

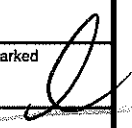
BENITO O.

OCHOA, IV

30 DAYS REPORT
October 11, 2022

**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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Benito	OFFICE USE ONLY <small>(STATEMENT OF ELECTIONS)</small> Date Received VOTER REGISTRATION OCT 10 2022	
	NICKNAME LAST SUFFIX Ochoa		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1650 Illinois ave Port Isabel , TX 78578	Date Hand-delivered or Date Postmarked RECEIVED	
	Receipt #	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; STATE; ZIP CODE 408 Palm Blvd., Laguna Vista Texas, 78578		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-4500		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2022	THROUGH	Month Day Year 09/29/2022
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022	ELECTION TYPE <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) Justice of the Peace PCT 1 Cameron	12 OFFICE SOUGHT (if known) Justice of the Peace PCT 1	

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**
2 of 17


13 C / OH NAME Ochoa, Benito	14 Filer ID
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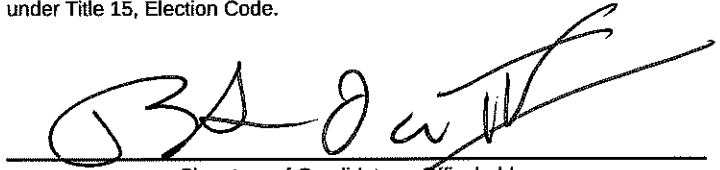
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or 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)	\$ 11,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,790.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,399.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,250.00

17 AFFIDAVIT

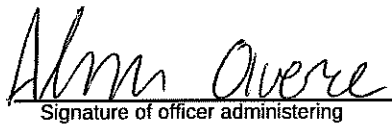
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Benito IV Ochoa, this the 10th day of October, 2022, to certify which, witness my hand and seal of office.


