

**BENNIE**

**OCHOA III**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;"><b>BENNIE</b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>OCHOA III</b></p>	<b>OFFICE USE ONLY</b>  Date Received  <p style="text-align: center; font-size: 1.2em;">JUL 05 2017</p>  Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="text-align: center;"><b>PO BOX 1563                      PORT ISABEL    TX    78578</b></p> <input type="checkbox"/> Change of Address		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align: center;"><b>( 956 )                      943-5314</b></p>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;"><b>MARIA                      TERESA</b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>OCHOA</b></p>		
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="text-align: center;"><b>510 TARNAVA STREET                      PORT ISABEL TX    78578</b></p>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align: center;"><b>( 956 )                      943-5314</b></p>		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <p style="text-align: center;"><b>01 / 01 / 2017                      06 / 30 / 2017</b></p>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <p style="text-align: center;"><b>11 / 02 / 2018</b></p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <p style="text-align: center;"><b>JUSTICE OF THE PEACE PCT 1 PL 1</b></p>	<b>13</b> OFFICE SOUGHT (if known) <p style="text-align: center;"><b>JUSTICE OF THE PEACE PCT 1 PL 1</b></p>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

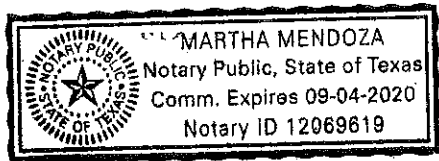
\$ -0-

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said BENNIE OCHOA III, this the 28TH day of JUNE, 20 17, to certify which, witness my hand and seal of office.

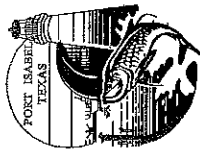
*[Handwritten Signature]*  
Signature of officer administering oath

MARTHA MENDOZA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

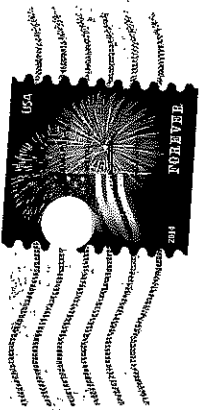


JUSTICE OF THE PEACE

**Bennie Ochoa III**

P.O. Box 1563  
505 Hwy 100

Cameron County Annex Building  
Port Isabel, Texas 78578

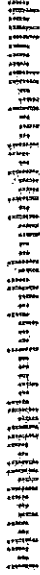


MCALLEN TX 785

29 JUN 2017 PM 2 T

REMI GARZA  
ELECTIONS ADMINISTRATOR  
PO BOX 3587  
BROWNSVILLE, TX 78523-3587

JUN 29 2017



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