

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">17</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr NICKNAME | FIRST Armando LAST | MI Sp SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; 927 Greenlawn Street MISSION, TX 78572 | | CITY; STATE; ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 222-5739 | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr NICKNAME | FIRST Johnathan LAST | MI L SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1502 Oak Drive MISSION, TX 78572 | | CITY; STATE; ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 451-0537 | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 01 / 01 / 2019 | | THROUGH Month Day Year 06 / 30 / 2019 |
| 11 ELECTION | ELECTION DATE Month Day Year 06 / 09 / 2018 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Semi-Annual | |
| 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 O'cana 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

41,950.00

EXPENDITURE
TOTALS

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

\$

474.64

4. TOTAL POLITICAL EXPENDITURES

\$

7,994.25

CONTRIBUTION
BALANCE

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

\$

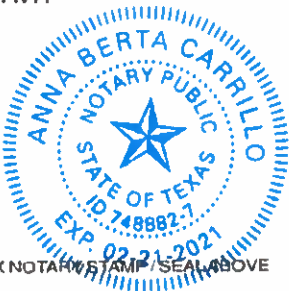
OUTSTANDING
LOAN TOTALS

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

\$

24,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 O'cana
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Armando O'cana, this the 8th day of July, 20 19, 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 | \$ 28,950. ⁰⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 13,000. ⁰⁰ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 17519. ⁶¹ |
| 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: **7**

2 FILER NAME
Mr Armando Ocano Sr

3 Filer ID (Ethics Commission Filers)

4 Date
5-13-19

5 Full name of contributor out-of-state PAC (ID# _____)
Benrose Properties LLC

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
115 W McIntyre St Edinburg TX 78541

2,500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5-6-19

Full name of contributor out-of-state PAC (ID# _____)
Raul Palma

Amount of contribution (\$)

Contributor address; City; State; Zip Code
705 Dawson Dr Edinburg TX 78539

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-26-19

Full name of contributor out-of-state PAC (ID# _____)
Norma CAVAZOS Salas

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2301 N Bryan Rd Mission, TX 78572

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6-18-19

Full name of contributor out-of-state PAC (ID# _____)
Jtm Investments

Amount of contribution (\$)

Contributor address; City; State; Zip Code
710 N Shary Rd Mission, TX 78572

2,500.⁰⁰

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

6-18-19

5 Full name of contributor

Med Care Emergency

out-of-state PAC (ID#: _____)

6 Contributor address:

501 K St McAllen, TX

City; State; Zip Code 78501

7 Amount of contribution (\$)

2,500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-21-19

Full name of contributor

Shavi Mohtani

out-of-state PAC (ID#: _____)

Contributor address;

8133 N 15th St McAllen TX

City; State; Zip Code 78501

Amount of contribution (\$)

2,500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-21-19

Full name of contributor

Jose Alberto Vela

out-of-state PAC (ID#: _____)

Contributor address;

1405 Melinda Dr Mission, TX

City; State; Zip Code 78572

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-19-19

Full name of contributor

Arkiform LLC

out-of-state PAC (ID#: _____)

Contributor address;

810 N Alton Blvd Alton, TX

City; State; Zip Code 78573

Amount of contribution (\$)

1,000.⁰⁰

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 Ocamo Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6-6-19

5 Full name of contributor

Oscar Longoria

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address;

PO Box 4234 Mission, TX 78573

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-27-19

Full name of contributor

Charles Austin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.⁰⁰

Contributor address;

1504 Trinity Mission, TX

City; State; Zip Code 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-27-19

Full name of contributor

LA Joya Neighborhood Doctors

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.⁰⁰

Contributor address;

2121 E Griffin Pkwy Mission, TX 78572

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-27-19

Full name of contributor

DEZVIA LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.⁰⁰

Contributor address;

PO Box 4444 Mission, TX 78573

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

6-27-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jose Angel Garcia Jr

6 Contributor address:

City: State: Zip Code

3807 Plantation Grove Apt 1046 Mission TX 78572

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-29-19

Full name of contributor

out-of-state PAC (ID#: _____)

Rufino Garza

Contributor address:

City: State: Zip Code

3779 N Bentsen Palm Mission TX 78792

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-27-19

Full name of contributor

out-of-state PAC (ID#: _____)

FNB Insurance

Contributor address:

City: State: Zip Code

50 Morrison Rd Ste B Brownsville TX 78520

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-29-19

Full name of contributor

out-of-state PAC (ID#: _____)

Pete Saramillo

Contributor address:

City: State: Zip Code

315 N Shary Mission, TX 78572

Amount of contribution (\$)

1,000.00

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

6-29-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Law Office of V & E

6 Contributor address;

City;

State;

Zip Code

2407 N SHAWY MISSION TX
78572

7 Amount of contribution (\$)

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-29-19

Full name of contributor

out-of-state PAC (ID#: _____)

Martinez Framing

Contributor address;

City;

State;

Zip Code

2201 ROYAL PALM MISSION TX
78572

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-29-19

Full name of contributor

out-of-state PAC (ID#: _____)

CARLOS E OTEGON

Contributor address;

City;

State;

Zip Code

504 E 9th St, Ste A MISSION, TX
78572

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-29-19

Full name of contributor

out-of-state PAC (ID#: _____)

