

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

26

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr

FIRST

Armando

MI

NICKNAME

LAST

Ocana

SUFFIX

Sr

OFFICE USE ONLY

Date Received

RECEIVED

JUL 12 2021

A. Carillo

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

927 Greenlawn Street
Mission, Texas 78572

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 222-5739

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr

FIRST

Johnathan

MI

NICKNAME

LAST

Ocana

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1502 Oak Drive
Mission, Texas 78572

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 451-0537

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01/01/2021

THROUGH

Month

Day

Year

06/30/2021

11 ELECTION

ELECTION DATE

Month

Day

Year

06 09 2018

☐ Primary

☒ Runoff

ELECTION TYPE

☐ General

☐ Special

☐ Other
Description

12 OFFICE

OFFICE HELD (if any)

Mission Mayor

13 OFFICE SOUGHT (if known)

N/A

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Mr Armando Ocaña Sr

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$

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

\$

62,773.00

EXPENDITURE
TOTALS

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

\$

829.19

4. TOTAL POLITICAL EXPENDITURES

\$

32,041.88

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

25,000.00

18 AFFIDAVIT



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

Armando Ocaña

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Armando Ocaña, this the 12th day of July, 2021, to certify which, witness my hand and seal of office.

Anna Carrillo

Signature of officer administering oath

Anna Carrillo

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mr Armando Ocana Sr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 58,190. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 4,583. ⁰⁰
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,041. ⁸⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

13

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Robert Tellez Sr

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1400 Thorwood Dr mission, TX 78574

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/21

Full name of contributor

☐ out-of-state PAC (ID#:

P+C Oilfield Services LLC

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1213 Blake St mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/21

Full name of contributor

☐ out-of-state PAC (ID#:

Ron Hoover Companies of Donna

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

PO Box 747 Rockport, TX 78381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#:

Mario A Reyna

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

201 Bales Rd, Apt 11 McAllen, TX 78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Andres Morales

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

2100 Clavel St Mission, TX 78573

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#:

Nexthome RGV Realty

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

5400 N Ware Rd, Ste 70 McAllen TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Border Health PAC

Amount of contribution (\$)

10,000.00

Contributor address;

City; State; Zip Code

612 W Nolana Bld 300 Ste 340 McAllen TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

M2 Engineering PLLC

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

2013 N 47th St. McAllen TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Pete Saramillo

6 Contributor address;

City; State; Zip Code

315 N Shary Road Mission, TX 78572

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/21

Full name of contributor

☐ out-of-state PAC (ID#:

365 LLC

Contributor address;

City; State; Zip Code

1970 W Exp 83 Mercedes, TX 78570

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/21

Full name of contributor

☐ out-of-state PAC (ID#:

CG5 Architect LLC

Contributor address;

City; State; Zip Code

1314 E 22nd St Mission, TX 78572

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

Jose Alberto Vela

Contributor address;

City; State; Zip Code

1405 Melinda Dr Mission, TX 78572

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Raul Palma

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

705 Dawson Dr Edinburg, TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

956 Towing + Recovery LLC

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

1515 West 3 mile Rd Mission, TX 78573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

Brush Country Transportation

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

2409-C E Griffin Pkwy Mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

Mission Towing, Inc

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

1515 W 3 mile Rd Mission, TX 78573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocano Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Escalera Wrecker Inc

6 Contributor address;

City; State; Zip Code

1515 W 3rd Mile Rd Mission, TX 78573

7 Amount of contribution (\$)

350.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Tania Ramirez Law Group

Contributor address;

City; State; Zip Code

1201 Erie Ave McAllen TX 78501

Amount of contribution (\$)

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/21

Full name of contributor

☐ out-of-state PAC (ID#:

JD Krane Inc

Contributor address;

City; State; Zip Code

PO Box 720668 McAllen, TX 78504

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/21

Full name of contributor

☐ out-of-state PAC (ID#:

Norma L Cavazos

Contributor address;

City; State; Zip Code

2301 N Bryan Rd Mission, TX 78574

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana SR

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Irma L Garza

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

501 Chula Vista St McAllen TX 78501

140.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Saime Ramirez

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

PO Box 789 McAllen TX 78505

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

☐ out-of-state PAC (ID#:

Mieta M Guajardo

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

PO Box 5178 McAllen, TX 78502

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/21

Full name of contributor

☐ out-of-state PAC (ID#:

GoGreenGoConstruction LLC

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1605 E 23rd 1/2 St Mission, TX 78574

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Harvey Rodriguez

7 Amount of contribution (\$)

350.00

6 Contributor address;

City; State; Zip Code

220 S Jackson Rd Edinburg TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/21

Full name of contributor

☐ out-of-state PAC (ID#:

