



# 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.

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

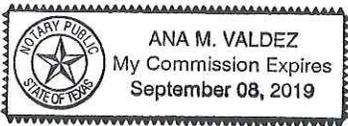
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>18,900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,532.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,266.07</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>35,000.00</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



ANA M. VALDEZ  
My Commission Expires  
September 08, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marcos Ochoa, this the 16<sup>th</sup> day of May, 20 16, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>MARCOS OCTOIA</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>8,900.00</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>10,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>12,532.28</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>251.25</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>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Marcos Deho</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-23-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Wenzholz Law Firm PLLC Operating Account</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>13501 Galleria Cir Ste W270 Bee Cave, TX. 78738</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-29-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aniceto Izaguirre</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Bx. 3372, Mission, Tx. 78573</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-29-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angelical</i>	Amount of contribution (\$) <i>150.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>730 E. Express. 83 Suite 9 La Joya, Tx. 78560-4018</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-15-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Duane Bell or Sandra Bell</i>	Amount of contribution (\$) <i>1000.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>205 W. Fern Ave. Tx. 78501</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>

**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 <b>3-17-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Jeannette Womack</b>	7 Amount of contribution (\$) <b>1000.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3009 Viola Dr. Mission, Tx. 78574</b>		

8 Principal occupation / Job title (See Instructions) <b>General Manager</b>	9 Employer (See Instructions) <b>Bell Properties</b>
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Date <b>4-11-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rolesa Forwarding LLC</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6197 East Hwy. 83, Rio Grande City, TX. 78572</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>4-27-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William R. Leo</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Bx. 1290, La Joya, Tx. 78560</b>		

Principal occupation / Job title (See Instructions) <b>Retired Businessman</b>	Employer (See Instructions) <b>Retired</b>
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Date <b>3-15-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. or Mrs. Marcos Dechoa</b>	Amount of contribution (\$) <b>\$ 5000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Bx. 58, Penitas, Tx. 78576</b>		

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <i>Marcel OctoA</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan <i>5/6/16</i>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Rio BANK</i>	<b>9</b> Loan Amount (\$) <i>5000.<sup>00</sup></i>
<b>6</b> Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	<b>8</b> Lender address; City; State; Zip Code <i>401-North Bensten Palm Drive Mission Tx.</i>	<b>10</b> Interest rate
		<b>11</b> Maturity date <i>September-2017</i>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> <i>5/6/16</i>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Marcel OctoA</i>	<b>Loan Amount (\$)</b> <i>5000.<sup>00</sup></i>
<b>Is lender a financial institution?</b> <input type="radio"/> Y <input checked="" type="radio"/> N	<b>Lender address; City; State; Zip Code</b> <i>P.O. Box 58 Penitas Tx. 78576</i>	<b>Interest rate</b> <i>0</i>
		<b>Maturity date</b> <i>6</i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account</b> <input type="checkbox"/>
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	<b>Name of guarantor</b>  <b>Guarantor address; City; State; Zip Code</b>	<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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:	2 FILER NAME <i>Marcos L. Ochoa</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>2-29-16</i>	6 Payee name <i>Facebook, Inc.</i>
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7 Amount (\$) <i>173.77</i> <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code <i>1601 Willow Rd. Menio Park, Ca-94025</i>
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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>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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-31-16</i>	Payee name <i>Facebook, Inc.</i>
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Amount (\$) <i>72.61</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>1601 Willow Rd Menio Park, Ca-94025</i>
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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>Advertisement</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

# 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 5-11-16	6 Payee name Facebook, Inc
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7 Amount (\$) \$4.82 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, Ca. 94025
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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)	(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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11 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 (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete 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>Marcos Ochoa</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-22-16</i>	5 Payee name <i>Miguel Carrera</i>
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6 Amount (\$) <i>450.00</i> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <i>135 Paseo del Prado, Edinburg, Tx.</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Car Rental</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>2-25-16</i>	Payee name <i>Humberto Garza</i>
------------------------	-------------------------------------

