

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 <u>MR</u> FIRST <u>MARCOS</u> <u>Octavio</u> MI NICKNAME LAST SUFFIX <u>L.</u>	OFFICE USE ONLY Date Received RECEIVED JAN 15 2016 <u>10:36 AM</u> <u>Paula</u> 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 <u>P.O. Box 58 Penitas TX, 78576</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 458-8398</u>		
6 CAMPAIGN TREASURER NAME	MS (MRS / MR) FIRST MI <u>MARIA</u> <u>Octavio</u> <u>P.</u> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1811 Jasmine Penitas Texas 78576</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>()</u> <u>956 432-7784</u>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 1 day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 15 / 2015</u> <u>12 / 31 / 15</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 1 / 16</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Pct 3 PL2</u> <u>Justice of Peace</u>	13 OFFICE SOUGHT (if known) <u>Pct 3 PL2</u> <u>Justice of Peace</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Marcos Ochoa Campaign

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ N/A

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

\$ 38598.89

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 29334.64

CONTRIBUTION
BALANCE

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

\$ 9248.50

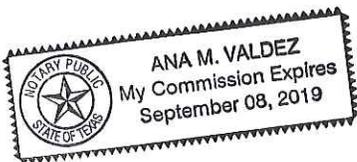
OUTSTANDING
LOAN TOTALS

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

\$ 7500.00

18 AFFIDAVIT

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.



Marcos Ochoa
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marcos Ochoa, this the 15th day of January 20 16, to certify which, witness my hand and seal of office.

Ana M. Valdez
Signature of officer administering oath

Ana M. Valdez
Printed name of officer administering oath

Notary
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARCOS OCTHA		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio C. Cerda - MARIA Villareal Cerda	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1602 Solar Drive Mission TX 78574		
8 Principal occupation / Job title (See Instructions) Engineer -		9 Employer (See Instructions) Self.
Date 7/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier + MARIA Hinojosa	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1308 Encanto Blvd Mission TX 78574		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self.
Date 7/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR or Mrs MARCOS OCTHA	Amount of contribution (\$) see schedule - E
Contributor address; City; State; Zip Code P.O. Box 58 Penitas TX 78576		\$7500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe M. Flores	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code P.O. Box 310 Mission TX 78576		
Principal occupation / Job title (See Instructions) Businessman -		Employer (See Instructions) J & R Oilfield Co.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MARCOS OCTOIA

3 Filer ID (Ethics Commission Filers)

4 Date

7/17/15

5 Full name of contributor

JACINTO GARZA

out-of-state PAC (ID#: _____)

6 Contributor address;

27304 SOUTH BASS BLVD HARLINGEN TX.

City; State; Zip Code

78552

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

L & G Engineer

Date

7/17/15

Full name of contributor

KURT L. SHUMACHER - TAMARA SEITZUMACHER

out-of-state PAC (ID#: _____)

Contributor address;

1616 GRITTIN PKWY PMB 103 MISSION TX.

City; State; Zip Code

78572

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

L & G Engineering

Date

7/17/15

Full name of contributor

JOHN DAVID SANTOS ELIZABETH SANTOS P.O.D.

out-of-state PAC (ID#: _____)

Contributor address;

2200 N CONWAY MISSION TX 78522

City; State; Zip Code

78522

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

~~Engineer~~ Business Men

Employer (See Instructions)

L & I Funeral Home

Date

7/17/15

Full name of contributor

RICARDO P. FILIZOLA - NANCY H. FILIZOLA

out-of-state PAC (ID#: _____)

Contributor address;