Stm Valley Investments

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

710 N Shary Rd Mission TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/2/21

Full name of contributor

☐ out-of-state PAC (ID#:

South Texas Sinus Institute

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

4865 N McColl Rd McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/21

Full name of contributor

☐ out-of-state PAC (ID#:

Keith E Moore

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1207 Cimarron Dr Mission TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard L Ackland

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

2310 Red River Dr Mission, TX 78572

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/8/21

Full name of contributor

☐ out-of-state PAC (ID#:

B.R. Whisenat

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

805 Brozos St. Mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

Lawrence A. Fair

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

122 Rio Grande Dr Mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/2/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jesus Ordorico

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address;

City; State; Zip Code

117 Rio Grande Dr Mission TX 78572

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/9/21

Full name of contributor

☐ out-of-state PAC (ID#:

Savio Hinojosa

Amount of contribution (\$)

2500.⁰⁰

Contributor address;

City; State; Zip Code

1308 Encanto Blvd Mission TX 78574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Joseph F Phillips

Amount of contribution (\$)

5000.⁰⁰

Contributor address;

City; State; Zip Code

PO Box 1810 McAllen TX 78505

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Fernandez Gonzalez Asociados

Amount of contribution (\$)

1000.⁰⁰

Contributor address;

City; State; Zip Code

1108 E Kika de la Garza Ste A TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Carlos E. Ortegon

7 Amount of contribution (\$)

1500.00

6 Contributor address;

City;

State;

Zip Code

2915 Driftwood Ln Mission TX 78574

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/12/21

Full name of contributor

☐ out-of-state PAC (ID#:

M2 Engineering PLLC

Amount of contribution (\$)

1500.00

Contributor address;

City;

State;

Zip Code

2013 N 47th St McAllen TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Magic Valley Concrete

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

3609 W Palma Vista Dr TX 78524

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/8/21

Full name of contributor

☐ out-of-state PAC (ID#:

Brito Construction Corp

Amount of contribution (\$)

1500.00

Contributor address;

City;

State;

Zip Code

PO Box 220718 McAllen TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Domain Development Group

6 Contributor address;

City; State; Zip Code

300 E Nolana Ave McAllen TX 78504

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/9/21

Full name of contributor

☐ out-of-state PAC (ID#:

Dino Therapy Services LLC

Contributor address;

City; State; Zip Code

6120 N Shary Rd Mission TX 78573

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Diana A De Jesus

Contributor address;

City; State; Zip Code

1620 N Armagoza Dr Edinburg TX 78541

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Orlando J Esquivel

Contributor address;

City; State; Zip Code

3300 Northern Lights Ave TX 78541

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/10/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

The Pecina Real Estate Group

6 Contributor address;

City; State; Zip Code

2408 Brock St Ste 11B Mission TX 78572

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

FNB Insurance Agency

Contributor address;

City; State; Zip Code

50 Morrison Rd Ste B Brownsville TX 78580

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Oscar Longoria

Contributor address;

City; State; Zip Code

PO Box 4224 Mission TX 78573

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Victor R Meza

Contributor address;

City; State; Zip Code

1512 Thornwood Dr Mission TX 78574

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6/11/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Danz Logistics LLC

6 Contributor address;

City; State; Zip Code

135 Paseo del Prado Ste 9 Edinburg TX 78539

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/10/21

Full name of contributor

☐ out-of-state PAC (ID#:

Jose Alberto Vela

Contributor address;

City; State; Zip Code

1405 Melinda Dr Mission TX 78572

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/21

Full name of contributor

☐ out-of-state PAC (ID#:

Luis Dovalina

Contributor address;

City; State; Zip Code

281 E Miller Ave Mission TX 78572

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/11/21

Full name of contributor

☐ out-of-state PAC (ID#:

Transconexion LLC

Contributor address;

City; State; Zip Code

1704 N International Blvd TX 78551

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

4/6-2021

6 Full name of pledgor

☐ out-of-state PAC (ID#:

7 Pledgor address;

City; State; Zip Code

8 Amount of Pledge \$

1250.00

9 In-kind contribution description

Fundraiser Skeet Shoot

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

6-12-2021

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

3333.00

In-kind contribution description

Fundraiser Golf Tournament

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:

Pledgor address;

City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr Armando Ocano Sr	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---	---------------------------------------

4 Date 1-3-2021	5 Payee name VO Consultant
------------------------	-----------------------------------

6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 3509 n mayberry Rd Mission, Texas 78573
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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
--	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-22-2021	Payee name Mission Skeet and Trop Club
-----------------------	---