Ernesto ROSALES

Contributor address;

City;

State;

Zip Code

1105 S 27th St McAllen TX 78501

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

6-29-19

5 Full name of contributor

Luis Armando Figuero

out-of-state PAC (ID#: _____)

6 Contributor address;

City: State: Zip Code

1818 North Gate McAllen, TX 78504

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-29-19

Full name of contributor

VMK

out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

3408 N Conway Mission, TX 78572

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-29-19

Full name of contributor

Arnoldo Cantu III

out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

11300 Expo Blvd Apt 903 San Antonio TX 78015

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-29-19

Full name of contributor

Kenneth B Ponce

out-of-state PAC (ID#: _____)

Contributor address;

City: State: Zip Code

PO Box 2533 Edinburg, TX 78540

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 Ocano Sr

3 Filer ID (Ethics Commission Filers)

4 Date

6-29-19

5 Full name of contributor

Pete Segundo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

2324 E Palm Circle Mission TX 78572

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-29-19

Full name of contributor

Javier Hinojosa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2500.⁰⁰

Contributor address;

416 E Dove McAllen, TX 78504

City: State: Zip Code

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)

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Mr Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6/29/19

6 Full name of pledgor out-of-state PAC (ID#: _____)

7 Pledgor address; City; State; Zip Code

8 Amount of Pledge \$

13,000⁰⁰

9 In-kind contribution description

Fundraiser Golf Tournament

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 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)

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: 6 | 2 FILER NAME Mr Armando Ocana Sr | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-28-19 | 5 Payee name Progress Times | |
| 6 Amount (\$) 420.00 | 7 Payee address; City; State; Zip Code 1217 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 2-22-19 | Payee name Armando Ocana | | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 927 Greenlawn Dr Mission, TX 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|--------------------------------|--|--|--|
| Date 3-11-19 | Payee name Carlos Escobar | | |
| Amount (\$) 3,333.33 | Payee address; City; State; Zip Code 2415 N 10th St. McAllen, TX 78501 | | |

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | 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 4-12-19 | 5 Payee name Law Office of Carlos Escobar |
|--------------------------|---|

| | |
|---|--|
| 6 Amount (\$) 2,972.³⁵ | 7 Payee address; City; State; Zip Code 2415 N 10th St. McAllen, TX 78501 |
|---|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (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 5-6-19 | Payee name RGV-Texas A+M Club |
|-----------------------|---|

| | |
|---|---|
| Amount (\$) 500.⁰⁰ | Payee address; City; State; Zip Code 6200 Tres Lagos Blvd McAllen, TX 78504 |
|---|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | 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 | 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 <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 Ocamo Sr | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

| | |
|--------------------------|----------------------------------|
| 4 Date 5-31-19 | 5 Payee name JC Penney |
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| 6 Amount (\$) 202.90 | 7 Payee address; City; State; Zip Code 2200 S 10th St McAllen, TX 78501 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising 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 |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 6-9-19 | Payee name TJ Maxx |
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| Amount (\$) 108.21 | Payee address; City; State; Zip Code 2417 E. Exp 83 Mission, TX 78572 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraiser Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 6-12-19 | Payee name Academy Sports |
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| Amount (\$) 241.24 | Payee address; City; State; Zip Code 3901 W Exp 83 McAllen, TX 78501 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraiser Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Mr Armando Ocana Sr</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

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| 4 Date <i>6-28-19</i> | 5 Payee name <i>Dollar General Store #15309</i> |
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| 6 Amount (\$) <i>205.41</i> | 7 Payee address; City; State; Zip Code <i>1011 W Bus 83 Mission, TX 78572</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Gift Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>6-28-19</i> | Payee name <i>WAL MART</i> |
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| Amount (\$) <i>343.34</i> | Payee address; City; State; Zip Code <i>2410 E Exp 83 Mission, TX 78572</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>6-29-19</i> | Payee name <i>HEB</i> |
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| Amount (\$) <i>217.⁸⁰</i> | Payee address; City; State; Zip Code <i>200 E. Griffin Pkwy Mission, TX 78572</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | 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 6-29-19 5 Payee name HEB

6 Amount (\$) 127.59 7 Payee address; City; State; Zip Code 200 E. Griffin Pkwy Mission, TX 78572

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 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 6-29-19 Payee name Olive Garden 1265

Amount (\$) 104.77 Payee address; City; State; Zip Code 222 Expressway 83 McAllen TX 78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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 6-28-19 Payee name 4 Signs Digital Print

Amount (\$) 1,022.⁹⁹ Payee address; City; State; Zip Code 4306 N Raul Longoria Sted San Juan, TX 78589

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Advertising 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

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME <i>Mr Armando Ocamo Sr</i> | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date <i>6-28-19</i> | 5 Payee name <i>Ready Tee</i> |
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| 6 Amount (\$) <i>595.38</i> | 7 Payee address; City; State; Zip Code <i>2222 W Arbor St. Harlingen, TX 78550</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>6-29-19</i> | Payee name <i>Shary Municipal Golf Course</i> |
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| Amount (\$) <i>4350.⁰⁰</i> | Payee address; City; State; Zip Code <i>2201 Mauberry Mission, TX 78572</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fundraiser Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|------|------------|
| Date | Payee name |
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| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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