Amount (\$) <i>50.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>909 Barnes St., Mission, Tx. 78572</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fish Fry for Polls</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>2-26-16</i>	Payee name <i>Exclusive Design</i>
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Amount (\$) <i>375.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>4603 N. La Homa, Palmview TX, 78574</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 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>Marcos Ochoa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-27-16</i>		5 Payee name <i>Aide 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 Lins.</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>G.D.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	
Date <i>2-29-16</i>		Payee name <i>Enrique Ochoa</i>			
Amount (\$) <i>80.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>606 South 18th St, Penitus, Tx, 78576</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-2-16</i>		Payee name <i>Arturo Enriquez</i>			
Amount (\$) <i>150.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>5603 Tom Gill - Penitus 78576</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Ochoa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-4-16</i>	<b>5</b> Payee name <i>Elda Garcia</i>	
<b>6</b> Amount (\$) <i>500.00</i> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <i>1108 Fincher St, Mission, Tx, 78572</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Candidate: G.O.T.V.</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3-17-16</i>	Payee name <i>Brand Booster</i>	
Amount (\$) <i>541.25</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>3607 S. L. Lane McAllen, Tx. 78503</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Campaign Stickers</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>3-18-16</i>	Payee name <i>V.F.W. 2369 Auxiliary</i>	
Amount (\$) <i>75.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>3720 N. 21st McAllen -</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertisement</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>Marcos Ochoa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-22-16</i>		5 Payee name <i>Norma Garza</i>			
6 Amount (\$) <i>300.00</i> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <i>1812 S. Abram Rd. Palmview, Tx. 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-23-16</i>		Payee name <i>Progress Times</i>			
Amount (\$) <i>451.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>P.O. Bx. 399, Mission, Tx. 78573</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertisement</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>3-24-16</i>		Payee name <i>Marivel Galvan</i>			
Amount (\$) <i>500.00</i> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <i>312 N. Alvarado, Alton, Tx. 78573</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Dehaca</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-24-16</i>	<b>5</b> Payee name <i>Postal Pack.</i>	
<b>6</b> Amount (\$) <i>50.00</i> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <i>310. E. main Ave Alton. 78573</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Stamps</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>3-27-16</i>	<b>Payee name</b> <i>Fast Mart</i>	
<b>Amount (\$)</b> <i>118.37</i> <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> <i>7519 W. Highway 83, Mission, Tx, 78572</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Food-Campaign</i>	<b>Description</b> <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
<b>Date</b> <i>3-28-16</i>	<b>Payee name</b> <i>Ricardo Ramos</i>	
<b>Amount (\$)</b> <i>500.00</i> <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> <i>1027 Perez. St, Mission, Tx, 78572</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>G.O.T.V.</i>	<b>Description</b> <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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Marcos Dchoa	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-5-16	<b>5</b> Payee name C.W.T.	
<b>6</b> Amount (\$) \$1000.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 100 W. 6th st. Suite 1, La Joya, Tx. 78560	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Work	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> 4-7-16	<b>Payee name</b> Norma Garza	<b>Office sought</b>  <b>Office held</b>
<b>Amount (\$)</b> 100.00 <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> 1812 S. Abram Rd., Palmview, Tx. 78572	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) G.D.T.V.	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>Date</b> 4-8-16	<b>Payee name</b> Brand Boosters	<b>Office sought</b>  <b>Office held</b>
<b>Amount (\$)</b> \$270.63 <input type="checkbox"/> Expenditure from corporate funds	<b>Payee address; City; State; Zip Code</b> 3607 S. L. Lane, McAllen, Tx. 78503	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Magnetic signs	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Ochoa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-12-16</i>	<b>5</b> Payee name <i>Exclusive Design</i>	
<b>6</b> Amount (\$) <i>\$ 216.50</i>	<b>7</b> Payee address; City; State; Zip Code <i>4603 N. La Homa, Palmview Tx. 78574</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Campaign materials 1000 Push Cards</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4-16-16</i>	Payee name <i>Alejandro Garcia</i>	
