BENITO O. OCHOA, IV

SEMI-ANNUAL REPORT JANUARY 17, 2023

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

OAMI AIGHT MARGE RELIGION				
The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Benito	MI	OFFICE USE ONLY CAMERON COUNTY
NAME	NICKNAME	DEAD OCA	SUFFIX	Date REPONDEMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	_	apt/suite # conois Ave	CITY; STATE; ZIP CODE	JAN 17 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LINDSEY LAST	MI	Receipt # Amount \$ Date Processed
		Zimmeri	man	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	! .	(NO PO BOX PLEASE): APT / SI	uite#: city; aguna VIIta , T.	STATE; ZIP CODE $\lambda 78578$
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 4	PHONE NUMBER 59 - 4500	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 30 / 22	THROUGH 12	Day Year / 31 / 22
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	or peace Pct	1 JUSTILE SOUGHT (if known	the Peace, PcT 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT HIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TRE	ACUDED NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	MOUNEN NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

109 1014 1014

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Ochoa IV, Benito	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	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)	\$ 900				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 6367.95				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 728.51				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 11 \$ 2250				
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/Officeholder						
	Please complete either option below					
(1) Affidavit NOTARY STAMP/SEA						
Sworn to and subscribed	before me by Benito Ochoa IV this the	17 day of January,				
20 23, to certify XIVOUS Signature of officer administer	Karla J. Haylat	Notary tublic				
Signature of owicer autilitiste	ring oath Printed name of officer administering oath OR	Title of officer administering oath				
(2) Unsworn Declarati	11-110000000000000000000000000000000000					
My name is	, and my date of birth is					
My address is	·					
		tate). (zip code) (country)				
Executed in	County, State of, on theday of(month	, 20 <u>(year)</u> .				
	Signature of Candid	ate/Officeholder (Declarant)				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ SUBTOTAL AMOUNT \$ QDD \$ QDD	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 5. CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
4. SCHEDULE E: LOANS \$ — 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \tag{3} \$ \tag{7}, \$ \tag{6}. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \$ \tag{7}	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ -	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ -	
	15
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Ochoa IV, Benito		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: JOY GE E. ZWNIGA 6 Contributor address; City; State; Zip Code HAT N. UNTVALLEY STE 110-302			7 Amount of contribution (\$)
8 Contributor's prin	icipal occupation	9 Contributor's job title	
10 Contributor's em	ployer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/19/22 Phillip J. & Pawellk Contributor address; City; State; Zip Code 2709 Gyal Ave No Allen IX 78504			4500
Contributor's prin	icipal occupation	Contributor's job title	
Contributor's emp	oloyer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/20/22	The Gracial awfirm, pc contributor address; 137 Evan bewen St. Brownsville, TX 785	State: Zip Code	\$300
Contributor's prin	cipal occupation	Contributor's job title	
Contributor's emp	oloyer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	IE		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		
			Check if travel outside	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	i i de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	

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

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	The Instruction Guide explai	ins how to complete thi	s form.		1 Total pages Sche	edule B(J):
2 FILER NAI	ME				3 Filer ID (Ethics	Commission Filers)
TOTAL	OF UNITEMIZED PLE	OGES			\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	# :		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City;	State; Zip (Code	Check if travel out	 -
0 Pledgor's	orincipal occupation		11 Pled	gor's job	<u> </u>	July of Texas. Complete Correctile 1
12 Bladeavla			40 1 000	firm of n	ladgeria annuas (if a	
IZ Pleagors	employer/law firm		13 Law	TIFM OF PI	ledgor's spouse (if a	ny)
4 If pledgor i	s a child, law firm of parent(s)	(if any)				
Date	Full name of pledgor	out-of-state PAC (ID:	#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City;	State; Zip	Code		
	***************************************					I side of Texas. Complete Schedule T
Pledgor's _I	orincipal occupation		Pled	gor's job	title	
Pledgor's	employer/law firm		Law	firm of pl	edgor's spouse (if a	ny)
If pledgor i	s a child, law firm of parent(s)	(if any)				
	Full name of pladage	C out of state PAC (ID)		. 1		
Date	Full name of pledgor	out-of-state PAC (IDi	#·	J	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City;	State; Zip	Code		
					Check if travel out	I side of Texas. Complete Schedule T
Pledgor's p	orincipal occupation		Pled	gor's job	title	
Pledgor's e	employer/law firm		Law	firm of pl	edgor's spouse (if ar	ny)
If pledgor i	s a child, law firm of parent(s)	(if any)				
				***************************************		A

