

**BENITO
OCHOA, IV**

**AMENDMENT
FOR
JULY 15**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 18		OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION Date Received: 4:00pm SEP 28 2022 Date Hand-delivered or Date Postmarked: _____ RECEIVED Receipt # QUORA Date Processed: _____ Date Imaged: _____
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Benito	MI	
	NICKNAME "Bo"	LAST Ochoa	SUFFIX IV	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election			
5 ORIGINAL PERIOD COVERED	Month 1	Day 1	Year 2022 THROUGH Month 6 Day 30 Year 2022	

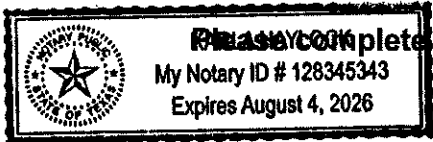
6 EXPLANATION OF CORRECTION
See attachment.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate/Officeholder



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Benito Ochoa IV this the 28 day of September 2022, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Karla J. Haylock Printed name of officer administering oath Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Attachment 1 to Correction/Amendment Affidavit

July 2022 Semi-Annual Campaign Finance Report Explanation of Correction

This Corrected July 2022 Semi-Annual report corrects the omissions required by Texas Election Code 254.031. The errors in the original report were good-faith mistakes and the Campaign has implemented processes to avoid these mistakes in the future.

The originally filed report did not contain a list of expenditures or contributions from the Campaign as required. The corrected report adds the itemized contributions and expenditures made during the reporting period. In addition, the originally filed report contained errors in the total amount of contributions received and expenditures expended during the reporting period. The corrected report corrects these total amounts. Lastly, the original report did not list the amount of contributions maintained as of the last day of the reporting period. The corrected report reports the amount of contributions maintained as of the last day of the reporting period.

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	2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received
		Benito		
	NICKNAME	LAST	SUFFIX	
	"Bo"	Ochoa	IV	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	1650 Illinois ave			Receipt #
	Port Isabel , TX 78578			Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Ms.	Lindsey	R.	
	NICKNAME	LAST	SUFFIX	
		Zimmerman		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	408 Palm Blvd. Laguna Vista, Texas, 78578		STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	459-4500		
8 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 modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month
	01/01/2022			06/30/2022
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	11/08/2022			
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	Justice of the Peace PCT 1 Cameron		Justice of the Peace PCT 1	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 16

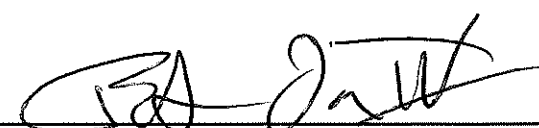
13 C / OH NAME Ochoa, Benito	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,585.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	9,998.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,790.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	900.00

17 AFFIDAVIT

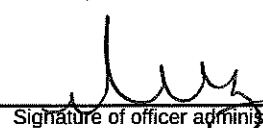
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Benito Ochoa IV, this the 28th day of September, 2022, to certify which, witness my hand and seal of office.