Amount (\$) <i>170.00</i>	Payee address; City; State; Zip Code <i>1917 South 32nd McAllen Tx. 78503</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Campaign T. 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4-22-16</i>	Payee name <i>Kimberly Rocha</i>	
Amount (\$) <i>\$ 450.00</i>	Payee address; City; State; Zip Code <i>3533 Cesna Ave. Edinburg, Tx. 78542</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Block walking</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-24-16	<b>5</b> Payee name Brand Boosters	
<b>6</b> Amount (\$) \$454.65	<b>7</b> Payee address; City; State; Zip Code 3607 S. L. Lane, McAllen, Tx. 78503	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4-26-16	Payee name Ricardo Ramos	
Amount (\$) \$500.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) g.o.t.v.	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4-26-16	Payee name Matt's Bldg. Material	
Amount (\$) \$139.07	Payee address; City; State; Zip Code 3601 E. Palma Vista Dr., Palmview, Tx 78372	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Construct Signs	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Ochoa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-27-16</i>	<b>5</b> Payee name <i>William J. Clinton Elem.</i>	
<b>6</b> Amount (\$) <i>\$100.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>39202 Frm. Rd. 2221, Penitas, Tx. 78576</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) <i>Donation: Field trip</i>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> <i>4-30-16</i>	<b>Payee name</b> <i>Beto Garza</i>	
<b>Amount (\$)</b> <i>\$100.<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>909 Barnes St. Mission Tx, 78572</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Sullivan Event</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> <i>4-30-16</i>	<b>Payee name</b> <i>Kimberly Rocha</i>	
<b>Amount (\$)</b> <i>\$546.<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>3533 Cesna<sup>AV</sup>, Edinburg, Tx. 78542</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>G.O.T.V.</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Ochoa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5-2-16</i>	<b>5</b> Payee name <i>Norma Garza</i>	
<b>6</b> Amount (\$) <i>300.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1812 S. Abram Rd., Palmview, Tx. 78572</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>G.O.T.V.</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <i>5/4/16</i>	<b>Payee name</b> <i>Ethel Salinas</i>	
<b>Amount (\$)</b> <i>500.00</i>	<b>Payee address; City; State; Zip Code</b> <i>715 Miller Av. Mission, Tx. 78572</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>GOTV-consultant block walking</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <i>5-6-16</i>	<b>Payee name</b> <i>Citizens Working Together</i>	
<b>Amount (\$)</b> <i>\$ 1,110.00</i>	<b>Payee address; City; State; Zip Code</b> <i>100 W. 6th st. suite 1, La Joya, Tx. 78560</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>G.O.T.V.</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Dehae</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5-6-16</i>	<b>5</b> Payee name <i>Alejandra Garcia</i>	
<b>6</b> Amount (\$) <i>243.75</i>	<b>7</b> Payee address; City; State; Zip Code <i>1917 S. 32nd; McAllen, Tx. 78503</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>T-shirts</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date <i>5-7-16</i>	Payee name <i>Brand Boosters</i>	
Amount (\$) <i>398.90</i>	Payee address; City; State; Zip Code <i>3607 S. L. Lane, McAllen, Tx. 78503</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Invoice-1333</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date <i>5-7-16</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>82.24</i>	Payee address; City; State; Zip Code <i>1705 Exp. 83, Pecos, Tx. 78576</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Cartridges</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES 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

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 Deho</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-7-16</i>		5 Payee name <i>Natali Rocha</i>			
6 Amount (\$) <i>\$506.00</i>		7 Payee address; City; State; Zip Code <i>3533 Cesna, Av., Edinburg, Tx. 78542</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5-9-16</i>		Payee name <i>Exclusive Design</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>4603 N. La Homa, Palmview Tx. 78574</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Caps</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	
Date <i>5-12-16</i>		Payee name <i>Orfelinda 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.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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Marcos Ochoa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5-11-16</i>	<b>5</b> Payee name <i>Hermelinda Salinas</i>	
<b>6</b> Amount (\$) <i>\$100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Bx. 223, Sullivan, Tex. 78595</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>G.D.T.V.</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5-12-16</i>	Payee name <i>Matts Cash Carry</i>	
Amount (\$) <i>53.92</i>	Payee address; City; State; Zip Code <i>3601 E. Palma Vista Dr. Palmview, Tx. 78572</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Lumber</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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