BENITO O. OCHOA, IV

8 DAYS REPORT October 31, 2022

FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 16 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Benito NAME Date Received TIMENT OF ELECTIONS & VOTER REGISTRATION **NICKNAME** LAST 11:20CM **SUFFIX** Ochoa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered **OFFICEHOLDER** 1650 Illinois ave MAILING **ADDRESS** Change of Address Port Isabel, TX 78578 Date Processed Date Imaged **CAMPAIGN** MS / MRS / MR **FIRST** М **TREASURER** R. Ms. Lindsey NAME **NICKNAME** LAST **SUFFIX** Zimmerman STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER ADDRESS** 408 Palm Blvd. Laguna Vista, Texas 78578 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 459-4500 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election **Exceeded** modified Final Report (Attach C/OH-FR) reporting limit Day **PERIOD** Month Year Month Day Year COVERED 09/30/2022 THROUGH 10/29/2022 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 11/08/2022 χ General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Justice of the Peace PCT 1 Cameron Justice of the Peace PCT 1 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 12		
13 C / OH NAME	Ochoa, Benito		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	the candidate's or officeh	older's knowledge or		
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
-		COMMITTEE CAMPAIGN TREASURER NAME		· :		
		COMMITTEE CAMPAIGN TREASURER ADDRES	;S			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	i)	\$ 950.00		
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,653.33		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 6,196.46		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 2,250.00		
17 AFFIDAVIT	estive From	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the accor I information required to I	mpanying report is be reported by me		
KARLA HAYLOCK My Notary ID # 128345343 Expires August 4, 2026 Signature of Candidate or Officeholder						
	cribed before me, by the sa	D 1 01 11	, this the3\	day		
Signature of biffic	cer administering	Printed name of officer administering	Title of officer a	A PUBLIC dealinistering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 12					
	18 FILER NAME Ochoa, Benito 19 Filer ID								
20 SCHEDUL NAME OF	SUBTOT	AL AMOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	950.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	4,153.33					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,500.00					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$						

FILER NAME Ochoa, Beni Date	ction Guide explains how to complete this fo	rm	1 Total pages Schedule A1:							
Ochoa, Beni Date		The Instruction Guide explains how to complete this form.								
Date	to	3 Filer ID								
10/18/2022	 5 Full name of contributor	00660613	7 Amount of Contribution (\$)	\$500.						
Principal occu		9 Employer (See Instructions)								
Date 10/18/2022	Full name of contributor out-of-state PAC (ID#: Isla Tours, LLC Contributor address; City; State; Zip Code 208 W. Lantana St. South Padre Island, TX 78597)	Amount of Contribution (\$)	\$250.						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)								
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$200.						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Warres/Contract Labor