 Signature of officer administering

Maribel Diaz

 Printed name of officer administering

Notary

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Ochoa, Benito		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,585.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,998.99
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 04/04/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahadi, Abolhassan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 905 N. Shore Dr. Port Isabel, TX 78578		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda, Saldana	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5111 N. 10th St. #115 McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo, Ivy	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 22609 Sweet Summer Dr. Leander, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Bill	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code PO Box 3149 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Bill	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code PO Box 3148 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 01/06/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Laura <hr/> 6 Contributor address; City; State; Zip Code PO Box 40242 South Padre Island, TX 78597	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Shirley <hr/> Contributor address; City; State; Zip Code PO Box 3669 South Padre Island, TX 78597	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rodolfo <hr/> Contributor address; City; State; Zip Code 607 Mesquite Dr. Port Isabel, TX 78578	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Blanca <hr/> Contributor address; City; State; Zip Code 5501 N. 4th St. McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Eloy <hr/> Contributor address; City; State; Zip Code 825 S. Alton Blvd. Suite B Alton, TX 78573	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 01/06/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Maria Del Rosario	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6257 Ridgeline Dr. Brownsville, TX 78526		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3205 Seminole Ct. Harlingen, TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbin, Jerry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 500 Beach Blvd. Laguna Vista, TX 78578		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haylock, Karla	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code PO Box 99 Port Isabel , TX 78587		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Rodriguez Insurance Agency, Inc	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 133 E. Price Rd. Ste A Brownsville, TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 01/06/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephine V Salas DBA Fina Real Estate	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 3992 South Padre Island, TX 78597		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidbridge Academy Child Learning Center	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6101 Sugar Hill Rd. Brownsville, TX 78526		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code PO Box 17478 Austin, TX 78790		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Roberto	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 338 Western Blvd. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meschi's Minimax, Inc	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2912 Padre Blvd South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 01/06/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padre Island Brewing Co, Inc.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3400 Padre Blvd South Padre Island, TX 78597	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code PO Box 3260 South Padre Island, TX 78597	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R&D Contracting, Inc.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2312 Monaco Mission, TX 78572	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Joe	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code PO Box 5868 Brownsville, TX 78523	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riverside EMS	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code PO Box 6530 McAllen, TX 78502	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 06/08/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Johnny	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 133 E. Price Rd. Suite A Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Feet Housekeeping LLC	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5800 Padre Blvd Ste 110 South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Gracia Law Firm	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 932 E. Van Buren St. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Luis Ortegon, PLLC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 711 Abbott Ave. Edinburgh, TX 78541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Luis	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 14201 FM 1761 Raymondville, TX 78580		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/7 Rpt: 10/16	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 04/28/2022	5 Payee name All Day Shirts	
6 Amount (\$) \$214.98	7 Payee address; City; State; Zip Code 2501 NW 34th Place Suite 32 Pompano Beach, FL 33069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign t-shirts for campaign volunteers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2022	Payee name Amazon	
Amount (\$) \$168.97	Payee address; City; State; Zip Code 10 Terry Ave N. Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign projector for campaign events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2022	Payee name American Headshots	
Amount (\$) \$216.50	Payee address; City; State; Zip Code 1805 Ruben M Torres Blvd Suite A9 Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate professional headshots for campaign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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: Sch: 2/7 Rpt: 11/16	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 06/08/2022	5 Payee name BizEgo Marketing	
6 Amount (\$) \$1,450.54	7 Payee address; City; State; Zip Code 222 Frontage Rd Ste. 111 Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political vehicle magnets and campaign yard signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2022	Payee name Blue Water Creations	
Amount (\$) \$410.75	Payee address; City; State; Zip Code 134 S Shore Dr Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense for t-shirts for community fishing event on 6/18/2022
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2022	Payee name Captains Quarters	
Amount (\$) \$29.27	Payee address; City; State; Zip Code 1720 TX-100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense for community fishing event on 6/18/2022
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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: Sch: 3/7 Rpt: 12/16	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 04/29/2022	5 Payee name Captains Quarters	
6 Amount (\$) \$67.54	7 Payee address; City; State; Zip Code 1720 TX-100 Port Isabel, TX 78578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign t-shirt embroidery for campaign volunteers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2022	Payee name McCoy's Building Supply	
Amount (\$) \$106.15	Payee address; City; State; Zip Code 5500 S Padre Island Hwy Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political campaign sign T-Posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2022	Payee name Panaderia El Camino	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2740 W Alton Gloor Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense for teacher appreciation events for local schools
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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: Sch: 4/7 Rpt: 13/16		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 06/18/2022		5 Payee name Pirates Fishing Pier			
6 Amount (\$) \$39.75		7 Payee address; City; State; Zip Code 501 E Maxan St. Port Isabel, TX 78578			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bulk ice expense for community fishing event on 6/18/2022	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/04/2022		Payee name Point Isabel ISD			
Amount (\$) \$412.00		Payee address; City; State; Zip Code 101 Port Road Port Isabel, TX 78578			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Point Isabel ISD scholarship fishing tournament	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/10/2022		Payee name ProVision Productions			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 30 Providencia Ct. Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political advertising video and graphic production	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES 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: Sch: 5/7 Rpt: 14/16	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 06/17/2022	5 Payee name Sam's Club #8126	
6 Amount (\$) \$44.24	7 Payee address; City; State; Zip Code 3570 W Alton Gloor Blvd Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense for community fishing event on 6/18/2022
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2022	Payee name Toucan Graphics	
Amount (\$) \$349.96	Payee address; City; State; Zip Code 104 W Bahama St. South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature, door hangers, and push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2022	Payee name Viva Media Group, LLC	
Amount (\$) \$3,310.00	Payee address; City; State; Zip Code 222 N. Expressway Suite 125 Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political campaign yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 6/7 Rpt: 15/16	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 05/12/2022	5 Payee name Walmart #00413	
6 Amount (\$) \$1,176.19	7 Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing gear for community fishing event on 6/18/2022
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 06/14/2022	Payee name Walmart #00413	
Amount (\$) \$24.94	Payee address; City; State; Zip Code 1401 State Highway 100 Port Isabel, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing gear for community fishing event on 6/18/2022
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/19/2022	Payee name Walmart #1000	
Amount (\$) \$160.53	Payee address; City; State; Zip Code 2721 Boca Chica Blvd Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing gear for community fishing event on 6/18/2022
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

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
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: Sch: 7/7 Rpt: 16/16		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 05/25/2022		5 Payee name Walmart #2765			
6 Amount (\$) \$149.73		7 Payee address; City; State; Zip Code 1004 W Ocean Boulevard Los Fresnos, TX 78566			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing gear for community fishing event on 6/18/2022	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/27/2022		Payee name Walmart #4112			
Amount (\$) \$106.95		Payee address; City; State; Zip Code 2205 Ruben Torres Sr Blvd Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fishing gear for community fishing event on 6/18/2022	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	