Amount (\$) 1750.00	Payee address; City; State; Zip Code 1306 S Conway Ave Mission, TX 78572
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	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 1-16-2021	Payee name Gilbert Salinas
-----------------------	-----------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 300 Erdahl Mission, TX 78572
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 Mr Armondo Ocano Sr		3 Filer ID (Ethics Commission Filers)	
4 Date 2/2/21		5 Payee name I - Decal			
6 Amount (\$) 211.09		7 Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572			
8 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/1/21		Payee name Exclusive Designs LLC			
Amount (\$) 319.33		Payee address; City; State; Zip Code 3705 W La Homa Rd Mission, TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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 4/1/21		Payee name mcm Sporting Goods			
Amount (\$) 373.42		Payee address; City; State; Zip Code 1302 N Conway Mission, TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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 Mr Armando Ocano Sr	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Payee name Foy's Supermarket	
6 Amount (\$) 186.77	7 Payee address; City; State; Zip Code 501 So Conway Mission TX 78572	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 4/2/21	Payee name mcm Sporting Goods	
Amount (\$) 370.00	Payee address; City; State; Zip Code 1302 North Conway Mission, TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 4/2/21	Payee name Danny's Mexican Restaurant	
Amount (\$) 278.00	Payee address; City; State; Zip Code 122 W Tom Landry Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-2021	5 Payee name Armando Ocana Sr	
6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 927 Greenlawn Street Mission, Texas 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4-11-2021	Payee name RGV Hispanic Chamber of Commerce	
Amount (\$) 400.00	Payee address; City; State; Zip Code 801 E Fern Ave #163 McAllen, Texas 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by Candidate	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 4-8-2021	Payee name Gilbert Salinas	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 300 Erdahl Mission, Texas 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 Mr Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-2021	5 Payee name Mission Skeet and Trap Club	
6 Amount (\$) 94.50	7 Payee address: City; State; Zip Code 1306 S Conway Ave Mission, Texas 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4-16-2021	Payee name VO Consulting	
Amount (\$) 5000.00	Payee address: City; State; Zip Code 3509 n mayberry Rd Mission, Texas 78573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 6-13-2021	Payee name Armando Ocana Sr	
Amount (\$) 5000.00	Payee address: City; State; Zip Code 927 Greenlawn Street Mission, Texas 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/21	5 Payee name Fiesta Party Rental	
6 Amount (\$) 331.16	7 Payee address; City; State; Zip Code 2808 Pueblo Del Norte Mission TX 78574	
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
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4/9/21	Payee name Progress Times	
Amount (\$) 451.00	Payee address; City; State; Zip Code PO Box 399 Mission TX 78573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4/22/21	Payee name mcm Sporting Goods	
Amount (\$) 370.00	Payee address; City; State; Zip Code 1302 North Conway Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Mr Armando Ocano Sr** 3 Filer ID (Ethics Commission Filers)

4 Date **4/16/21** 5 Payee name **Downtown Cafe**

6 Amount (\$) **108.25** 7 Payee address: City: State; Zip Code **408 n Conway Ave Mission TX 78572**

8 (a) Category (See Categories listed at the top of this schedule) **Food/Beverage Expense** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5/7/21** Payee name **Ranch House Burgers**

Amount (\$) **242.78** Payee address: City: State; Zip Code **409 n Bryan Rd Mission TX 78572**

PURPOSE OF EXPENDITURE **Food/Beverage Expense** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **6/12/21** Payee name **Shary Municipal Golf Course**

Amount (\$) **2653.00** Payee address: City: State; Zip Code **2201 Mayberry Mission TX 78572**

PURPOSE OF EXPENDITURE **Fundraising Event Expense** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr Armando Ocano Sr	3 Filer ID (Ethics Commission Filers)
4 Date 6/18/21	5 Payee name The Drunken Chicken	
6 Amount (\$) 201.58	7 Payee address; City; State; Zip Code 104 N Mayberry St Ste A Mission, TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverages 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 6/21/21	Payee name Progress Times	
Amount (\$) 750.00	Payee address; City; State; Zip Code 1217 N Conway Ave Mission, TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 4/16/21	Payee name Mission Skeet and Trap Club	
Amount (\$) 451.00	Payee address; City; State; Zip Code 1306 S Conway Ave Mission, Texas 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr Armando Ocano Sr	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 5-23-2021	5 Payee name Hidalgo County 4H Shotgun Sports
----------------------------	---

6 Amount (\$) 500.00	7 Payee address, City; State; Zip Code 1001 S Conway Ave Mission, Texas 78572
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED