		Employer (See Instructions) PARK PLACE
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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 <b>JASON LEE PENA</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HEDY PENA</b>	7 Amount of contribution (\$) <b>\$1.00 - ONLINE</b>
6 Contributor address; City; State; Zip Code <b>4101 ALAVA DR FORT WORTH, TX 76133</b>		
8 Principal occupation / Job title (See Instructions) <b>INSURANCE AGENT</b>		9 Employer (See Instructions) <b>ARMOR TEXAS INSURANCE AGENCY INC</b>
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEIDRE YUKNAVICH</b>	Amount of contribution (\$) <b>\$50.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>1923 OLD YORK DR KELLER, TEXAS 76248</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID MARTINEZ</b>	Amount of contribution (\$) <b>\$10.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>4920 FAIR PARK BLVD</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LANDRA ALLISON</b>	Amount of contribution (\$) <b>\$100.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>120 SCARLET OAKS DR JOSHUA, TX 76058</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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 <b>JASON LEE PENA</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDUARDO AGUILAR</b>	7 Amount of contribution (\$) <i>6</i> <b>\$10.00 - ONLINE</b>
6 Contributor address; City; State; Zip Code <b>400 EDWARDS DR FORT WORTH, TX 76179</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>RETIRED</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BASILIO CASTANEDA</b>	Amount of contribution (\$) <i>6</i> <b>\$10.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>4101 ALAVA DR FORT WORTH, TEXAS 76133</b>		
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>ARTWORKS EMBROIDERY DESIGN STUDIO</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHANIE HERNANDEZ</b>	Amount of contribution (\$) <i>6</i> <b>\$10.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>3812 NORTH NICHOLS ST FORT WORTH, TX 76106</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA PRITCHETT</b>	Amount of contribution (\$) <i>6</i> <b>\$50.00 - ONLINE</b>
Contributor address; City; State; Zip Code <b>8101 BOAT CLUB RD STE 203 FORT WORTH, TX 76179</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions) <b>SALES</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH HEDARY	7 Amount of contribution (\$) \$51.00 - ONLINE
6 Contributor address; City; State; Zip Code 2251 HEMPHILL ST FORT WORTH, TX 76110		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBEN QUESADA	Amount of contribution (\$) \$100.00 - ONLINE
Contributor address; City; State; Zip Code 4144 ALAVA DR FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) DT		Employer (See Instructions) HEALTH CARE
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREY HOLCOLB	Amount of contribution (\$) \$50.00 - ONLINE
Contributor address; City; State; Zip Code 3451 RIVER PARK DR APT 812 FORT WORTH, TX 76116		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) FORT WORTH ISD
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNI SWINK	Amount of contribution (\$) \$100.00 - ONLINE
Contributor address; City; State; Zip Code 2308 WINTON TER E FORT WORTH, TX 76109		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) NONE
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</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 <b>JASON LEE PENA</b>		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDSAY LOWENTHAL</b>	7 Amount of contribution (\$) <b>\$25.00 - ONLINE</b>
6 Contributor address; City; State; Zip Code <b>3258 S UNIVERSITY DR FORT WORTH, TX 76109</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>RETIRED</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVEN MCLAUGHLIN</b>	Amount of contribution (\$) <b>\$250.00 - CHECK</b>
Contributor address; City; State; Zip Code <b>5462 RUTLAND AVE FORT WORTH, TX 76133</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK PENA</b>	Amount of contribution (\$) <b>\$250.00 - CHECK</b>
Contributor address; City; State; Zip Code <b>4420 FIESTA CIR E FORT WORTH, TX 76133</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions) <b>BROTHERS CONSTRUCTION</b>
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TONY LOPEZ</b>	Amount of contribution (\$) <b>\$500.00 - CHECK</b>
Contributor address; City; State; Zip Code <b>3208 W SEMINARY DR FORT WORTH, TX 76133</b>		
Principal occupation / Job title (See Instructions) <b>MECHANIC</b>		Employer (See Instructions) <b>MORGAN MECHANIC SHOP</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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.

1 The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>JASON LEE PENNA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/25/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LESLIE GALINDO</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6336 BAKER LN ALVARADO TX 76009</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>OFFICE ADMINISTRATOR</b>		9 Employer (See Instructions) <b>TCU</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID LAMBERTSON</b> <hr/> Contributor address; City; State; Zip Code <b>DID NOT DISCLOSE</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE MCHANEY</b> <hr/> Contributor address; City; State; Zip Code <b>5724 WHARTON DR FORT WORTH, TX 76133</b>	Amount of contribution (\$) <b>\$220.00 - CHECK</b>
Principal occupation / Job title (See Instructions) <b>HEATING/AC TECHNICIAN</b>		Employer (See Instructions) <b>ECCO ENVIRONMENTAL AIR</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK WILTFONG</b> <hr/> Contributor address; City; State; Zip Code <b>7812 GARZA AVE FORT WORTH, TX 76116</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>PASTOR</b>		Employer (See Instructions) <b>SPIRIT OF TRUTH MINISTRIES</b>
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.