235 PALO VERDE BROWNSVILLE TX 78521

City; State; Zip Code

78521

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

L & G Engineering

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>MARCOS OCHOA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/17/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN DAVID FRANZ - ANNETTE FRANZ</i>	7 Amount of contribution (\$) <i>\$250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>400 N. McCOLL RD. STE B, McAllen TX 78501</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self Employed.</i>
Date <i>7/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID BAZAN</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>806 W PALMA VISTA DR. PALMVIEW TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Bazank Plumbing.</i>
Date <i>7/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GL SALINAS KANETH</i>	Amount of contribution (\$) <i>\$1000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>500 E. 9th St, Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Developer</i>		Employer (See Instructions) <i>Self Employed.</i>
Date <i>7/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo's Drive Inn</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1120 Mission TX 78573</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self Employed.</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marcos L. Ochoa		3 Filer ID (Ethics Commission Filers)
4 Date 8-12-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patino & Associates PLLC	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1802 N. 10th Str. McAllen, Tx. 78501 STEA		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self.
Date 8-20-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel Arturo Zamora, DBA El Pinto Cattle Company	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. Bx. 75 Sullivan, Tx. 78595		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self.
Date 8-20-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandra Cantu	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1401 Encantado Palmview Tx. 78572		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self.
Date 8-20-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Espericueta	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4515 Ponds Edge Rd. Palmhurst, Tx. 78573		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Marcos L. Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-19-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emerson E. Arellano</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>1036 W. Franton St. Brownsville, Tx. 78520-5618</i>		
8 Principal occupation / Job title (See Instructions) <i>attorney</i>		9 Employer (See Instructions) <i>Law office of Ramon Garcia</i>
Date <i>8-20-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Razo, Lupita Razo</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1200 W. Veterans Blvd Palmview, Tx. 78572</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>
Date <i>8-20-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cirildo or Adalia de Luna</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>P.O. Bx. 160 Penitas, Tx. 78576</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>8-20-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julio C. Cerda, Maria Villarreal Cerda</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1602 Solar Dr. Mission, Tx. 78574-2183</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Self Employed</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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#: _____) <i>Oscar L. Longoria Jr. Campaign Fund.</i>	7 Amount of contribution (\$)
<i>8-20-15</i>	6 Contributor address; City; State; Zip Code <i>P.O. Bx. 4224 Mission, Tx. 78573</i>	<i>1,000.00</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self Employed.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mateo M. heal</i>	Amount of contribution (\$)
<i>8-20-15</i>	Contributor address; City; State; Zip Code <i>222 W. University Dr. Edinburg, Tx. 78539</i>	<i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Attorney</i>		<i>Self Employed.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Garcia</i>	Amount of contribution (\$)
<i>8-20-15</i>	Contributor address; City; State; Zip Code <i>222 W. University Dr. Edinburg, Tx. 78539</i>	<i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Attorney</i>		<i>Self Employed.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amador Requenez, DBA Valley Welding Serv.</i>	Amount of contribution (\$)
<i>8-20-15</i>	Contributor address; City; State; Zip Code <i>1313 N. Moorefield Rd. Mission, Tx. 78572</i>	<i>300.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Business Owner</i>		<i>Self Employed.</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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#: _____) 6 Contributor address; City; State; Zip Code Mario Alonzo Flores, Aminta Flores 5114 N. Inspiration Rd. Mission, Tx. 78572	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Jacinto Garza 27304 S. Bass Blvd. Harlingen, Tx 78552	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) J & G Engineering
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Jose M. Flores Campaign Fund P.O. Bx. 310 Mission, Tx. 78572	Amount of contribution (\$) 1,802.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) J & M Oilfield Services
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Jose M. Flores Campaign Fund P.O. Bx. 310 Mission, Tx. 78572	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) J & M Oilfield Services

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Marcos Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-3-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hollis J. Rutledge</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>414 N. Mayberry St. Mission TX. 78572</i>		
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions) <i>Self Employed.</i>
Date <i>8-13-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene A. Anzaldua</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>P.D. Box 2658, Edinburg, TX 78540</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self Employed.</i>
Date <i>8-24-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene A. Ramirez</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>612 W. Nolana, Ave. McAllen, Tx. 78504 STE 415</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self Employed.</i>
Date <i>8-18-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D.V. Bell + S.C. Bell</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>205 W. Fern Ave. McAllen, Tx. 78501</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Marcos Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-29-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William R. Leo</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Bx. 1290, La Joya, Tx. 78560</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>9-3-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richardo Gonzalez Oxford Gonzalez</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>P.O. Drawer 630, Edinburg, Tx 78540</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>9-10-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. N. Welding and Fabricators Corp.</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>P.O. Bx. 1077, Penitas, Tx. 78576</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self Employed</i>
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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
9-18-15	Alberto Treviño / Alma Trevino 819 N. Veterans Blvd. Pharr, Tx 78577	\$ 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date		Amount of contribution (\$)
10-1-15	Matthew R. Beatty attorney Contributor address; City; State; Zip Code	\$ 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Attorney		Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10-5-15	La Pasadita #1-Hardware, Propane, Feed 9232 Bentsen Palm Drive Mission, TX. 78574	\$ 600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10-30-15	Tony Flores 1804 Nugget Str. Pecos, TX. 78576	\$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Marcos Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-17-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Duane Bell or Sandra Bell</i> 6 Contributor address; City; State; Zip Code <i>205 W. Fern Ave. McAllen, TX, 78501</i>	7 Amount of contribution (\$) <i>\$ 1,500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired.</i>
Date <i>11-17-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Bell</i> Contributor address; City; State; Zip Code <i>P.O. Bx. 653, Penitas, Tx, 78576</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>
Date <i>11-12-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Macario Garza Leonor Garza Wendy E. La Garza</i> Contributor address; City; State; Zip Code <i>2607 Norma Drive Mission, Tx, 78574</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired.</i>
Date <i>7-20-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rufino Garza Ranch Account</i> Contributor address; City; State; Zip Code <i>3779 N. Bentsen Palm dr. Mission, Tx 78574</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions) <i>CAPA.</i>

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Maura Olson

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7/17/15

7 Name of lender

Maura Olson

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

7500.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

P.O. Box 58 Penita Tx. 78576

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Justice of Peace.

