Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

ORIGINAL

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed.

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. | FIRST: Homero | MI:
NICKNAME: | LAST: Jasso | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 107 Hibiscus | APT / SUITE #: | CITY: McAllen | STATE: TX | ZIP CODE: 78501

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (956) | PHONE NUMBER: 827-0512 | EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. | FIRST: Monica | MI:
NICKNAME: | LAST: Jasso-Sandoval | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 704 Abbott Avenue | APT / SUITE #: | CITY: Edinburg | STATE: TX | ZIP CODE: 78541

8 CAMPAIGN TREASURER PHONE
AREA CODE: (956) | PHONE NUMBER: 368-0047 | EXTENSION:

OFFICE USE ONLY
Date Received: RECEIVED FEB 25 2014 11:58 AM E.O.
Date Hand-delivered or Postmarked:
Receipt # | Amount
Date Processed:
Date Imaged:

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☑ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month / Day / Year: 1 / 15 / 2014 THROUGH 2 / 22 / 2014

11 ELECTION
ELECTION DATE Month / Day / Year: 3 / 5 / 2014
ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): Justice of the Peace
13 OFFICE SOUGHT (if known): Justice of the Peace

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME: Homero Jasso

15 ACCOUNT # (Ethics Commission Filers):

16 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. *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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ N/A
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,747.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 7,177.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ N/A

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
ROBERTO LEAL
MY COMMISSION EXPIRES
February 24, 2014

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 Notary Public, this the 23rd day of February, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Roberto Leal	Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/21/2014	Rene A. Anzaldua P.O. Box 2658 Edinburg, TX 78540	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Business Owner

10 Contributor's job title: Owner

11 Contributor's employer/law firm: N/A

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/2014	Vicente Gonzalez Jr. 1548 W. Dove McAllen, TX 78501	$1,000.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Business Owner

Contributor's job title: Owner

Contributor's employer/law firm: N/A

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/22/2014	Roy Balderas A. P.O. Box 1896 Edinburg, TX 78539	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Business owner

Contributor's job title: Owner

Contributor's employer/law firm: N/A

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5

2 FILER NAME: Homer Josso

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
1/22/2014	Julio C. Cerda 1602 Solar Drive Mission TX 78574	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation	10 Contributor's job title
Business Owner	Owner
11 Contributor's employer/law firm	**12 Law firm of contributor's spouse (if any)**
N/A	N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
1/22/2014	Jose E. Pulido 5712 Richardson Rd. Edinburg, TX 78539	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation	Contributor's job title
Business Owner	Owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
N/A	N/A

If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
1/24/2014	Alicia Ochoa Rodriguez 3907 S. Sugar Rd. Edinburg, TX 78539	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation	Contributor's job title
Business Owner	Owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
N/A	N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5

2 FILER NAME: Homer Josso

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/27/2014	Rene A. Ramirez 612 W. Nolana Ave Ste. 415 McAllen, TX 78501	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation	10 Contributor's job title
Business Owner	Owner
11 Contributor's employer/law firm	**12 Law firm of contributor's spouse (if any)**
N/A	N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/27/2014	David Rodriguez P.O. Box 2203 Elsa, TX 78543	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation	Contributor's job title
Business Owner	owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
N/A	N/A

If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/31/2014	Memorial Funeral Home P.O. Box 1517 Edinburg, TX 78540-1517	$1,500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation	Contributor's job title
Business Owner	Owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
N/A	N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5

2 FILER NAME: Homer Jasso

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
12/31/2014	Memorial Funeral Home P.O. Box 125 San Juan, Texas 78589	$1,000.00	N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Business owner

10 Contributor's job title: Business owner

11 Contributor's employer/law firm: N/A

12 Law firm of contributor's spouse (if any): N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
2/6/2014	Ricardo Martinez MD 5513 Doctors Drive Edinburg, TX 78539	$500.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Doctor

Contributor's job title: Doctor

Contributor's employer/law firm: N/A

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
1/22/2014	Ismael "Kino" Flores Jr. 1405 Encantado Drive Mission, TX 78572	$250.00	N/A

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Ismael Flores Jr.

Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any): N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 5

2 FILER NAME: Homero Jasso

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/10/2014	A.C Cuellar Jr.	$500.00	N/A
	6 Contributor address; City; State; Zip Code: 231 Lion Lake Drive Progreso Lakes TX		(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation	10 Contributor's job title
Business Owner	Owner
11 Contributor's employer/law firm	**12 Law firm of contributor's spouse (if any)**
N/A	N/A

13 If contributor is a child, law firm of parent(s) (if any): N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-7-2014	Lupita Longoria
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$950.00	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule): Office Rental Expense — **(b) Description** (If travel outside of Texas, complete Schedule T): N/A
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: — Office sought: — Office held:

Date	Payee name
2-17-2014	Claudia Esquivel
Amount ($)	**Payee address; City; State; Zip Code**
$250.00	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): Contract Labor — **Description** (If travel outside of Texas, complete Schedule T): N/A
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: — Office sought: — Office held:

Date	Payee name
2-18-2014	Harvey Rodriguez Sr.
Amount ($)	**Payee address; City; State; Zip Code**
$300.00	711 O' Hare Drive Apt. B Edinburg, Texas 78539
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): Contract Labor — **Description** (If travel outside of Texas, complete Schedule T): N/A
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: — Office sought: — Office held:

Date	Payee name
2-17-2014	Angie Ojeda
Amount ($)	**Payee address; City; State; Zip Code**
$250.00	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): Contract Labor — **Description** (If travel outside of Texas, complete Schedule T): N/A
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-19-2014	Ricardo Hernandez

6 Amount ($)	7 Payee address; City; State; Zip Code
$ 200.00	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	N/A

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

Date	Payee name
2-21-2014	Star's

Amount ($)	Payee address; City; State; Zip Code
$ 224.00	1205 S. Closner Blvd. Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage Expense	N/A

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

Date	Payee name
2-19-2014	Ramona Garza

Amount ($)	Payee address; City; State; Zip Code
$ 375.00	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	N/A

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

Date	Payee name
2-01-2014	Stripes

Amount ($)	Payee address; City; State; Zip Code
$ 4.47	721 N. Closner Blvd. Edinburg, TX 78542

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food Beverages/Expense	N/A

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
1-18-2014	Staples

6 Amount ($)	7 Payee address; City; State; Zip Code
39.38	1606 W. University Drive Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Gifts Advertising Expense	N/A

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

Date	Payee name
1-27-2014	City of Edinburg

Amount ($)	Payee address; City; State; Zip Code
350.00	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Gifts/Awards	N/A

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

Date	Payee name
1-29-2014	Bernardo Diaz (Print Works)

Amount ($)	Payee address; City; State; Zip Code
875.00	1414 Pecan Blvd. McAllen, Texas 78501

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	N/A

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

Date	Payee name
1-31-2014	City of Edinburg

Amount ($)	Payee address; City; State; Zip Code
165.00	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Gifts/Awards	N/A

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
1-23-2014	Stripes

6 Amount ($)	7 Payee address; City; State; Zip Code
$35.00	3509 Raul Longoria Rd. Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Transportation/Related	N/A

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

Date	Payee name
1-23-2014	McCoys

Amount ($)	Payee address; City; State; Zip Code
$43.29	2901 University Edinburg, Texas 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Polling Expense	N/A

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

Date	Payee name
1-31-2014	McCoys

Amount ($)	Payee address; City; State; Zip Code
$43.29	2901 University Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Polling Expense	N/A

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

Date	Payee name
2-16-2014	Murphy USA

Amount ($)	Payee address; City; State; Zip Code
$55.29	4245 South McColl Rd. Edinburg

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Transportation/Related	N/A

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-16-2014	Murphy USA

6 Amount ($)	7 Payee address; City; State; Zip Code
$26.54	4245 S. McColl Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Transportation	N/A

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

Date	Payee name
2-16-2014	Sam's Club

Amount ($)	Payee address; City; State; Zip Code
$260.97	McAllen, TX 78501

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverages Expenses	N/A

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

Date	Payee name
2-01-2014	H.E.B.