1 The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <b>JASON LEE PENA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/25/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA WILTFONG</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>7816 GARZA AVE FORT WORTH, TX 76116</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>RETIRED</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CANDACE WIGLEY</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>7816 GARZA AVE FORT WORTH, TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>HOSPITAL ADMIN</b>		Employer (See Instructions) <b>COOKS CHILDRENS</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ITALIA DELACRUZ</b>	Amount of contribution (\$) <b>\$40.00</b>
Contributor address; City; State; Zip Code <b>4249 SUMMERSWEET LN CROWLEY, TX 76036</b>		
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>KKC TRANSPORT LLC</b>
Date <b>02/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMIE SUPER</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>7024 VAHALLA RD FORT WORTH, TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
4 7 . 4		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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  
02/25/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
DAVID MARTINEZ

7 Amount of contribution (\$) /  
\$90.00

6 Contributor address; City; State; Zip Code

4920 FAIR PARK BLVD FORT WORTH, TX 76115

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
LUCILA SERID

Amount of contribution (\$) /  
\$100.00

Contributor address; City; State; Zip Code

UNKNOWN

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

UNKNOWN

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
REBECCA PENA

Amount of contribution (\$) /  
\$100.00

Contributor address; City; State; Zip Code

4420 FIESTA CIR E FORT WORTH, TX 76133

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
HECTOR MARTINEZ

Amount of contribution (\$) /  
\$20.00

Contributor address; City; State; Zip Code

UNKNOWN

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

UNKNOWN

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 PENA

3 Filer ID (Ethics Commission Filers)

4 Date  
02/25/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CARLOS MENCHACA

7 Amount of contribution (\$)   
\$10.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

SENOVA ENERGY

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MATT WILSON

Amount of contribution (\$)   
\$20.00

Contributor address; City; State; Zip Code

1900 PATTON CT FORT WORTH, TX 76110

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

MURION

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JACOB GALINDO

Amount of contribution (\$)   
\$40.00

Contributor address; City; State; Zip Code

6336 BAKER LN ALVARADO TX 76009

Principal occupation / Job title (See Instructions)

CAT BREEDER

Employer (See Instructions)

B GALINDO

Date  
02/25/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
FABIAN CARDOVA

Amount of contribution (\$)   
\$10.00

Contributor address; City; State; Zip Code

UNKNOWN

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CASA CLEAN

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 PENA

3 Filer ID (Ethics Commission Filers)

4 Date  
02/25/2023

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
LOUIS BRINKLEY

7 Amount of contribution (\$) \$10.00

6 Contributor address; City; State; Zip Code  
6708 SANTIAGO AVE FORT WORTH, TX 76133

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date  
02/11/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
HEDY PENA /ARMOR TEXAS INS AGENCY INC

Amount of contribution (\$) \$1,000.00 - CHECK

Contributor address; City; State; Zip Code  
2612 W DICKSON ST FORT WORTH, TEXAS 76110

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

ARMOR TEXAS INSURANCE AGENCY INC

Date  
01/24/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
REBECCA PENA

Amount of contribution (\$) \$250.00 CHECK

Contributor address; City; State; Zip Code  
4420 FIESTA CIR E FORT WORTH, TX 76133

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date  
01/24/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
AGUSTIN HERNANDEZ

Amount of contribution (\$) \$250.00 CHECK

Contributor address; City; State; Zip Code  
5105 TRENTMAN ST FORT WORTH, TX 76119

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

BROTHERS FOUNDATION

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 PENA		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR CHAVEZ	7 Amount of contribution (\$) <i>h</i> \$500.00 - CHECK
6 Contributor address; City; State; Zip Code 3644 RYAN AVE FORT WORTH, TX 76110		
8 Principal occupation / Job title (See Instructions) CONSTRUCTION MANAGER		9 Employer (See Instructions) VAQUERO HOME BUILDER LLC
Date, 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA CASANOVA	Amount of contribution (\$) <i>h</i> \$500.00 - CHECK
Contributor address; City; State; Zip Code 1416 WATSON RD FORT WORTH, TX ARLINGTON 76010		
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) PATRICIA CASANOVA AGENCY
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN ERICKSON	Amount of contribution (\$) <i>h</i> \$20.00 CHECK
Contributor address; City; State; Zip Code 3704 WINIFRED DR FORT WORTH, TX 76133		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>h</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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 03/17/2023	5 Payee name BANK OF AMERICA
----------------------	---------------------------------

6 Amount (\$) \$3.00	7 Payee address; 5356 WEDGMONT CIR N FORT WORTH, TX 76133	City;	State;	Zip Code
-------------------------	--------------------------------------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WITHDRAWAL FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/14/2023	Payee name EDGERTON STRATEGIES
--------------------	-----------------------------------

Amount (\$) \$1,000	Payee address; 1500 KELLER PKWY STE 108-402 KELLER, TX 76248	City;	State;	Zip Code
------------------------	-----------------------------------------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 02/13/2023	Payee name AXIOM STRATEGIES
--------------------	--------------------------------