LOANS (JUDICIAL)

SCHEDULE **E(J)**

ii iiie requestet	information is not applicable, DO NC	71 metude tills page in	the report.
The In	struction Guide explains how to complete this	1 Total pages Schedule E(J):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state PAC	(ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
☐ Y ☐ N			11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Title	
14 Lender's Employer.	/Law Firm	15 Law Firm of lender's spou	ise (if any)
16 If lender is a child,	law firm of parent(s) (if any)	1	············
17 Description of Colla	ateral	Check if person account (See I	nal funds were deposited into political nstructions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 21 Guarantor address; City; State; Zip Code			
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's	spouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED
14.1-	nder is out of state DAC misses are instrum		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printir	g Expense Travel Out Of District gs:/Wages/Contract Labor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	Och Da, Benito	3 Filer ID (Ethics Commission Filers)
4 Date 10 31 2022	5 Payee name Captains Quartu	(S
6 Amount (\$)	7 Payee address;	City; State; Zip Code
77.99	1720TX-100 Portisabel, TX 78578	
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE OF EXPENDITURE	advertising expense	graphic design
	(c) Check if travel outside of Texas, Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
10/31/2022	Walmout Supercent Payee address; 1401 State high way	er
Amount (\$)	Payee address;	City; State; Zip Code
43.27	Port Isabel, TX 78579	8
	Category (See Categories listed at the top of this schedule)	Description (MO had +PICIA)
PURPOSE OF	office overhead	cumpaign materials/ supplies
EXPENDITURE		supplies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/31/2022	Dominois	
Amount (\$)	Payee address;	City; State; Zip Code
52.97	1702 highway 100 Stoort Isabel, TX 78578	3
	Category (See Categories listed at the top of this schedule)	fond for Went
PURPOSE OF EXPENDITURE	tood peverage	1000 TOV 00011
	Check if travel outside of Texas. Complete Schedule T.	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 TH	IS SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made By	y Gift/Awards/Memorials Expense P	rolling Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	at Committee Legal Services S The Instruction Guide explains h	alaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	,	ow to complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date 10 31 2022	5 Payee name PUICAN STATION		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
144.28	201 S. Garciast Port Isabel, TX 7857	8	
8	(a) Category (See Categories listed at the top of this school		for an 10 cm
PURPOSE OF EXPENDITURE	toon beverage expens	r Tood	tor event
	(c) Check if travel outside of Texas. Complete Sched	iule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		,
10/31/2022	Walmart Supercen	ter	
Amount (\$)	Payee address;	City;	State; Zip Code
68.35	Port isabel, 1x 7857	18 8	
	Category (See Categories listed at the top of this sched	·	1 of
PURPOSE OF EXPENDITURE	Office overhead	cam	ipaign supplies
`	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/31/2022	Sams club		
Amount (\$)	Payee address;	City;	State; Zip Code
182.94	3570 WAlton Gloor Brownsville, TX 7	8520	
	Category (See Categories listed at the top of this sched	Description	A MONTONORIO FOR
PURPOSE OF EXPENDITURE	tood/beverage expen	Se topa mue	N beverage for event
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME OCH OOL BENITO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Walmart Superante	·	
6 Amount (\$)	7 Payee address:	A City:	State; Zip Code
44.19	2205 Ruben Torres Bly Brownsville, TX 78521	/ <i>(</i>)	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office overhead	camp	aign supplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11 7 2022	Tom 3, Jerry's		
Amount (\$)	Payee address: 3212 Padre BIVA	City;	State; Zip Code
68.54		(785917	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	tood/beverage expense	food for	campaign workers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11 7 22	The meatball cufe)	
Amount (\$)	Payee address; 2412 PACKE BIVA	City;	State; Zip Code
185.36	south Padre Island, T	178597	
	Category (See Categories listed at the top of this schedule)	Description	_
PURPOSE OF EXPENDITURE	food/beverage expense	food for	volunteers
	Check if travel outside of Texas. Complete Schedule T.	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 NEED	DED