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Exper Legal Services The Instruction Guide (Salaries/	Wages	/Contract Labor	Travel Out of District OTHER (enter a category not listed abov	re)	
1	Total pages Schedule F1:	2 FILER NAM	/E				3 Filer ID	
	Sch: 1/7 Rpt: 5/12	Ochoa, Be		,				
4	Date	5 Payee nam	e					
	10/28/2022	Blue Wate	er Creations					
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode			
	\$200.85	134 S Sho	ore Dr					
		Port Isabe	el, TX 78578					
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Printing Ex				<u></u>	utside of Texas. Complete Schedule T.	
	-					Campaign t-sl	TX, officeholder living expense	
			•			Campaign	mts	
_	Or register ONE V if discout	0	er b-late	Office on			⇔ε: 1 I.d	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ngņi		Office held	
F	Date	Payee nam		(1000-100) 1000-1000-1000-1000-1000-1000-1000-10	·	<u></u>		
	10/21/2022	· -	ar at Pirate's Landing	!				
\vdash	Amount (\$)	Payee addr		State; Zip C	nde			
	\$167.18	501 E, Ma		State, Lip C	ouc			
	Ψ±01,±0	301 E. MIG	Xan ət.					
		,						
L.,		Port Isabe	l, TX 78578					
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense			-	utside of Texas, Complete Schedule T,	
							TX, officeholder living expense erage for campaign event	
						FUUU anu nev	erage ior campaign event	•
-	Complete ONE V if discart	Complete los	ert . E E.I	O#:				
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ugnt		Office held	
	Date	Payee nam						
	10/06/2022	Captains (Quarters			<u>.</u>		
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$102.41	1720 TX-1	.00					
		Port Isabe	I, TX 78578					
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Printing Ex				Check if travel or	itside of Texas. Complete Schedule T.	
	LAFEMBITORE						TX, officeholder living expense	
						Campaign t-sr	nirt embroidery	
					<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office sou	ught		Office held	
	oxperience to benefit C/Or	·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Ser	s/Memorials Expense rices ruction Guide expla		Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2 FILEF	NAME					3 Filer ID	
	Sch: 2/7 Rpt: 6/12	<u> </u>	a, Benito			,			
4	Date	5 Paye	e name						
	10/28/2022	Capta	ains Quarters						
6	Amount (\$)	7 Payee	address; (City; S	tate; Zip Co	ode			
	\$77.99	1720	TX-100						
		Port I	sabel, TX 785	i78					
8	PURPOSE	(a) Cated	OTV /See Categor	es listed at the top of thi	e echadula)	(b)	Description		
	OF		ng Expense	es listed at the top of the	s schedule)			utside of Texas. Complete Schedule T.	
	EXPENDITURE						Check if Austin,	TX, officeholder living expense	
							Campaign t-s	hirt embroidery	
9	Complete ONLY if direct		ate/Officeholde	name	Office sou	ught		Office held	
	expenditure to benefit C/OI	H							
H	Date	Paves	name						
	10/13/2022	1 -	AR TREE					•	
-	Amount (\$)			City; S	tate; Zip Co	ada			
	\$32.48		TX-100	Jily, Si	iale, Zip Ci	oue			
	\$32.40								•
		UNIT							
		POR	Γ ISABEL, TX	78578					
	PURPOSE	(a) Categ	Ory (See Categori	es listed at the top of thi	s schedule)	(b)	Description		
	OF EXPENDITURE		Expense					utside of Texas, Complete Schedule T,	
								TX, officeholder living expense	•
							Supplies for c	ampaign event	
					:	<u> </u>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder	name	Office sou	ıght		Office held	
	experience to perionic or or	'		·					
	Date	Payee	name						
	10/26/2022	DOLL	AR TREE						
	Amount (\$)	Payee	address; (City; St	ate; Zip Co	ode			
	\$20.30	1723	TX-100						
		UNIT	1						
			ΓISABEL, TX	78578					
	PURPOSE		 			(h)	Denoviusion		
	OF			es listed at the top of this	s schedule)	(⁽¹⁾	Description Check if travel of	utside of Texas. Complete Schedule T.	
	EXPENDITURE	Eveni	Expense					TX, officeholder living expense	
							hammed .	ampaign event	
					•		• •	· •	
	Complete ONLY if direct	Candida	ate/Officeholder	name	Office sou	L Jaht		Office held	
	expenditure to benefit C/O		.,			· O · · · ·		च राज्यचा देशकरचा	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/7 Rpt: 7/12	Ochoa, Benito
4	Date	5 Payee name
	10/29/2022	DOMINO'S 8049
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.97	1702 Highway 100
		STE. D
		PORT ISABEL, TX 78578
_		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for community event
		· Sou to Sommany Grant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/17/2022	Jake's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.69	2001 Padre Blvd.
	7-22332	
		South Padre Island, TX 78597
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for campaign event
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2022	Murphy USA
_	Amount (\$)	Payee address; City; State; Zip Code
	\$93.63	1405 State Park Rd 100
	:	
		Port Isabel, TX 78578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAPENDITURE	Check if Austin, TX, officeholder living expense
		Gas for campaign-related travel
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ŀ	T-1-1		_
1	Total pages Schedule F1: Sch: 4/7 Rpt; 8/12	2 FILER NAME 3 Filer ID Choa, Benito	
┢	Date	5 Payee name	_
"			
	10/29/2022	Pelican Station	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$144.28	201 S. Garcia St.	
	,		
l		Port Isabel, TX 78578	į
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Food for campaign event	
		1 Journal of Garmana	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
-	Date	I pave	ᅱ
		Payee name	
	10/24/2022	Pirate's Landing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101,61	501 E. Maxan St.	
	·		
		Port Isabel, TX 78578	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food and beverage for campaign event	
		and the state of t	
			_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	expenditure to penent C/Or	u	
	Date	Payee name	Ħ
	10/05/2022	ROSALES, ERNESTO	1
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$606.00	1105 S 27TH ST	
		MCALLEN TY 70E01	
		MCALLEN, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas, Complete Schedule T.	
	EVLEMNIIAKE	Check if Austin, TX, officeholder living expense	
		Campaign Banner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	┨
	expenditure to benefit C/OF		
	,		
			1
			Į

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide exp		Wages	s/Contract Labor	OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM				[3	Filer ID	
	Sch: 5/7 Rpt: 9/12	Ochoa, Be	nito					
4	Date	5 Рауее пате	•					
	10/21/2022	Rendon, C	esar					
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip Co	ode			
	\$200,00	1453 Yale .	Ave.					
		Brownsville	, TX 78520					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of the	nis schedule)	(b)	Description		
	OF EXPENDITURE	Event Expe				<u>-</u>	tside of Texas. Complete Schedule T.	
							X, officeholder living expense campaign event	
						D3 SCIVICE IOI	campaign event	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l Jaht		Office held	
	expenditure to benefit C/O				-5			
	Date	Payee name						
	10/27/2022	Rio Grande					•	
	Amount (\$)	Payee addre		State; Zip Co	nde			
	\$148.20	36168 Stat	**					
			,					
		Los Fresno	s, TX 78566					
_	PURPOSE	(a) Category (s	ee Categories listed at the top of th	ie schedule)	(b)	Description		
	OF EXPENDITURE		age Expense	no outroduic)			tside of Texas. Complete Schedule T.	
	EXPERDITORE						X, officeholder living expense	
						rood and beve	rage for campaign event	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	iaht		Office held	
	expenditure to benefit C/O		cenduer name	Onice soc	yn		Onice neid	
	Date	S						
	10/25/2022	Payee name Rosenbaun						
_	Amount (\$)	Payee addre		tato: Zin Co	, do			
	\$1,000.00	1809 Royal	•	State; Zip Co	,ue			
	φ1,000.00	2000 11094	Ouk Oil					
		Brownsville	, TX 78520					
	PURPOSE	(a) Category (s	ee Categories listed at the top of th	nis schedule)	(b)	Description		
	OF EXPENDITURE		ages/Contract Labor	,			side of Texas. Complete Schedule T.	
						_	X, officeholder living expense	
				·		COHEACE IADUI	for phone banking services	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	nht		Office held	
	expenditure to benefit C/O		oonsider Harrie	Onice 300	Эпк		Omice field	
								l

