

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE; FIRST; MI
Richard

NICKNAME; LAST; SUFFIX
DeLeon

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**1104 Jefferson Dr.
Alice, Texas 78332**

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(361) 701-7389

OFFICE USE ONLY

Date Received
AT 3:48 FILED P O'CLOCK P M

MAR 2 2026

JC Personnel Co. of Wallis Co., Texas
By M. Wright Deputy

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE** Richard DeLeon - Justice of the Peace Ret #1 (INDICATE OFFICE)
- ELECTED OFFICER** _____ (INDICATE OFFICE)
- APPOINTED OFFICER** _____ (INDICATE AGENCY)
- EXECUTIVE HEAD** _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT**
- STATE PARTY CHAIR** _____ (INDICATE PARTY)
- OTHER** _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

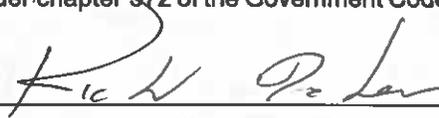
6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

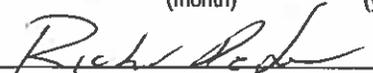
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Richard DeLeon, and my date of birth is 9-15-62.
My address is 1104 Jefferson Dr., Alice, TX, 78332, USA.
Executed in Jim Wells County, State of TX, on the 24th day of March, 2024.
(street) (city) (state) (zip code) (country)
(month) (year)



Signature of Registrant (Declarant)