

**BENITO O.
OCHOA, IV**

**SEMI-ANNUAL
REPORT
JANUARY 18, 2022**

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI BENITO NICKNAME LAST SUFFIX OCHOA IV	OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION Date Received JAN 18 2022 RECEIVED 1:22pm By: Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1563 PORT ISABEL TX 78578		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 943-5314 956-212-0366		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LINDSEY RAE NICKNAME LAST SUFFIX ZIMMERMAN		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 408 PALM BLVD LAGUNA VISTA TEXAS 78578		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-4500		
9 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 08 / 2022 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT 1	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT 1	
14 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	

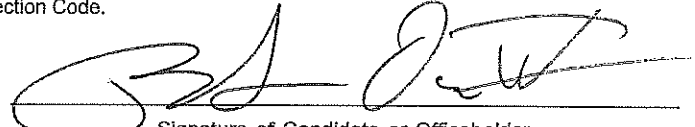
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

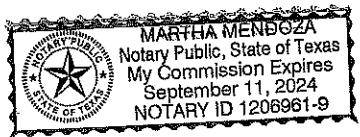
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,735.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,158.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.


Signature of Candidate or Officeholder

Please complete either option below:

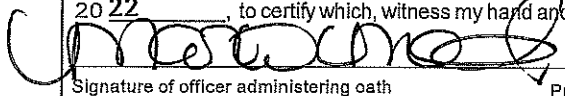
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by BENITO CHOCHA IV this the 18TH day of JANUARY

20 22, to certify which, witness my hand and seal of office.



MARTHA MENDOZA

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 _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Deposit Date:
11/15/2021
Deposit Amount:
\$2,500.00

Item # Account # Check/Serial # Amount

1 XXXXXX8229 \$2,500.00

ALBERTO M. VEGA DYLBIA VEGA P.O. BOX 1423 SAN BENITO, TX 78586		3601 88-2299/1113 17303
Date <u>11/03/2021</u>		CHECK NUMBER
Pay to the Order of <u>Barito Ochoa Campaign</u>	\$ <u>2,500.00</u>	
<u>two thousand five hundred & 00/100</u>		Dollars
PlainsCapitalBank	Why? Safe. Deposit. Debit. Online.	
www.plainscapital.com	Signature <u>[Signature]</u>	
For <u>Campaign - Donation</u>		
⑆ 111322994⑆	81028229	3601

1000450505
1002700005

ENDORSE HERE
Barito Ochoa

12/13/21 \$300 Cash - Luis Villanueva
11/10/21 \$600 Cash - Bennie Ochoa III

Checking/Savings Account History

2770172449

STATEMENT MAILING NAME: BENITO OCHOA IV DBA BENITO OCHOA IV CAMPAIGN

Show entries

Search:

Date	Description	Image Available	Check Number	Amount	Balance
01/10/2022	PURCHASE AUTHORIZED ON 01/07 SQ *PROVISION PROD gosq.com TX S582007659850978 CARD 3759	No		1,500.00	7,576.83
01/07/2022	eDeposit in Branch/Store 01/07/22 12:04:04 PM 1800 STATE HWY 100 PORT ISABEL TX 3759	Yes		+500.00	9,076.83
01/06/2022	eDeposit in Branch/Store 01/06/22 01:15:36 PM 1800 STATE HWY 100 PORT ISABEL TX 3759	Yes		+5,135.00	8,576.83
12/31/2021	MONTHLY SERVICE FEE REVERSAL	No		+10.00	3,441.83
12/31/2021	MONTHLY SERVICE FEE	No		10.00	3,431.83
12/16/2021	ONLINE TRANSFER FROM OCHOA B WAY2SAVE CHECKING XXXXXX0079 REF #IB0D4Y3L4C ON 12/16/21	No		+900.00	3,441.83
12/03/2021	PURCHASE AUTHORIZED ON 12/03 USPS PO 48721000 103 N MA PORT ISABEL TX P461337682003489 CARD 3759	No		116.00	2,541.83
12/02/2021	PURCHASE AUTHORIZED ON 11/30 TOUCAN GRAPHICS SOUTH PADRE I TX S461334825397805 CARD 3759	No		212.17	2,657.83
11/30/2021	MONTHLY SERVICE FEE REVERSAL	No		+10.00	2,870.00
11/30/2021	MONTHLY SERVICE FEE	No		10.00	2,860.00
11/24/2021	ONLINE TRANSFER TO OCHOA B REF #IB0CXSWSGN WAY2SAVE CHECKING CAMPAIGN PUSH CARDS	No		330.00	2,870.00
11/17/2021	eDeposit in Branch/Store 11/17/21 04:45:36 PM 1800 STATE HWY 100 PORT ISABEL TX	Yes		+700.00	3,200.00
11/15/2021	DEPOSIT	Yes		+2,500.00	2,500.00

Showing 1 to 13 of 13 entries

Previous Next

Deposit Date:


11/17/2021

Deposit Amount:

\$200.00

Item # Account # Check/Serial # Amount

1 XXXXXX7696 \$200.00

JOE HENRY CASTILLO DBA JOE'S BURGERS & SEAFOOD GRILL PO BOX 1371 956-761-8089 PORT ISABEL, TX 78678-1371		1291 88-2299/1113 17603
Date <u>11-16-21</u>		<input checked="" type="checkbox"/> CHECK AMOUNT
Pay to the Order of <u>Benito School Campaign</u>	<u>\$200.00</u>	Dollars
<u>Two Hundred</u>		<input checked="" type="checkbox"/> Photo Safe Deposit Data on back
PlainsCapitalBank  www.plainscapital.com		
For <u>70000</u> <u>[Signature]</u>		
@111322994@ 180007696 1291		

4886153281

ENDORSE HERE

[Signature]

Deposit Date:
11/17/2021
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount

2 XXXXXX3830 76065 \$500.00

GULF SEAFOODS MINI MART
 P.O. BOX 1371
 PORT ISABEL, TX 78578-1371
 956/943-4501

76065
37-85/1118 20720

DATE 11/16-21

PAY TO THE ORDER OF Benito DeJoa Campaign \$ 500.00
Five Hundred ⁰⁰/₁₀₀ DOLLARS

WELLS FARGO
 Wells Fargo Bank, N.A.
 Texas
 wellsfargo.com

FOR 500.00 [Signature]

⑆0000076065⑆ ⑆111900659⑆ 3645003830⑆

4886153282

ENDORSE HERE
 [Signature]

3rd deposit

Deposit Date:
01/06/2022
Deposit Amount:
\$200.00

Item # Account # Check/Serial # Amount

1 XXXXXX5476 \$200.00

Shirley Donahue PO Box 3669 South Padre Island, TX 78597 956-433-1564		2790 <small>99-1168/1140</small> CHECKSAFE
PAY TO THE ORDER OF <i>Benito Dachs W Campaign</i> \$ <i>200⁰⁰/₁₀₀</i>		December 14 20 21
<i>Two Hundred Dollars and ⁰⁰/₁₀₀</i> DOLLARS		<small>INTERNATIONAL BANK OF COMMERCE</small>
International Bank of Commerce		FOR _____ <i>Shirley Donahue</i>
⑆ 1149 1 1580 ⑆ 600 1 4054 76 ⑆ 2790		

⑆ 0000 4555 45 ⑆
⑆ 002 4050 ⑆

LINDA J. ...
Bob

Deposit Date: 01/06/2022
Deposit Amount: \$100.00

Item # Account # Check/Serial # Amount

2 XXXXXX1408 \$100.00

JERRY E HARBIN
ELIZABETH S HARBIN
PH. (956) 943-5967
500 BEACH BLVD.
LAGUNA VISTA, TX 78578-2628

88-828/1148

7312

DATE 12-9-21

SECURITY SQUARE COMMUNICATIONS
SECURITY SQUARE COMMUNICATIONS



PAY TO THE ORDER OF

BENITO OCHOA CAMPAIGN \$100.00
One hundred & 00/100 DOLLARS

Heat reactive ink

Community Gold



FIRST COMMUNITY BANK
Other Banks Have Branches, We Have Roots.

Lisa Harbin

MEMO

⑆ 114908289⑆07312⑆01141421408⑆

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

Vertical text on the left side of the check, likely a routing slip or additional information.

4002465647

CHECK HERE FOR MONEY OR REMOTE DEPOSIT ONLY
DO NOT SIGNATURE...
DO NOT SIGNATURE...

ENDORSE HERE
Bd JTE

Deposit Date:
01/06/2022
Deposit Amount:
\$50.00

Item # Account # Check/Serial # Amount

3 XXXXXX4094 5421 \$50.00

Rodolfo N. Garcia
Rita C. Garcia
607 Mesquite Drive, Laguna Vista, Tx
Port Isabel, TX 78578

5421
37-65/1119 1282

12/14/2021
date

PAY to the order of Benny Ochoa, III \$ 50.00
Fifty & no/100 dollars

WELLS FARGO Wells Fargo Bank, N.A. Texas wellsfargo.com

for Donation *Rita C. Garcia* NP

⑆⑆⑆1900659⑆ 3641354094⑆ 05421

⑆00014⑆5540⑆ ⑆002⑆0000⑆00

Photo
Safe
Deposit
Details on back

ABA 109843100

310
GARCIA

Deposit Date:
01/06/2022
Deposit Amount:
\$200.00

Item # Account # Check/Serial # Amount

4 XXXXXX1752 \$200.00

SANDY FEET HOUSEKEEPING LLC		88-828/1149	4779
5800 PADRE BLVD STE 110 SOUTH PADRE ISLAND, TX 78597		DATE <u>12/14/21</u>	
PAY TO THE ORDER OF	<u>Benito Ochoa</u>	\$ <u>200.00</u>	
	<u>Two hundred & no/100</u>	DOLLARS	
FIRST COMMUNITY BANK <i>Other Banks Have Branches We Have Roots.</i>		<u>Hitzmaki</u>	
MEMO	<u>political donation</u>		
⑆ 114908289⑆04779⑆0000081752⑆			

40024555 48
T002 T000 T0

ENDORSE HERE
Benito Ochoa

Deposit Date:
01/06/2022
Deposit Amount:
\$1,000.00

Item # Account # Check/Serial # Amount

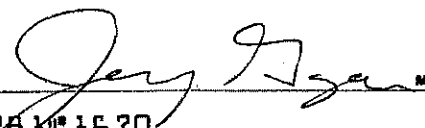
5 XXXXXX5281 \$1,000.00


BLANCA I. GARZA
GERARDO GARZA
 5501 N 4TH ST.
 MC ALLEN, TX 78504-2746

32-61/1110 1670
 DATE 12/14/2021

PAY TO THE ORDER OF Benito Bo Ochoa \$ 1000.00
One thousand dollars & 00/100 DOLLARS

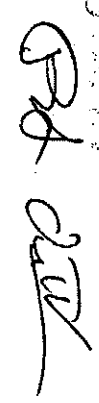
CHASE
 JPMorgan Chase Bank, N.A.
 www.Chase.com

MEMO _____



583175281 1670

1002455555

CHECK HERE FOR MOBILE OR RAIL/STL SERVICE ONLY


 (Handwritten signature)

Deposit Date:
01/06/2022
Deposit Amount:
\$35.00

Item # Account # Check/Serial # Amount

6 XXXXXX3198 \$35.00

88-1188 60
1140

KARLA J HAYLOCK 03-10
PO BOX 99
PORT ISABEL, TX 78578

DATE 12/14/21 183

PAY TO THE ORDER OF Benito Ochoa Campaign \$ 35.-
thirty five and 00/100 DOLLARS

IBC BANK
Brownsville, TX IBC Voice - (956) 547-1040

MEMO Haylock

⑆1114911580⑆1010853198⑆0183


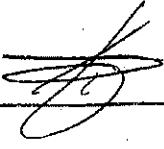
4002465551
4002465551

Red ID

Deposit Date:
01/06/2022
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount

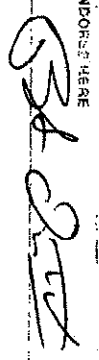
7 XXXXXX8675 2670 \$500.00

	The Gracia Law Firm, PC 932 E Van Buren St Brownsville, TX 78520 (956) 504-2211	2670 37-05/1110
		<u>12/14/2021</u>
PAY TO THE ORDER OF	<u>Judge Benito Ochoa IV</u>	<u>\$ 500</u>
	<u>Five Hundred and 00/100</u>	<u>—————</u> DOLLARS
Wells Fargo Bank P. O. Box 6995 Portland, OR 97228		
FOR _____		
⑆111900659⑆ 6003768675⑆ 2670		

I hereby certify that the above is a true and correct copy of the original document.
 Date: _____
 Signature: _____
 Title: _____

4002465552
7002705552

CHECK FOR MULTIPLE DEPOSIT
 CHECK FOR MULTIPLE DEPOSIT

ENDORSE HERE
 X


Deposit Date:
01/06/2022
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount

8 XXXXXX3375 \$500.00

R & D CONTRACTING INC.
OPERATING ACCOUNT
2312 MONACO
MISSION, TX 78572

88-1168/1149

1570

DATE 12-14-2021

PAY TO
THE ORDER OF

Benifo Ocho Campaign
Five hundred dollars

\$500

DOLLARS



Lone Star
National Bank

www.lonestarnationalbank.com

Paul Lynch

MEMO

⑆114911687⑆ 1570⑈425 13375⑈

Security Features:
• Microprint
• Watermark
• Security Thread
• Color Shifting
• Security Glitter
• Security Ink
• Security Paper
• Security Thread
• Security Glitter
• Security Ink
• Security Paper

4000465500
7002700000

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

ENDORSE HERE
Benifo Ocho

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00

Item # Account # Check/Serial # Amount

9 XXXXXX2763 \$100.00

JOHN D GUEVARA
JOANNE L GUEVARA
3205 SEMINOLE COURT
HARLINGEN, TX 78550

88-1733/1149

2812

DATE 12/15/21

SECURITY SQUARE



PAY TO THE ORDER OF

Bennie Oehrz Compson

\$100.00

One Hundred Dollars & 00/100

DOLLARS

Heat Reactive Ink

TEXAS REGIONAL BANK
www.texasregionalbank.com
806-972-5430

MEMO

John Gu

⑆114917335⑆2812⑆200 02763⑆

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

Vertical text on the left side of the check, including "PAY TO THE ORDER OF" and "BENNIE OHRZ COMPSON".

4609465654
7002705057

CHECK SERIALIZED FOR MOBILE DEPOSIT
AT
DO NOT WRITE IN THESE SPACES

ENDORSE HERE
BAO

Deposit Date:
01/06/2022
Deposit Amount:
\$400.00

Item # Account # Check/Serial # Amount

10 XXXXXX9760 \$400.00

Bank of America

ROBERTO W MARTINEZ 227
 338 WESTERN BLVD
 BROWNSVILLE TX 78520-4725

Date 12-14-21
35-2/1138 TX 17479

Pay Benito Ochoa Campaign \$ 400-
 to the order of four hundred hundred dollars Dollars

Bank of America
 AGH R/T 111000025

Memo _____

⑆⑆⑆3000023⑆ 586025959760⑈0227

4002455655

ROBERTO

Deposit Date:
01/06/2022
Deposit Amount:
\$200.00

Item # Account # Check/Serial # Amount

11 XXXXXX5906 \$200.00

88-1158 1149 10 8645

JOE G RIVERA AND OFELIA G RIVERA FAMILY 01-88
PO BOX 5868
BROWNSVILLE, TX 78523

DATE 12/07/21

PAY TO THE ORDER OF BENITO OCHOA \$ 200.00

Two Hundred and No/100 DOLLARS

IBC BANK
Brownsville, TX IBC Voice - (956) 547-1040

MEMO DENATION

⑆ 1149 11580 ⑆ 0251035906 ⑆ 8645

FEDERAL RESERVE BOARD OF GOVERNORS'S REG. NO. 10800

EXAMINER'S OFFICE: BROWNSVILLE, TEXAS

MEMBER OF THE FEDERAL RESERVE SYSTEM

MEMBER OF THE NATIONAL AUTOMATIC CLEARING ASSOCIATION

MEMBER OF THE NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

MEMBER OF THE NATIONAL ASSOCIATION OF BANKS

MEMBER OF THE NATIONAL ASSOCIATION OF FINANCIAL INSTITUTIONS

MEMBER OF THE NATIONAL ASSOCIATION OF REAL ESTATE BROKERS

MEMBER OF THE NATIONAL ASSOCIATION OF TRUSTEES

MEMBER OF THE NATIONAL ASSOCIATION OF VOUCHER PAYEE SERVICES

MEMBER OF THE NATIONAL ASSOCIATION OF UNIVERSITIES AND COLLEGES

MEMBER OF THE NATIONAL ASSOCIATION OF STATE AND LOCAL GOVERNMENTS

MEMBER OF THE NATIONAL ASSOCIATION OF CHURCHES AND SYNAGOGUES

MEMBER OF THE NATIONAL ASSOCIATION OF HIGHER EDUCATION INSTITUTIONS

MEMBER OF THE NATIONAL ASSOCIATION OF NON-PROFIT ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF SENIORS

MEMBER OF THE NATIONAL ASSOCIATION OF YOUTH ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF WOMEN'S ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF GAY, LESBIAN, BISEXUAL AND TRANSGENDER ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ENVIRONMENTAL ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF HUMAN RIGHTS ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF PEACE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-RACISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-SEXISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-OPPRESSION ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-ABUSE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-TRAFFICKING ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-SLAVORY ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-PROSTITUTION ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-PORNOGRAPHY ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-INDUSTRY ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CORRUPTION ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-BRIBE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-NEPOTISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-FAVORITISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CRIMINAL ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-TERRORISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-EXTREMISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-INTERRORISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-ISM ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-RELIGION ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-ETHNIC ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-RACIAL ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CLASS ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CASTE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-TRIBE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-RELIGION ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-ETHNIC ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-RACIAL ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CLASS ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-CASTE ORGANIZATIONS

MEMBER OF THE NATIONAL ASSOCIATION OF ANTI-TRIBE ORGANIZATIONS

4002465555
TRUZZUJUUU

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

DATE _____

ENDORSE HERE

ONE-A HERE AT TEN-NONILE OR REMOTE DEPOSIT

[Handwritten Signature]

[Handwritten Signature]

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00

Item # Account # Check/Serial # Amount

12 XXXXXX4886 1872 \$100.00

JAMES H PARKER
JANE A PARKER
 PO BOX 3260
 SOUTH PADRE ISLAND, TX 78597-3260

1872
16-24/1220 4571

Date
12/14/21

Pay to the Order of BENITO OCHOA CAMPAIGN \$ 100.00
ONE HUNDRED & NO/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A. California wells Fargo.com

For _____

⑆ 122000247⑆ 7529084886⑆ 01872

Photo Safe Deposit® Data on back

4009455657
7002405057

Benito Ochoa


Deposit Date: 01/06/2022
Deposit Amount: \$100.00

Item # Account # Check/Serial # Amount

13 XXXXXX3001 29806 \$100.00

029806

We're Hacked on Serving our Customers™



BLUE MARLIN 11-03
A DIVISION OF MESCHI'S MINIMAX, INC.
2912 PADRE BLVD. PH. 656-751-4960
50 PADRE ISLAND, TEXAS 78597

12-14 20 21

PAY TO THE ORDER OF Benito Ochoa IV \$ 100.00

one hundred & ^{no}/₁₀₀ DOLLARS

FIRST COMMUNITY BANK NA
South Padre Island, TX

[Signature]

⑆029806⑆ ⑆114908289⑆ 0116113001⑆

THIS CHECK IS VALID ONLY IF DEPOSITED AT A FIRST COMMUNITY BANK NA BRANCH OR AT A FIRST COMMUNITY BANK NA ATM. THIS CHECK IS NOT VALID FOR CASHING AT ANY OTHER LOCATION.

1602465650

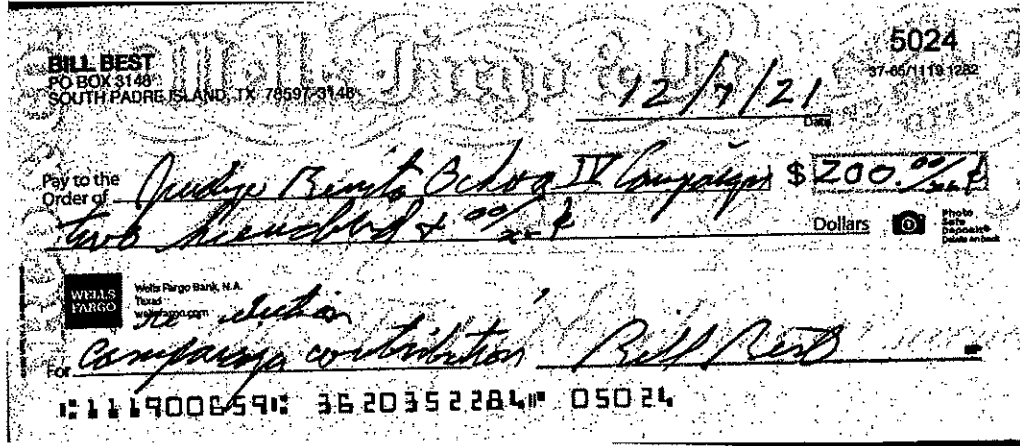
CHECK HERE FOR MOBILE DEPOSIT
 BY DEPOSITING THIS CHECK INTO YOUR FIRST COMMUNITY BANK NA MOBILE DEPOSIT ACCOUNT. THIS CHECK IS NOT VALID FOR CASHING AT ANY OTHER LOCATION.

[Signature]

Deposit Date:
01/06/2022
Deposit Amount:
\$200.00

Item # Account # Check/Serial # Amount

14 XXXXXX2284 5024 \$200.00




4002465659

Handwritten signature/initials

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00

Item # Account # Check/Serial # Amount

15 XXXXXX4175 24426 \$100.00

PADRES ISLAND BREWING CO., INC. 3400 PADRE BLVD P.O. BOX 3837 SOUTH PADRE ISLAND, TEXAS 78597		FIRST COMMUNITY BANK <small>One Bank, Four Branches, by the Bay</small> 88-828/1149	24426 12/15/2021
PAY TO THE ORDER OF Benito Ochoa Campaign		\$ **100.00	Security Features: Details on back.
One Hundred and 00/100*****		DOLLARS	
Benito Ochoa Campaign 1650 Illinois Street Port Isabel, Texas 78578		 AUTHORIZED SIGNATURE	
MEMO			

⑈0 244 26⑈ ⑆ 111 908 289⑆ ⑆ 0000 104 1 75⑈

Security Features:
 The security features listed below, as well as those not listed, exceed industry guidelines.

46294336880
1002-700000

GR D
 JLT

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00


Item # Account # Check/Serial # Amount
16 XXXXXX6580 2742 \$100.00

LAURA KATHERINE CUNNINGHAM
P. O. Box 40242
South Padre Island, Texas 78597


2742
37-65/1119 2423

Date
Dec. 19, 2021

Pay to the Order of Benito Ochoa Campaign \$ 100.00
One hundred and 00/100 Dollars

 Wells Fargo Bank, N.A.
Texas
wellsfargo.com

For _____



⑆ 11 1900659⑆ 06 18 256580⑆ 02742

Photo Safe Deposit® Details on back

BLUE CHECKFIELD™

1000 256580 1
TU02 TU000 1

BFA
Ochoa

Deposit Date:
01/06/2022
Deposit Amount:
\$50.00

Item # Account # Check/Serial # Amount

17 XXXXXX8359 1457 \$50.00

Johnny Rodriguez
Insurance Agency Inc
General Account
133 E. Price rd Suite A
Brownsville Tx 78521



001457

DATE 12/14/2021

PAY TO THE ORDER OF JP Benito Ochoa IV \$ 50⁰⁰
Fifty & 00/100 DOLLARS

Wells Fargo Bank NA
3100 Boca Chica
Brownsville Texas 78521

MEMO Deduction

⑈001457⑈ ⑆111900659⑆36555368359⑈

FD-36
Payment System Security Association
Warning:
Presence of this trademark Security Feature may indicate alteration
Payment System Security Association
FD-36 (Rev. 11/15)
* FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

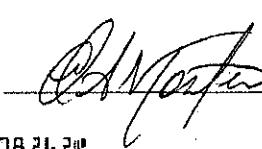
4800 455555
TUZZ TUZZUZZ

ENDORSE HERE
JP Benito Ochoa IV
CHECK HERE IF MOBILE DEPOSIT
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
MP

Deposit Date:
01/06/2022
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount

18 XXXXXX8242 1514 \$500.00

KIDBRIDGE ACADEMY CHILD CARE LEARNING CENTER		1514
(958)654-7206 6101 SUGAR HILL RD BROWNSVILLE, TX 78626		88-22997113 5193
DATE <u>12/14/21</u>		CHECK # <u>1514</u>
PAY TO THE ORDER OF <u>Benny Ochoa</u>	\$ <u>500.00</u>	
<u>Five Hundred & 100/100</u>	DOLLARS	
PlainsCapitalBank www.plainscapital.com		
FOR <u>Campana</u>		
⑈001514⑈ ⑆1111322994⑆0180008242⑈		

4002465653

RA-317

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00

Item # Account # Check/Serial # Amount

19 XXXXXX2779 \$100.00

MARIA DEL ROSARIO GARZA VICTOR GARZA 6257 RIDGELINE DR. BROWNSVILLE, TX 78526		1697 88-2298/1113 17303
		12/14/2021 Date
Pay to the Order of <u>Benito Ochoa Campaign</u> \$100.00		<input checked="" type="checkbox"/> CHECK AMOUNT <input type="checkbox"/> Photo Safe Deposit Outside service
<u>One Hundred and no/100</u> Dollars		
PlainsCapitalBank www.plainscapital.com		
For <u>donation</u>	<u>Maria del Rosario Garza</u>	
⑆111322994⑆ 271022779⑆ 1697		





100046664
TUUZ TUJUUT

Handwritten signature: *PRB*

Deposit Date:
01/06/2022
Deposit Amount:
\$100.00

Item # Account # Check/Serial # Amount

20 XXXXXX1424 1875 \$100.00

JOSEPHINE V SALAS DBA FINA REAL ESTATE P.O. BOX 3992-108 W POMPAÑO STREET S PADRE ISLAND, TX 78597			1875
PAY TO THE ORDER OF <u>Benito Ochoa Campaign</u>		DATE <u>12/13/2021</u> 88-11681149	\$ 100.00
<u>Mr. Financial Services and</u>		DOLLARS 	
 www.lonestarnationalbank.com		FOR <u>Josephine V Salas</u>	
⑈001875⑈ ⑆114911687⑆ 2925001424⑈			

4002465665

Handwritten signature/initials

Deposit Date:
01/06/2022
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount

21 XXXXXX6554 1272 \$500.00

1272

RIVERSIDE EMS
PO BOX 6530
MCALLEN, TX 78502

DATE 12-14-21 88-2012/1149

PAY TO THE ORDER OF Benito Ochoa Campaign \$ 500.00

five hundred dollars and no cents DOLLARS.

FOR Campaign

Texas National Bank
1-888-882-1882
www.texasnational.com

[Signature]

⑈001272⑈ ⑆144920128⑆ 1005006554⑈

The security features listed below are used to protect the integrity of the check and to prevent fraud. For more information, visit www.texasnational.com.

1. Watermark: The watermark is visible when the check is held up to the light. It features the Texas National Bank logo and the words "Texas National Bank".

2. Security Thread: A security thread is embedded in the paper of the check. It is visible when the check is held up to the light and will glow under ultraviolet light.

3. Microprint: The words "Texas National Bank" are printed in a very small font around the perimeter of the check.

4. Color Shift: The color of the ink used for the amount and the words "DOLLARS" will change from blue to green when the check is held up to the light.

5. Security Features: The check features several security features, including a watermark, a security thread, microprint, and color shift.

1002465666

CHECK KEYS FOR MOBILE DEPOSIT

MOBILE DEPOSIT OR SIGN BEHIND THE CHECK

[Handwritten Signature]

4th deposit

Deposit Date:
01/07/2022
Deposit Amount:
\$500.00

Item # Account # Check/Serial # Amount
1 XXXXXX1574 426278 \$500.00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
ATTORNEYS AT LAW
P.O. BOX 17428
AUSTIN, TEXAS 78760
(812) 447-6676

FROST NATIONAL BANK
San Antonio, Texas

426278

VOID AFTER 90 DAYS

30-9/1140

CHECK DATE	CONTROL NUMBER	AMOUNT
12/14/2021	426278	\$*****500.00

PAY Five Hundred and 00/100----- Dollars

TO THE ORDER OF BENITO "BO" OCHOA IV CAMPAIGN

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

AUTHORIZED SIGNATURE

SECURITY FEATURES

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑆426278⑆ ⑆114000093⑆ 01 0411574⑆

The security features listed below are not listed, exposed and/or g...
Security Features:
Microprint
Watermark
Security Thread
Color Shifting
Heat Sensitive Ink
Random Sequence Ink
Random Sequence Ink

4887350541

ENDORSE HERE

CHECK HERE AFTER
MOBILE OR SECURE DEPOSIT DATE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
OR ASSIGNED FOR FINANCIAL INSTITUTION USE

BB DATE

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date	5 Payee name
--------	--------------

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

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> 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
	<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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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	
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 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	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
--	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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 Filer ID (Ethics Commission Filers)

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