

LEOFREDO

PENA

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	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Leofredo	MI
	NICKNAME	LAST Pena	SUFFIX
OFFICE USE ONLY			
Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 11:29am JUL 06 2020			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 34351 Island Estate Dr San Benito , TX 78586		Date Hand-delivered or Date Postmarked 2020
			RECEIVED 81. Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST David	MI T
	NICKNAME	LAST Gonzales	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 34351 ISLAND ESTATE STREET, SAN BENITO TX 78586		
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 956 778-0032		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 02/24/2020		Month Day Year 07/04/2020
	THROUGH		
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 6

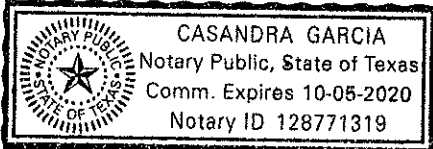
13 C / OH NAME Pena, Leofredo	14 Filer ID
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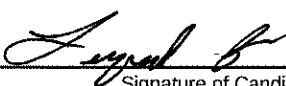
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,834.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,504.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

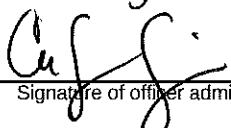




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leofredo Pena, this the 6th day of July, 20 20, to certify which, witness my hand and seal of office.



 Signature of officer administering

Casandra Garcia

 Printed name of officer administering

Notary Public

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Pena, Leofredo	19 Filer ID
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20	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,800.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 2,834.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME Pena, Leofredo		3 Filer ID
4 Date 03/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Michael (Mr.) 6 Contributor address; City; State; Zip Code 847 E Harrison St Brownsville, TX 78520	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 03/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, CindyE (Mrs.) Contributor address; City; State; Zip Code 26545 Palomino Ave La Feria, TX 78559	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions) stenographer		Employer (See Instructions) cameron county
Date 05/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gacia, Jonathon (Mr.) Contributor address; City; State; Zip Code 932 E Van Buren St Brownsville, TX 78520	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Genaro (Mr.) Contributor address; City; State; Zip Code 501 North J St. Harlingen, TX 78550	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Janitorial Services		Employer (See Instructions) self
Date 04/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaiyebo, Omotela (Dr.) Contributor address; City; State; Zip Code 3726 Treasure Island Dr. Montgomery, TX 77356	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME Pena, Leofredo		3 Filer ID
4 Date 05/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalski, Fred (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 902 E. MADISON St Brownsville , TX 78520-5950	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 05/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalski, Jorge (Mr.) <hr/> Contributor address; City; State; Zip Code 902 E. MADISON St Brownsville , TX 78520-5950	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 03/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RoQue, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code 1001 Fair Park Blvd Harlingen, TX 78550-2300	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Ball Bond		Employer (See Instructions) self
Date 05/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Gus (Mr.) <hr/> Contributor address; City; State; Zip Code 1106 E. Tyler Harlingen, TX 78550	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 03/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejo, Micheal P (Mr.) <hr/> Contributor address; City; State; Zip Code 1192 East 9th St Brownsville , TX 78520	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 6/6	2 FILER NAME Pena, Leofredo	3 Filer ID
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4 Date 06/26/2020	5 Payee name U. S. P. S.
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6 Amount (\$) \$1,453.88	7 Payee address; City; State; Zip Code Combes Rd Harlingen , TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail out
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2020	Payee name VIVA MEDIA GROUP
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Amount (\$) \$1,380.19	Payee address; City; State; Zip Code 222 N Expressway Suite 111 Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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