

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/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>Maia</u> FIRST LAST <u>Dehon</u> MI SUFFIX <u>L</u>	OFFICE USE ONLY Date Received REC'D JUL 15 2016 Date Hand-delivered or Date Postmarked <u>3:13 pm</u> 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 Peritas TX 78576</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 458-8398		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Maia</u> FIRST LAST <u>Dehon</u> MI SUFFIX <u>D</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 58 Peritas Tx. 78576</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 432-7784		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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>05 / 13 / 2016</u> <u>07 / 15 / 2016</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 24 / 2016</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>Justice of Peace</u>	13 OFFICE SOUGHT (if known) <u>Justice of Peace. Pt3 Pt2</u>	
GO TO PAGE 2			

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>MARCOB Oct6A</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>12750.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ <i>0</i>
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ <i>2500.00</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>19473.28</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>0</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME MARCOS OCHOA 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12750.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19473.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>901.13</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>37,500.00</u>

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 11th day of July, 2016, to certify which, witness my hand and seal of office.

Ana M. Valdez Ana M. Valdez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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: <u>8</u>	2 FILER NAME: <u>Maureen O'Brien</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>5/13/16</u>	5 Payee name: <u>Miguel Carraera</u>	
6 Amount (\$): <u>6000.00</u>	7 Payee address; City; State; Zip Code: <u>135 Paseo del Prado Edingburg Tx.</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>Marketing</u>	(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: <u>5/13/16</u>	Payee name: <u>National Soccer</u>	
Amount (\$): <u>1000.00</u>	Payee address; City; State; Zip Code: <u>4104 St Marie St. Mission 78572</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>G.O.T.V.</u>	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: <u>5/14/16</u>	Payee name: <u>Natalie Rocha</u>	
Amount (\$): <u>428.00</u>	Payee address; City; State; Zip Code: <u>3533 Cesna Ave. Edingburg, Tx 78542</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>G.O.T.V.</u>	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
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>Marcelo Ochoa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/14/16</i>		5 Payee name <i>Norma Garza</i>			
6 Amount (\$) <i>400.00</i>		7 Payee address; City, State; Zip Code <i>18125 Abram Rd. Palmview Tx. 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>G.O.T.V.</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>5/15/16</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>97.33</i>		Payee address; City, State; Zip Code <i>1205. Shamy Mission Tx 78572</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>5-gallon Buckets for Sand</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>5/16/16</i>		Payee name <i>Outervers Printing</i>			
Amount (\$) <i>135.00</i>		Payee address; City, State; Zip Code <i>451- W. Nolana Loop Plant Tx 78577</i>			
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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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>5/19/16</i>	5 Payee name <i>Manuel Galvan</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>312 N Alvarado, Alton Tx - 78573</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>J.O.T.V.</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>5/20/16</i>	Payee name <i>Joe Cruz</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1100 E. Tamarack Suite C McAllen, TX. 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Security Detail.</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>5/30/16</i>	Payee name <i>Lupita Ramirez</i>	
Amount (\$) <i>328.00</i>	Payee address; City; State; Zip Code <i>418 S. Main St Mission TX. 78572</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>J.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
	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>Marcu Ochoa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/16</i>	5 Payee name <i>Juan Garcia</i>	
6 Amount (\$) <i>900.00</i>	7 Payee address; City; State; Zip Code <i>3900 n. old ymca hwy, Peritas TX 78576</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>P.O.T.V.</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>5/20/16</i>	Payee name <i>Ulic Rivero</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 69 Peritas TX 78576</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>P.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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/20/16</i>	Payee name <i>Ethan Salinas</i>	
Amount (\$) <i>1400.00</i>	Payee address; City; State; Zip Code <i>715 Miller Av. Minix TX 78572</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Work.</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 Ochoa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/20/16</i>		5 Payee name <i>Emeralda Perez</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>3303 Sirguelo St Mission Tx 78578</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Work</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>5/21/16</i>		Payee name <i>Refelinda Hinojosa</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>2321 Elizabeth St. Mission Tx. 78574</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>G.O.T.U.</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>5/24/16</i>		Payee name <i>Martin Cavazos</i>			
Amount (\$) <i>1500.00</i>		Payee address; City; State; Zip Code <i>300 North Tom Gill Rd. Pecos Tx. 78576</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>I & J Ballroom</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
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>5/25/16</i>		5 Payee name <i>Martin Garza</i>			
6 Amount (\$) <i>250.00</i>		7 Payee address; City; State; Zip Code <i>8082 W. Military Rd. Abame - 78572</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Work</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
Date <i>5/25/16</i>		Payee name <i>Ether Salinas</i>			
Amount (\$) <i>180.00</i>		Payee address; City; State; Zip Code <i>715 Miller Ave - Mission Tx. 78572</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>G.O.T.V.</i> <i>Campaign Work</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
Date <i>5/25/16</i>		Payee name <i>Nidia Benavides</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>101 Ebanco Sullivan City, 78575</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Work</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

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 Abou</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/3/16</i>	5 Payee name <i>Brand Boston</i>	
6 Amount (\$) <i>395.45</i>	7 Payee address; City; State; Zip Code <i>3607 S. Lane McAllen TX 78503</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6/3/16</i>	Payee name <i>Brandon Garcia</i>	
Amount (\$) <i>712.50</i>	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>Campaign Work</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>6/3/16</i>	Payee name <i>Humberto Guiza</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>909 Barner St. Mission TX 78572</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>P.O.T.V.</i> <i>Campaign Work</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>Maureen Ohon</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/3/16</i>	5 Payee name <i>Josuan Alvarez</i>
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6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>205 Del Mar 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>Campaign Work</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/4/16</i>	Payee name <i>Arfelinda Hernandez</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>2321 Elizabeth St. Mission Tx. 78574</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>P.O.T.U.</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/23/16</i>	Payee name <i>Print Work</i>
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Amount (\$) <i>3000.00</i>	Payee address; City; State; Zip Code <i>1414 Pecan McAllen Tx.</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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Marcos Ochoa</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">5-5-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">A - Fast Bail Bonds</p>	7 Amount of contribution (\$) <input checked="" type="checkbox"/> <p style="font-size: 1.2em;">350.⁰⁰</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">710 E. El Cibolo Rd. Edinburg Texas</p>		
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Business Owner</p>		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">5-2-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Rio Valley Pipe LLC - General Acct.</p>	Amount of contribution (\$) <input checked="" type="checkbox"/> <p style="font-size: 1.2em;">1,000.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3609 W. Palma Vista Dr. Palmview TX 78572</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Business Owner</p>		Employer (See Instructions)
Date <p style="font-size: 1.2em;">5-18-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Sohn David Franz, Annette Franz</p>	Amount of contribution (\$) <input checked="" type="checkbox"/> <p style="font-size: 1.2em;">2,000.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">400 N. McColl, Rd Ste B McAllen, TX 78501</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Business Owner</p>		Employer (See Instructions)
Date <p style="font-size: 1.2em;">5-19-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Marisela G. Marin, DBA Blue ^{SKY} investments</p>	Amount of contribution (\$) <input checked="" type="checkbox"/> <p style="font-size: 1.2em;">2,500.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">419 Rio Grande Dr., Mission, Tx 78572</p>		
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Business Owner</p>		Employer (See Instructions)

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

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 <i>5-19-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Sandoval or Marisela G. Marin</i> 6 Contributor address; City; State; Zip Code <i>2100 W. Exp. 83, Mercedes, TX, 78570</i>	7 Amount of contribution (\$) <i>2,500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5-19-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier & Maria Hinojosa</i> Contributor address; City; State; Zip Code <i>1308 Encanto Blvd. Mission, TX, 78574</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)
Date <i>5-20-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene A. Ramirez</i> Contributor address; City; State; Zip Code <i>612 W. Nolana Ave, ste. 415 78504 McAllen, TX.</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)
Date <i>5-20-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben A. Cavazos, Rita G. Cavazos</i> Contributor address; City; State; Zip Code <i>2322 Orange St., Mission, Tx.</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Small Engine Repair Owner</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 <i>5-20-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The law Office of Carlos Garcia</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>1305 E. Griffin Parkway, Mission, TX 78572</i>		

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

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

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

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

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>MARCOS OCHOA</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>4/22/2011</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcos & Mary Ochoa</i>	9 Loan Amount (\$) <i>2500.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>P.O. Box 58 Punita 78576</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> 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.