13 Employer (See Instructions)

Hidalgo County.

14 Description of Collateral

none

N/A

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

N/A

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

N/A

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

N/A

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

NONE

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME <i>Marcia Ohon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/28/15</i>		5 Payee name <i>Brandon Garcia</i>			
6 Amount (\$) 42.22 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1500 Sycamore McAllen Texas 78501</i>			
8 PURPOSE OF EXPENDITURE <i>Printing Expense</i>		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8/10/15</i>		Payee name <i>Mike Carera</i>			
Amount (\$) 2500.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>135 Paseo del Prado Edinburg</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8/12/15</i>		Payee name <i>Brandon Garcia</i>			
Amount (\$) 1115.83 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>1500 Sycamore McAllen Tx. 78501</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Mauro Ron</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Aug/29/15</i>		5 Payee name <i>Rick Bar & Grill</i>			
6 Amount (\$) <i>\$1802.00</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1604 E. Griffin Pkwy Mission TX 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> <i>Food/Beverage Expense</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/26/15</i>		Payee name <i>Brand Boston</i>			
Amount (\$) <i>\$433.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>3607 S.L. LN McAllen Texas 78503</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Window</i> <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/27/15</i>		Payee name <i>Perita White Wing Jertual</i>			
Amount (\$) <i>500.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>1111 Main St Perita TX 78576</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Maura Olson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/28/15</i>		5 Payee name <i>Blue Post</i>			
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds <i>1074.00</i>		7 Payee address; City; State; Zip Code <i>3110 West Palm Vista Dr. Palmview TX - 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Digital advertisement</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9/7/15</i>		Payee name <i>Brandon Garcia</i>			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds <i>395.74</i>		Payee address; City; State; Zip Code <i>Brandon Garcia - 1500 Sycamore McAllen Tx, 78501</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Business Cards - Lapel Stickers Service Fee</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9/25/15</i>		Payee name <i>El Rincon Embroidery - Alejandro Garcia</i>			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds <i>115.00</i>		Payee address; City; State; Zip Code <i>1917 South 32 Street McAllen Tx -</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>T-shirts & Sun Printing</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Maria Cho</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/28/15</i>	5 Payee name <i>El Rincon Printing Embroidery Alejandro Garcia</i>	
6 Amount (\$) <i>250.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>1917 South 3rd Street McAllen TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>T-Shirts + Screen Printing</i>	(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 <i>10/16/15</i>	Payee name <i>National Soccer</i>	
Amount (\$) <i>1500.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>418 St Maries St. Mission TX, 78576</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor, G.D.T.V.</i>	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 <i>10/17/15</i>	Payee name <i>Brandon Garcia</i>	
Amount (\$) <i>8758.99</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>1500 Sycamore McAllen TX, 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Service Fee Signature 4x8 Business Cards</i>	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Marcia Rhon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/17/15</i>		5 Payee name <i>Academy</i>			
6 Amount (\$) <i>135.25</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>3901 W. Sperry Way #3 at Waver Rd. McAllen, TX, 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Magellan Shirts</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/17/15</i>		Payee name <i>Academy</i>			
Amount (\$) <i>48.69</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>3901 W. Sperry Way #3 at Waver Rd. McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Magellan Shirts</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/8/15</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>9120.83</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>120 S. Shang Rd. Mission, TX 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Plastic Ties</i> <i>Campaign Material</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Mauro Pilon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/17/15</i>		5 Payee name <i>Facebook Inc.</i>			
6 Amount (\$) <i>25.00</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1601 Willow Road, Menlo Park CA 94025</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Facebook Ad</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/8/15</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>12083</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>1205 Shay Rd Mission Tx - 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Plastic Ties</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/19/15</i>		Payee name <i>Matth's Building Materials Carl & Cindy</i>			
Amount (\$) <i>1053.55</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>3601 West Palma Vista Drive Palmview 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>2x4x8 STD + BTR. #2</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Marcia Phan</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/25/15</i>		5 Payee name <i>Home Depot</i>			
6 Amount (\$) <i>129.47</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1205 S. Shamp Mission Tx 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Campaign Tools/Materials</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/26/15</i>		Payee name <i>Matts Cook & Cury</i>			
Amount (\$) <i>71.08</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>3601 West Palma Vista Palmview 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Material</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/26/15</i>		Payee name <i>Mano H. Mercado</i>			
Amount (\$) <i>140.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>408 S. San Dora do - Mission Tx. 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Marcos Oban</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/4/15</i>	5 Payee name <i>Progen Tenue</i>
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6 Amount (\$) <i>150.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>P.O. Box 399 Mission Texas 78573</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/11/15</i>	Payee name <i>Enrique Oban</i>
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Amount (\$) <i>80.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>604 - South 18th St. Penitas Tx. 78576</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/22/15</i>	Payee name <i>Hanna Depat</i>
-------------------------	----------------------------------