 Signature of officer administering

Alma Olvera
 Printed name of officer administering

Notary Public State of Texas
 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Ochoa, Benito	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,050.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,350.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,790.22
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: 1/4 Rpt: 4/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 07/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIRPORT COVE LLC 6 Contributor address; City; State; Zip Code 700 PADRE BLV STE K SOUTH PADRE ISLAND, TX 78597	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEHM, CRAIG Contributor address; City; State; Zip Code 17 PEBBLE BEACH DR. LAGUNA VISTA, TX 78578	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEST, BILL Contributor address; City; State; Zip Code PO BOX 3148 SOUTH PADRE ISLAND, TX 78597	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAPPADONA, JOSEFA Contributor address; City; State; Zip Code 28928 FM 1017 LINN, TX 78563	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPPELL ENTERPRISE LLC Contributor address; City; State; Zip Code 2112 W. UNIVERSITY DR #1250 EDINBURG, TX 78639	Amount of Contribution (\$) \$1,000.00
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: 2/4 Rpt: 5/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 08/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTINENTAL REFRIGERATION, LLC 6 Contributor address; City; State; Zip Code PO BOX 2405 MCALLEN, TX 78502	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, COTY Contributor address; City; State; Zip Code 9 SPYGLASS HILL DR LAGUNA VISTA, TX 78578	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMEZ, JORGE Contributor address; City; State; Zip Code 205 E YARROW ST MCALLEN, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, JORGE Contributor address; City; State; Zip Code 2900 N TEXAS BLVD STE. 201 WESLACO, TX 78599	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HART, RODNEY Contributor address; City; State; Zip Code 4534 RIVER PARK DR CORPUS CHRISTI, TX 78410	Amount of Contribution (\$) \$200.00
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: 3/4 Rpt: 6/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 09/27/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGGINBOTHAM, GEORGE	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 521 PALM BLVD LAGUNA VISTA, TX 78578	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidbridge Academy Child Learning Center	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code 6101 Sugar Hill Rd. Brownsville, TX 78526	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, ERASMO	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 3420 N BORDER AVE WESLACO, TX 78599	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, ROY	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 121 W HARRISON ST PORT ISABEL, TX 78578	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALDANA, AMANDA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1303 E JACKSON AVE PHARR, TX 78577	
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: 4/4 Rpt: 7/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 09/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVERSTEIN, KATRINA <hr/> 6 Contributor address; City; State; Zip Code PO BOX 23 HARLINGEN, TX 78551	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SURF SIDE POOL AND SPA LLC <hr/> Contributor address; City; State; Zip Code PO BOX 2412 SOUTH PADRE ISLAND, TX 78597	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAYLOR, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code 1310 BARTON CREEK BLVD AUSTIN, TX 78735	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VEGA, ALBERTO <hr/> Contributor address; City; State; Zip Code P.O. BOX 1423 SAN BENITO, TX 78586	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 8/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/18/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) OCHOA, BENITO	9 Loan Amount (\$) \$200.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1650 ILLINOIS AVE PORT ISABEL, TX 78578	10 Interest Rate 0
	11 Maturity Date 07/18/2027	
12 Principal occupation / Job title (See Instructions) Justice of the Peace Pct. 1		13 Employer (See Instructions) Cameron County
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 08/08/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) OCHOA, BENITO	Loan Amount (\$) \$50.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 1650 ILLINOIS AVE PORT ISABEL, TX 78578	Interest Rate 0
	Maturity Date 08/08/2027	
Principal occupation / Job title (See Instructions) Justice of the Peace Pct. 1		Employer (See Instructions) Cameron County
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 9/17
2 FILER NAME Ochoa, Benito		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/16/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) OCHOA, BENITO	9 Loan Amount (\$) \$1,100.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1650 ILLINOIS AVE PORT ISABEL, TX 78578	10 Interest Rate 0
		11 Maturity Date 08/16/2027
12 Principal occupation / Job title (See Instructions) Justice of the Peace Pct. 1		13 Employer (See Instructions) Cameron County
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/8 Rpt: 10/17		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 09/09/2022		5 Payee name BAY B BOOMERS BAR & GRILL			
6 Amount (\$) \$495.10		7 Payee address; City; State; Zip Code 717 Santa Isabel Blvd LAGUNA VISTA, TX 78578			
8 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 FOR CAMPAIGN EVENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/03/2022		Payee name BizEgo Marketing			
Amount (\$) \$555.43		Payee address; City; State; Zip Code 222 Frontage Rd Ste. 111 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 MAGNETS FOR CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/08/2022		Payee name BizEgo Marketing			
Amount (\$) \$719.50		Payee address; City; State; Zip Code 222 Frontage Rd Ste. 111 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 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
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: 2/8 Rpt: 11/17		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 07/18/2022		5 Payee name Captains Quarters			
6 Amount (\$) \$56.29		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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/29/2022		Payee name Captains Quarters			
Amount (\$) \$47.25		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) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/07/2022		Payee name DOLLAR TREE			
Amount (\$) \$32.48		Payee address; City; State; Zip Code 1723 TX-100 UNIT 1 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 SUPPLIES FOR CAMPAIGN EVENT	
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: 3/8 Rpt: 12/17		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 09/15/2022		5 Payee name DOLLAR TREE			
6 Amount (\$) \$32.48		7 Payee address; City; State; Zip Code 1723 TX-100 UNIT 1 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 SUPPLIES FOR CAMPAIGN EVENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/26/2022		Payee name DOMINO'S 8049			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 1702 Highway 100 STE. D PORT ISABEL, TX 78578			
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 LOCAL EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/28/2022		Payee name H-E-B #383			
Amount (\$) \$34.74		Payee address; City; State; Zip Code 1679 TX-100 PORT ISABEL , TX 78578			
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 BOTTLED WATER FOR CAMPAIGN EVENT	
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: 4/8 Rpt: 13/17		2 FILER NAME Ochoa, Benito		3 Filer ID
4 Date 07/28/2022		5 Payee name H-E-B #383		
6 Amount (\$) \$21.65		7 Payee address; City; State; Zip Code 1679 TX-100 PORT ISABEL , TX 78578		
8 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 SUPPLIES FOR CAMPAIGN HEADQUARTERS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/02/2022		Payee name OUR LADY STAR OF THE SEA CATHOLIC CHURCH		
Amount (\$) \$100.00		Payee address; City; State; Zip Code 705 S Longoria St 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 DONATION TO CHURCH	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/21/2022		Payee name PORT ISABEL HIGH SCHOOL		
Amount (\$) \$575.00		Payee address; City; State; Zip Code 18001 TX-100 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 DONATION TO LOCAL HIGH SCHOOL	
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: 5/8 Rpt: 14/17	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 09/29/2022	5 Payee name PORT ISABEL POLICE DEPARTMENT	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 110 W HICKMAN ST PORT ISABEL, TX 78578	
8 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 DONATION FOR NATIONAL NIGHT OUT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2022	Payee name ROSALES, ERNESTO	
Amount (\$) \$542.00	Payee address; City; State; Zip Code 1105 S 27TH ST MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT WORK FOR CAMPAIGN DOOR HANGERS AND PUSH CARDS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2022	Payee name STARBUCKS #29	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1754 E Ocean Blvd TX-100 PORT ISABEL, TX 78578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 TEACHER APPRECIATION GIFT FOR LOCAL SCHOOL
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: 6/8 Rpt: 15/17		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 08/01/2022		5 Payee name SUTHERLANDS			
6 Amount (\$) \$11.90		7 Payee address; City; State; Zip Code 1723 TX-100 PORT ISABEL, TX 78578			
8 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 SUPPLIES FOR CAMPAIGN HEADQUARTERS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/26/2022		Payee name Sam's Club #8126			
Amount (\$) \$34.68		Payee address; City; State; Zip Code 3570 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 BOTTLED WATER FOR CAMPAIGN EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/10/2022		Payee name Toucan Graphics			
Amount (\$) \$857.92		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 SIGN PRINTING	
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: 7/8 Rpt: 16/17		2 FILER NAME Ochoa, Benito		3 Filer ID	
4 Date 08/18/2022		5 Payee name Toucan Graphics			
6 Amount (\$) \$270.63		7 Payee address; City; State; Zip Code 104 W Bahama St. South Padre Island, TX 78597			
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 SIGN PRINTING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/20/2022		Payee name Walmart #00413			
Amount (\$) \$12.91		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) 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 SUPPLIES FOR CAMPAIGN HEADQUARTERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/28/2022		Payee name Walmart #00413			
Amount (\$) \$9.26		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) 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 SUPPLIES FOR CAMPAIGN HEADQUARTERS	
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
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: 8/8 Rpt: 17/17	2 FILER NAME Ochoa, Benito	3 Filer ID
4 Date 09/27/2022	5 Payee name Wells Fargo Bank	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code 420 Montgomery Street San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held