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/7 Rpt: 10/12	Ochoa, Benito
4	Date	5 Payee name
	10/11/2022	Sam's Club #8126
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.12	3570 W Alton Gloor Blvd
	:	
	<u>.</u>	Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and beverages for community event
	l	Tood and perchages for confinding event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/27/2022	San Benito News
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	POX Box 1791
	!	
	!	San Benito, TX 78586
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Newspaper advertising
L		
ľ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	experiment to belief, 5, 5,	
	Date	Payee name
	10/05/2022	Walmart #00413
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.52	1401 State Highway 100
		Port Isabel, TX 78578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for campaign event
<u> </u>		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	CAPCINITION OF RELIEF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		•	Polling E Printing E Salaries/	xpense Expens Wages	e /Contract Labor	Travel in District Travel Out of Dist	quipment & Related Expense trict category not listed above)
_			The Instruction Guide ex	plains how to co	omple	ete this form.		
1	Total pages Schedule F1:						3 Filer ID	
	Sch: 7/7 Rpt: 11/12	Och	oa, Benito					
4	Date	5 Paye	e name					
	10/06/2022	Walr	mart #00413					
6	Amount (\$)	7 Paye	e address; City;	State; Zip Co	ode			
	\$73.55	1403	. State Highway 100					
		Port	Isabel, TX 78578					
8	PURPOSE	ļ			(h)	Description		
ľ	OF		GOTY (See Categories listed at the top of It Expense	this schedule)	(5)	Description Check if travel of	outside of Texas. Comp	elete Schedule T.
	EXPENDITURE	Evei	it Exherise			L	, TX, officeholder living	
						Supplies for o	ampaign event	
9	Complete ONLY if direct		late/Officeholder name	Office sou	ught	•	Office he	ld .
	expenditure to benefit C/OI	H						
	Date	Pave	e name					
	10/27/2022		nart #00413					
_	Amount (\$)			State; Zip Co	odo.			
	\$128.28	1	•	State, Zip Ci	oue			
	\$120,20	1403	. State Highway 100					
		_						
L		Port	Isabel, TX 78578					
	PURPOSE	(a) Cate	JOIY (See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Food	//Beverage Expense			لبسيا	outside of Texas, Comp	
							TX, officeholder living mmunity event	
					l	SHACKS IOI CC	minumity event	
	Complete ONLY if direct	Condi	late/Officeholder name	Office	imbt.		Office he	14
	expenditure to benefit C/O		late/Officerroider frame	Office sou	agnı		Onice ne	IQ.
	Date		e name	•				
	10/29/2022	Walr	nart #00413					
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode			
	\$43.27	1401	State Highway 100					
		Port	Isabel, TX 78578					
\vdash	PURPOSE		JOTY (See Categories listed at the top of	thin not	(b)	Description		
	OF	l .	It Expense	uns schedule)	 `		outside of Texas, Comp	lete Schedule T.
	EXPENDITURE		. <u> </u>			Check if Austin,	TX, officeholder living	expense
						Supplies for o	ampaign event	
	Complete ONLY if direct		ate/Officeholder name	Office sou	ught		Office he	ld
	expenditure to benefit C/O	+						
Г								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 12/12 Ochoa, Benito 4 Date Payee name 10/09/2022 The Law Office of Jaime Villarreal, Jr., PLLC 6 Amount (\$) Payee address; City; State; Zip Code \$1,500.00 PO Box 300275 Reimbursement from political contributions intended Austin, TX 78703 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Legal Services **EXPENDITURE** Fees for Legal Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

FEC

STATEMENT OF **ORGANIZATION**

PAGE 1/4 •

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) FIGHTING FOR SOUTH TEXAS PAC PO Box 15096 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS janica@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address |loriesaeηz@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) none (Check if address is changed) 10 2022 DATE 02 C00660613 FEC IDENTIFICATION NUMBER > IS THIS STATEMENT OR NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kyriacopoulos, Janica, , , Kyriacopoulos, Janica, , , Signature of Treasurer [Electronically Filed] 02 2022 Date 10 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2							
		OMMITTEE								
(a)	**5	This committee is a principal campaign committee. (Complete the candidate information below.)								
(b)	** }	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)								
Name Candi										
Candid Party	date Affiliati	Office on Sought: House Senate President	State District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name Candio										
Party	Con	nmittee:								
(d)			emocratic, publican, etc.) Party.							
Politi	cal A	ction Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	cted organization is a:							
		Corporation Corporation w/o Capital Stock I	abor Organization							
		Membership Organization Trade Association	Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party							
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Joint	Fund	raising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political							
	Comi	mittees Participating in Joint Fundraiser								
	1.	FEC ID number C								
	2.	FEC ID number C								
	3.	FEC ID number C								

| | | FEC ID number C

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
FIGHTING FO	R SOUTH TEXAS PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
GONZALEZ, VICENT	TE, , ,	
Mailing Address	PO BOX 6270	
	BROWNSVILLE TX CITY STATE	78523
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representation	entative 🗶 Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of th	e person in possession of committee
1	z, Lorena, Saenz, ,	
	PO Box 6270	1
Mailing Address		
	Brownsville	, ,78523 , , ,
	Brownsville	, 0020
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	tee; and the name and address of
" " I	oulos, Janica, , ,	1
of Treasurer	(910 17th St NM)	
Mailing Address	1910 17th St NW	
	Ste 925	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	
CITY STATE	ZIP CODE
Title or Position	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	
Bank of America PO Box 15284	
Mailing Address	
Wilmington DE 198	550
CITY STATE	ZIP CODE
Name of Bank, Depository, etc.	
Mailing Address	
	wo 1
CITY STATE	ZIP CODE