Amount (\$) <i>90.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>1305 S Shary Ref Mission TX 78572</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Material</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Maura Olin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/23/15</i>		5 Payee name <i>Humberto Garcia</i>			
6 Amount (\$) <i>100.00</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>909 Barnes St. Mission Tx. 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Donation for Boy + Girl Scout Club B.B. Q.</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/25/15</i>		Payee name <i>H. C. D. P.</i>			
Amount (\$) <i>1000.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>P.O. Box 4585 McAllen Tx. 78502-4585</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Filing Fee.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>11/25/15</i>		Payee name <i>Elda Garcia</i>			
Amount (\$) <i>750.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>1108 Lincher St Mission Tx. 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Maica Olson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/2/15</i>		5 Payee name <i>Brandon Jaccin</i>			
6 Amount (\$) <i>4332.99</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1500 Sycamore - Mc Allen TX, 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Signs 2x4 - hand signed Stakin</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/4/15</i>		Payee name <i>Palmview Chamber of Comm.</i>			
Amount (\$) <i>350.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>400 W. Veteran Blvd. Palmview Texas</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Sponsorship. Signage</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/5/15</i>		Payee name <i>Roseys Cafe</i>			
Amount (\$) <i>50.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Breakfast - Political Events</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Maura Plo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/9/15</i>	5 Payee name <i>Enrique Plo</i>	
6 Amount (\$) <i>150.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>606. South 18th Perita TX. 78526</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(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 <i>12/14/15</i>	Payee name <i>Exclusive Design</i>	
Amount (\$) <i>180.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>4603 N. L. Home Palmview TX. 78574</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Steel frames for yard sign Inv# 432.</i>	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 <i>12/15/15</i>	Payee name <i>Saul Mair - Just Beat IT game.</i>	
Amount (\$) <i>200.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>414 Tom Gill Rd. Perita TX. 78576.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>campaign ad donation for Juli's Cesar Chavez</i>	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: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Maria Oron</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/23/15</i>	5 Payee name <i>Elda Garcia</i>
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6 Amount (\$) <i>\$1000.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>1108 Zinco St. Mission TX. 78572</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Campaign Work</i>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/23/15</i>	Payee name <i>Maria Peralez</i>
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Amount (\$) <i>\$300.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>1001 Tobacco Rd. La Jara TX. 78560</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor G.O.T.V.</i>	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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Date <i>12/23/15</i>	Payee name <i>Cyfelinda Hinojosa</i>
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Amount (\$) <i>\$300.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>3321 Elizabeth St. Mission TX. 78574</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor G.O.T.V.</i>	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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Marcia Chou</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/27/15</i>	5 Payee name <i>Facebook</i>
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6 Amount (\$) <i>\$50.37</i>	7 Payee address; City; State; Zip Code <i>1601-Willow Rd. Merido Park Ca.</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Facebook Ad.</i>	(b) Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/30/15</i>	Payee name <i>Facebook</i>
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Amount (\$) <i>\$86.00</i>	Payee address; City; State; Zip Code <i>1601-Willow Rd. Merido Park Ca.</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Facebook Ad.</i>	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Maur Ohm</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/23/15</i>		5 Payee name <i>Juan Garcia</i>			
6 Amount (\$) <i>300.00</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>39000 Old 4 Mile Line</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor J.O.T.U</i>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12/27/15</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>49.08</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>130 S. Shary Rd. Mission TX 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Sung Bags for Signs</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/31/15</i>		Payee name <i>Face Book Ad.</i>			
Amount (\$) <i>26.72</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>1601 Willow Road Menlo Park Ca. 94025</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Facebook Ad.</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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: <i>1</i>	2 FILER NAME <i>Marcos Dechoa</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 584.68 <i>18</i>
5 Date <i>11-21-15</i>	6 Payee name <i>Casa del Taco</i>	
7 Amount (\$) <i>\$ 584.68</i> <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code <i>1800 E Hwy 83, Mission, Tx. 78572</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expenses</i>	(b) Description <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 <i>11-20-15</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>\$ 93.20</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>2410 E. Expressway 83, Mission, Tx. 78572</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift expenses</i>	Description <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

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