Amount (\$) \$1,582.00	Payee address; \$1001 CONGRESS AVE STE 100 AUSTIN, TX 78701	City;	State;	Zip Code
---------------------------	----------------------------------------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING EXPENSE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JASON LEE PENA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/29/2023	<b>5</b> Payee name TONY RAZZANO	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 9908 CHRYSALIS DR FORT WORTH, TX 76131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description BLOCKWALKING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 04/03/2023	<b>Payee name</b> JONATHAN HODSON	
<b>Amount (\$)</b> \$160.00	<b>Payee address; City; State; Zip Code</b> 416 KETRAN RD BURLESON, TX 76028	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>Description</b> BLOCKWALKING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>Date</b> 02/06/2023	<b>Payee name</b> FORT WORTH HIGH TECH SIGNS CO	
<b>Amount (\$)</b> \$1,582.00	<b>Payee address; City; State; Zip Code</b> 3120 BONNIE DR FORT WORTH, TX 76116	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING	<b>Description</b> SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JASON LEE PENNA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/02/2023	<b>5</b> Payee name THE HOME DEPOT	
<b>6</b> Amount (\$) \$86.13	<b>7</b> Payee address; City; State; Zip Code 4805 SW LOOP 820 #R FORT WORTH, TEXAS 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description 6 FT POLES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2023	Payee name THE HOME DEPOT	
Amount (\$) \$29.18	Payee address; City; State; Zip Code 7950 SOUTH FWY FORT WORTH, TX 76134	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 6FT POLES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/14/2023	Payee name THE HOME DEPOT	
Amount (\$) \$43.06	Payee address; City; State; Zip Code 4805 SW LOOP 820 #R FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 6FT POLES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JASON LEE PENA	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------------------------	----------------------------------------------

<b>4</b> Date: 03/20/2023	<b>5</b> Payee name THE HOME DEPOT
------------------------------	---------------------------------------

<b>6</b> Amount (\$) \$43.06	<b>7</b> Payee address; City; State; Zip Code 4805 SW LOOP 820 #R FORT WORTH, TEXAS 76109
---------------------------------	----------------------------------------------------------------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description 6 FT POLES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 03/16/2023	Payee name THE HOME DEPOT
--------------------	------------------------------

Amount (\$) \$10.80	Payee address; City; State; Zip Code 4805 SW LOOP 820 #R FORT WORTH, TEXAS 76109
------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 6FT POLES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 03/14/2023	Payee name REVV
--------------------	--------------------

Amount (\$) \$204.52	Payee address; City; State; Zip Code 1920 L ST NW STE 325 DISTRICT OF COLUMBIA, WASHINGTON 20036
-------------------------	-----------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PROCESSING FEES	Description ONLINE FUNDRAISING FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JASON LEE PENA	<b>3</b> Filer ID (Ethics Commission-Filers)
<b>4</b> Date 03/14/2023	<b>5</b> Payee name ARTWORKS EMBROIDERY DESIGN STUDIO	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 2528 W DICKSON ST STE A FORT WORTH, TEXAS 76110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description T-SHIRT AND HATS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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                        | 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.

<b>1</b> Total pages Schedule G:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/03/2023		<b>5</b> Payee name ZOEY MINOR			
<b>6</b> Amount (\$) \$65.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 4803 SLIDE ROCK CT MANSFIELD, TX 76063			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACTOR LABOR		<b>(b)</b> Description BLOCKWALKING		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/03/2023		Payee name TONY RAZZANO			
Amount (\$) \$155 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9908 CHRYSALIS DR FORT WORTH, TX 76131			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description BLOCKWALKING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/31/2023		Payee name ZOEY MINOR			
Amount (\$) \$60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4803 SLIDE ROCK CT MANSFIELD, TX 76063			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description BLOCKWALKING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 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                        | 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------	---------------------------------------

4 Date 02/27/2023	5 Payee name REVP
----------------------	----------------------

6 Amount (\$) \$3,250.00 <input checked="" type="checkbox"/> 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) CONSULTING	(b) Description CONSULTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/25/2023	Payee name HEDARY'S FOOD TRUCK
--------------------	-----------------------------------

Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 2929 CLEBURNE RD FORT WORTH, TX 76110
---------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description LAUNCH EVENT FOOD SERVICES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 02/25/2023	Payee name TAYLORS RENTALS
--------------------	-------------------------------

Amount (\$) \$635.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code UNIVERSITY DR FORT WORTH, TEXAS
-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description LAUNCH PARTY SUPPLY RENTAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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                                                        | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/25/2023		<b>5</b> Payee name COSTCO			
<b>6</b> Amount (\$) \$165.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code OVERTON RIDGE BLVD FORT WORTH, TX 76132			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) DRINKS, PLATES		<b>(b)</b> Description LAUNCH PARTY SUPPLIES		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 02/01/2023		Payee name: FORT WORTH HIGH TECH SIGNS CO			
Amount (\$) \$1,840.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3120 BONNIE DR FORT WORTH, TX 76116			
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED