

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;">21</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI <div style="text-align: center; font-size: 24px; margin: 5px 0;">Armando</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; margin: 5px 0;">Ocana</div> <div style="text-align: right; font-size: 24px; margin: 5px 0;">Sr.</div>	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <div style="font-size: 24px; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">APR - 5 2018</div> <div style="color: blue; font-style: italic; margin: 5px 0;">d. Carrells</div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; margin: 5px 0;">927 Greenlawn St.</div> <div style="font-size: 24px; margin: 5px 0;">Mission, TX 78572</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; margin: 5px 0;">(956) 222-5739</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; margin: 5px 0;">Lupita</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; margin: 5px 0;">Bottoms</div> <div style="text-align: right; font-size: 24px; margin: 5px 0;">R</div>	Date Hand-delivered or Date Postmarked	Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; margin: 5px 0;">1505 Uotia Blvd Mission, TX 78572</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; margin: 5px 0;">(956) 766-0571</div>		
9 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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 24px; margin: 5px 0;">01 / 01 / 2018 THROUGH 03 / 26 / 2018</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24px; margin: 5px 0;">05 05 2018</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24px; margin: 5px 0;">City Council PL4</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 24px; margin: 5px 0;">City of Mission Mayor</div>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Armando Ocana 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)

\$ 15,340.00

EXPENDITURE
TOTALS

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

\$ 2,090.04

4. TOTAL POLITICAL EXPENDITURES

\$ 14,065.32

CONTRIBUTION
BALANCE

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

\$

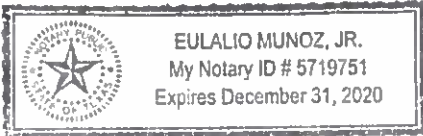
OUTSTANDING
LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Armando Ocana Sr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Armando Ocana Sr. this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Eulalio Munoz Jr
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Armando Ocana Sr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 15,340. ⁰⁰
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,155. ³⁶
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	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **7**

2 FILER NAME

Armando Ocana Sr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

3/17/18

6 Full name of pledgor

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

Armin GARZA

7 Pledgor address;

City; State; Zip Code

**2009 Ash ST.
Penitas, TX 78576**

8 Amount of Pledge \$

1,000.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

3/26/18

Full name of pledgor

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

CSJ Group

Pledgor address;

City; State; Zip Code

**PO Box 3666
Edinburg, TX 78540**

Amount of Pledge \$

3,000.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of pledgor

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

Andres Palma

Pledgor address;

City; State; Zip Code

**1801 Barrista St. Edinburg,
TX 78542**

Amount of Pledge \$

1,000.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of pledgor

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

Steven Austin

Pledgor address;

City; State; Zip Code

**1501 Melinda Dr.
Mission, TX 78572-3304**

Amount of Pledge \$

250.00

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

3/24/18

6 Full name of pledgor

out-of-state PAC (ID#)

Jonathan R. Sakulenzki

7 Pledgor address;

City; State; Zip Code

2324 Oriole Ave
McAllen, TX 78504

8 Amount of Pledge \$

500.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

3/24/18

Full name of pledgor

out-of-state PAC (ID#)

Dezvia LLC - Juanna Hernandez

Pledgor address;

City; State; Zip Code

4104 Pena Circle
Mission, TX 78572

Amount of Pledge \$

420.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of pledgor

out-of-state PAC (ID#)

Jonathan R. Sakulenzki

Pledgor address;

City; State; Zip Code

2324 Oriole Ave
McAllen, TX 78504

Amount of Pledge \$

60.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/18

Full name of pledgor

out-of-state PAC (ID#)

Omar Xavier Romero

Pledgor address;

City; State; Zip Code

300 Marigold Ave
McAllen, TX 78501

Amount of Pledge \$

1,000.00

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

3/24/18

6 Full name of pledgor

out-of-state PAC (ID#)

Kenny Ponce - Hidalgo County
Emergency Service
Foundation

7 Pledgor address:

City; State; Zip Code

PO Box 2533
Edinburg, TX 78540

8 Amount of Pledge \$

1,000.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

3/21/18

Full name of pledgor

out-of-state PAC (ID#)