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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Nages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 00000, Benito		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name SAMS CLWO		
6 Amount (\$)	7 Payee address; 3510 W. Alton Gloor I	BIVA City;	State; Zip Code
93.78	Brownsville, TX 785		·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	food perverage expense	foodbe	verage for event
OF EXPENDITURE	0 1 . 0	1,00,116,	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	i, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ਜ	Office sought	Office held
Date	Payee name		
11/7/2022	Alfredo Martinez	-	
Amount (\$)	Payee address;	City;	State; Zip Code
00.000,12	Brownsville, TX 7852	lo	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract labor	Camp	paign worker
	Check if travel outside of Texas. Complete Schedule T.	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		
11/8/2012	Joe Castillo		
Amount (\$)	Payee address;	City;	State; Zip Code
475N	207 last maxman		}
\$150	Port Isubel, TX 78578		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	event expense	veni	re rental
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wates/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME OCHO A BENITO	3 Filer ID (Ethics Commission Filers)	
4 Date 11 10 122	5 Payee name BOUB BOOMUS		
6 Amount (\$) Q V . 5 8	7717 SWMTA ISWALL BIVA	` . .	
-	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_
8 PURPOSE OF EXPENDITURE	food beverage whense	food expense for	
And A.E. And P. Safe 1 of Section 1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	-
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		7
11/10/22	Doubleday Bar		
Amount (\$)	Payee address;	City; State; Zip Code	
749.50	402 TX 100 POYT ISWOOD , TX 78578	·	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD AND DEVELOPMENT OF THE EXPENSE	FOOD EXPENSE FOR	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		=
11/10/22	Doubleday bur		
Amount (\$) 50.716	Payee address; 402 TX 100 Port Isabel TX 78578	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOUR AMA PLANTAGE TO THE CATEGORY (See Categories listed at the top of this schedule)	FOOD EXPLOSE	
	Check if travel outside of Texas. Complete Schedule T.	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 S	CHEDULE AS NEEDED	

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 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

Travel In District

Salaries/Wages/Contract Labor

Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outor (onto: a quitagory not noted above)
1 Total pages Schedule F1:	2 FILER NAME OMOON BENITO		3 Filer ID (Ethics Commission Filers)
4 Date 11 14 1012	5 Payee name F 2 B		
6 Amount (\$) 237.30	7 Payee address: 3100 Padre BIVO SOWTH Padre Island, 78	city; (547	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FDOM AND DEVLYAGE EXPENSE	(b) Description	or workers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
11/14/2012	Dollar Tree		
Amount (\$)	Payee address; 1723 highway 100 Art Isabel, TX 7857;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description DAII	ons supplies
	Check if travel outside of Texas. Complete Schedule T.	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		
11/14/2022	Bens Liquor		
Amount (\$)	Payee address; 3000 YOWE BIVO	City;	State; Zip Code
348.65	South Padre Island,	X 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WWW SC	Description (ges for event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEL)FD

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME OCHOA, BENITO		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/1002	5 Payee name DONOW TYPU		
6 Amount (\$) 18,94	7 Payee address; 1723 Nighway 100 100+ 1800pel, TX 78578	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	event expense	sup'	plies
·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
11/14/2012	Dominos	_	
Amount (\$)	Payee address;	City;	State; Zip Code
75.57	steport Isapel TX 785	18	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOR A PWLYAGE LXWAS	Description 1000	for workers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/14/2022	HUB		
Amount (\$)	Payee address;	City;	State; Zip Code
132.11	1679 TX-100 Port 15woel, TX 78578		
	Category (See Categories listed at the top of this schedule)	Description	ancial to fl
PURPOSE OF EXPENDITURE	food 3, beverage	10001	expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED

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

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

g Expense Travel In District
g Expense Travel Out Of District

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c		ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME OMOA, BENITO	3 Filer ID (E	Ethics Commission Filers)
4 Date 11/16/2022	5 Payee name Of Port Isabel	Event cente	r
6 Amount (\$) 250	7 Payee address; 309 Rail road St Port Isabel, TX 7859	City; State	; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LVENT LXPENSL	(b) Description EXPENSE F	or event venue
_	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/17/22	Taquitos Locos		
Amount (\$)	Payee address;	City; State	; Zip Code
595.13	1817 padre BIVOI South Padre Island,	DX 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD LXPLM SL	FOOD EXPENSE	for event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/14/2012	HeB		
Amount (\$) 21.44	Payee address; 1679 TX - 100	City; State	; Zip Code
21.77 Port 15abel, TX 78578			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD 3, DEVENOUSE EXPENSE	Description FOOD LXP	en se
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a ca	strict ategory not listed above)
1 Total pages Schedule F1:	2 FILEB NAME OCHOA, Benito	3 Filer ID (E	thics Commission Filers)
4 Date 11 15 202	5 Payee name Namay Martin	22	
6 Amount (\$)	POV-1 ISCAPEL TX 18518	City; State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	food expense	catering to	revent
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/15/2022	Wells Fargo		
Amount (\$)	Payee address:	City; State;	Zip Code
3.00	1800 1X-100 Port Isabel, TX 785	78	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOMTING PAMKING	Tem Perary Cr	eck fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/22/22	cesar rendon		
Amount (\$)	Payee address; 1453 UAIE AVE BYOWNSVIIIE TX 78	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule)	Description DT SEVVICE	s for event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fi	ving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/ContractLabor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME OCHOA, BENITO		3 Filer ID (Ethics Commission Filers)
4 Date 12 05 22	5 Payee name CTU OF LAGMO	r Vista	
6 Amount (\$)	7 Payee address; 122 Fernandez St. Laguna Vista, 785	city;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	trace treat
PURPOSE OF EXPENDITURE	event expense	Unyis	tmas tree
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
12/09/2012	Wells Forgo		
Amount (\$)	Payee address;	City;	State; Zip Code
3.00	Port Isabel, TX 785	78	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOMMTING BANKING	Description TUMPOYOU	ry check fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
12/30/22	wells Fargo		
Amount (\$)	Payee address; 1800 TX - 100	City;	State; Zip Code
710.00	Port Isabel, TX 785		
PURPOSE OF EXPENDITURE	ACCOUNTING BANKING	Description MONTH	y service fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Officé held
	ATTACH ADDITIONAL COPIES OF THIS :	SCHEDULE AS NEE	DED

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** (b) Description 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

т	he 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; Cit	y; 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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Polítical	Non-Political	
10	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE			
OF Expenditure			
	(c) Check if travel outside of Texas, Complete S	chedule T. Check if Au	istin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas, Complete S	chedule T. Check if At	ıstin, 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 NE	EDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Oreak Carot ayrıstır.	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	<u> </u>	
6 Amount (\$) 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	·
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

oursement Solicitation/Fundraising Expense
If Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
ott Labor Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		ŕ
1 Total pages Schedule H:	2 FILER NAME	:	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name	4	<u> </u>	
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) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	C	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		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	ffice 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		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

SCHEDULE !

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 Co	mmission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Sec required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See	e instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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.

	Instruction Guide explains how to complete this form.	1 Total pages Schee	dule K:
2 FILER NAME		3 Filer ID (Ethics	s 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; Stat	te; Zip Code	
	7 Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ite; Zip Code	
:	Purpose for which amount is received Check if p	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	ie; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if p	oolitical contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

OUTSTANDING LOANS

SCHEDULE L

f the requested information is not applicable	, DO NOT include this page in the report.
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule L:		
2 FILER NAME			3 Filter ID (Ethics	Commission Filers)	
LENDER INFORMATION	4 Name of lender				
	5 Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	7 Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	State;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHED	JLE AS N	EEDED		

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

The Instruction Guide ex	xplains when and how to complete this form.	1 Total pages Sch	edule M:
2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset			
Description of Asset	·		
Description of Asset			
Description of Asset			
ATTA	CH ADDITIONAL COPIES OF THIS SCHE	EDULE 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.

and the special state of the st						
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	ame of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:						
	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
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	minar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:	_					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H						
	Schedule COH-UC 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, se	eminar, or other event)					
New of Contributor / Consequent of the Consequence of the Conseque						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:	·					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
Dates of trave! 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, se	minar, or other event)					
ATTACL ADDITIONAL CODITO OF THE COLUMN I						
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 N	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that sting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
1		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k 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 filling 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.
	В.	ASSETS
	Checl	conly 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
;		EHOLDER plete this section <i>only</i> 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