Amount ($)	Payee address; City; State; Zip Code
$42.35	1212 S. 25th Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverages Expenses	N/A

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

Date	Payee name
2-21-2014	Junior's SuperMarket

Amount ($)	Payee address; City; State; Zip Code
$298.78	3621 N. Closner Edinburg, TX 78541

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverages Exp.	N/A

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name	
2-19-2014	~~Academy~~ Murphy USA	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
$38.03	1720 W. University Drive Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule)	**(b) Description** (If travel outside of Texas, complete Schedule T)
	Transportation Expense	N/A
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Date	Payee name	
2-19-2014	Murphy USA	
Amount ($)	**Payee address; City; State; Zip Code**	
$40.00	1720 W. University Drive Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Transportation	N/A
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Date	Payee name	
2-16-2014	Sam's Club	
Amount ($)	**Payee address; City; State; Zip Code**	
$260.27		
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Advertising Expense	N/A
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Date	Payee name	
2-16-2014	Junior's Supermarket	
Amount ($)	**Payee address; City; State; Zip Code**	
$110.40	3621 N. Closner Blvd. Edinburg, TX 78541	
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule)	**Description** (If travel outside of Texas, complete Schedule T)
	Food Expense	N/A
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-17-2014	H.E.B.

6 Amount ($)	7 Payee address; City; State; Zip Code
$65.03	901 Trenton Road McAllen, TX 78504

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Food Expense	N/A

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

Date	Payee name
2-18-2014	Murphy USA

Amount ($)	Payee address; City; State; Zip Code
$25.49	4245 S. McColl Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Transportation Expense	N/A

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

Date	Payee name
2-18-2014	Juniors Supermarket

Amount ($)	Payee address; City; State; Zip Code
$42.32	3621 N. Closner Blvd. Edinburg, TX 78541

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food Expense	N/A

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

Date	Payee name
2-18-2014	Murphy USA

Amount ($)	Payee address; City; State; Zip Code
$70.01	1720 W. University Drive Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Transportation Expense	N/A

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-18-2014	Murphy USA

6 Amount ($)	7 Payee address; City; State; Zip Code
$40.00	1720 W. University Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Transportation Expense	N/A

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

Date	Payee name
2-18-2014	WalMart

Amount ($)	Payee address; City; State; Zip Code
$200.00	1401 S. McColl Rd. Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	~~Travel~~ - Gift Cards	N/A

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

Date	Payee name
1-21-2014	Sam's Club

Amount ($)	Payee address; City; State; Zip Code
$655.74	~~[illegible]~~ McAllen, TX 78501

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage Expense	N/A

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

Date	Payee name
1-20-2014	Print Works

Amount ($)	Payee address; City; State; Zip Code
$1,353.14	1414 Pecan Blvd. McAllen, TX 78501

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	N/A

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jesso	

4 Date	5 Payee name
1-21-2014	J.C. Sports

6 Amount ($)	7 Payee address; City; State; Zip Code
$ 500.00	Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising	N/A

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

Date	Payee name
1-28-2014	J.C. Sports

Amount ($)	Payee address; City; State; Zip Code
$13.34	Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	N/A

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

Date	Payee name
2-3-2014	Sam's Club

Amount ($)	Payee address; City; State; Zip Code
$488.69	McAllen, TX 78501

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage Exp.	N/A

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

Date	Payee name
~~2-18-2014~~ 2-19-2014	Laura Canty

Amount ($)	Payee address; City; State; Zip Code
$100.00	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Gifts/Awards	N/A

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Homero Jasso	

4 Date	5 Payee name
2-21-2014	Andres Lopez

6 Amount ($)	7 Payee address; City; State; Zip Code
$100.00	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	LABOR CONTRACTOR	N/A

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

Date	Payee name
2-10-2014	Church's

Amount ($)	Payee address; City; State; Zip Code
$54.27	Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food / Expense	N/A

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 ACCOUNT # (Ethics Commission Filers)
Homero Tasso	

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☑ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions

Signature of Officeholder