Brush Country Transportation Consultants LLC

Pledgor address:

City; State; Zip Code

2409-C E Griffin Pkwy
Mission, TX 78572

Amount of Pledge \$

100.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/18

Full name of pledgor

out-of-state PAC (ID#)

Giovanni Mares

Pledgor address:

City; State; Zip Code

120 Violet McAllen, TX
78501

Amount of Pledge \$

500.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/18

Full name of pledgor

out-of-state PAC (ID#)

Jose W Hernandez Law Office

Pledgor address:

City; State; Zip Code

1305 E Nolana, Suite F
McAllen, TX 78504

Amount of Pledge \$

400.00

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

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Ocana Sr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

3/15/18

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

Omar Saenz

7 Pledgor address: City: State: Zip Code

2018 Perkins Ave
Mission, TX 78572

8 Amount of Pledge \$

300.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

3/3/18

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

Javier Borregodba J. Borrego motors

Pledgor address: City: State: Zip Code

3516 N Conway Ave
Mission, TX 78573

Amount of Pledge \$

100.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/18

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

Mario R Anzaldua

Pledgor address: City: State: Zip Code

1700 Trinity St.
Mission, TX 78572

Amount of Pledge \$

150.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/18

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

Pan American Recovery Bureau

Pledgor address: City: State: Zip Code

PO Box 4049
McAllen, TX 78502

Amount of Pledge \$

300.00

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Ocana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

3/21/18

6 Full name of pledgor out-of-state PAC (ID#: _____)
 RGV Redlight LLC - Andres Morales

7 Pledgor address; City; State; Zip Code
 2100 Clavel ST.
 Mission, TX 78542

8 Amount of Pledge \$

1,000.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

2/17/18

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

Pledgor address; City; State; Zip Code
 3314 N. Stewart Rd
 Mission, TX 78573

Amount of Pledge \$

1,000.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/18

Full name of pledgor out-of-state PAC (ID#: _____)
 Raquene G. Austin

Pledgor address; City; State; Zip Code
 1804 Trinity
 Mission, TX 78572

Amount of Pledge \$

300.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/18

Full name of pledgor out-of-state PAC (ID#: _____)
 Maria Ester Salinas

Pledgor address; City; State; Zip Code
 715 Miller Ave
 Mission, TX 78572

Amount of Pledge \$

100.00

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Ocana Sr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

2/5/18

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

7 Pledgor address; City; State; Zip Code
1405 Melinda Dr
Mission, TX 78572

8 Amount of Pledge \$

300.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

1/6/18

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

7 Pledgor address; City; State; Zip Code
103 Ebano Ave
Mission, TX 78572

8 Amount of Pledge \$

100.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/18

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

7 Pledgor address; City; State; Zip Code
1240 E. US Business 83, Ste A
Mission, TX 78572

8 Amount of Pledge \$

500.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/17

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

7 Pledgor address; City; State; Zip Code
2324 Oriole Ave
McAllen, TX 78504

8 Amount of Pledge \$

160.00

9 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Armando Oana Sr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

2/10/18

6 Full name of pledgor

out-of-state PAC (ID#:

Juan R Salinas

7 Pledgor address; City; State; Zip Code

701 Lord's Ln
Mission, TX 78572

8 Amount of Pledge \$

100.00

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

2/15/18

Full name of pledgor

out-of-state PAC (ID#:

Jonathan R Sakulenzki

Pledgor address; City; State; Zip Code

2324 Oriolo Ave
McAllen, TX 78504

Amount of Pledge \$

600.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/18

Full name of pledgor

out-of-state PAC (ID#:

Tony Rod LLC dba Valley Sun Garden

Pledgor address; City; State; Zip Code

407 n Conway Ave
Mission, TX 78572

Amount of Pledge \$

500.00

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/18

Full name of pledgor

out-of-state PAC (ID#:

Norma L. Cavazos Sobos

Pledgor address; City; State; Zip Code

2301 North Bryan Rd
Mission, TX 78572

Amount of Pledge \$

600.00

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 Expense | 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.

1 Total pages Schedule F1: 11	2 FILER NAME Armando Ocana Sr.	3 Filer ID (Ethics Commission Filers)
----------------------------------	-----------------------------------	---------------------------------------

4 Date 1/5/2018	5 Payee name Kene Ozonio Sr.
--------------------	---------------------------------

6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 1902 Dolores Del Rio Mission, TX 78572
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor Framing	(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 1/23/18	Payee name JC Penney
-----------------	-------------------------

Amount (\$) 204.55	Payee address; City; State; Zip Code Post Oak Mall College Station, TX
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift 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 2/6/18	Payee name I Decal
----------------	-----------------------

Amount (\$) 131.53	Payee address; City; State; Zip Code 600 N Conway Ave 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 | 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 | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 <i>Armando Ocana Sr</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>2/6/18</i>	5 Payee name <i>I Decal</i>
-------------------------	--------------------------------

6 Amount (\$) <i>107.17</i>	7 Payee address; City; State; Zip Code <i>600 N. Conway Ave Mission, TX 78572</i>
--------------------------------	--

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

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

Date <i>2/7/18</i>	Payee name <i>Danny's Mexican Restaurant</i>
-----------------------	---

Amount (\$) <i>425.65</i>	Payee address; City; State; Zip Code <i>2408 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 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
------------------------	---	---

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

Date <i>2/9/18</i>	Payee name <i>Shary Municipal Golf Course</i>
-----------------------	--

Amount (\$) <i>225.00</i>	Payee address; City; State; Zip Code <i>2201 N Mayberry St. Mission TX 78572</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift 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	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 Armando Ocana Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2/10/18	5 Payee name Wal Mart
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6 Amount (\$) 205.63	7 Payee address; City; State; Zip Code 1705 Expressway 83 Penitas, TX 78576
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment 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 2/11/18	Payee name TACO OLE
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Amount (\$) 112.18	Payee address; City; State; Zip Code 2316 N. Conway Ave Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food 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 2/12/18	Payee name I Decal
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Amount (\$) 140.00	Payee address; City; State; Zip Code 600 N. Conway Ave Mission, TX 78572
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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
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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 | 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 Armando Ocaña Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/18	5 Payee name I Decal
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6 Amount (\$) 237.38	7 Payee address; City: State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 2/13/18	Payee name mcm Sporting Goods
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Amount (\$) 207.30	Payee address; City: State; Zip Code 1302 N Conway Mission, TX 78572
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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
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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 2/17/18	Payee name Mission West
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Amount (\$) 1332.60	Payee address; City: State; Zip Code 1300 Circle Drive Mission, TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising 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 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	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 Armando Ocaña Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/18	5 Payee name Mission West
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6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 1300 Circle Dr Mission, TX 78572
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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 2/16/18	Payee name MCM Sporting Goods
-----------------	----------------------------------

Amount (\$) 337.74	Payee address; City; State; Zip Code 1302 N Conway Mission, TX 78572
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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
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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 2/16/18	Payee name I Decal
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Amount (\$) 200.00	Payee address; City; State; Zip Code 600 N. Conway Ave Mission TX 78572
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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
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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 | 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.

1 Total pages Schedule F1:	2 FILER NAME Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
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4 Date 2/23/18	5 Payee name I Decal
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6 Amount (\$) 317.98	7 Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 2/21/18	Payee name The Home Depot
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Amount (\$) 278.14	Payee address; City; State; Zip Code 120 S Shary Road Mission, TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/23/18	Payee name I Decal
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Amount (\$) 100.00	Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 | 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 Armando Ocana Sr	3 Filer ID (Ethics Commission Filers)
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4 Date 3/2/18	5 Payee name I Decal
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6 Amount (\$) 322.18	7 Payee address: City: State: Zip Code 600 n Conway Ave Mission, TX 78572
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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
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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 2/27/18	Payee name GOBA
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Amount (\$) 530.42	Payee address: City: State: Zip Code 709 C North Conway Ave Mission TX 78572
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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
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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 3/2/18	Payee name I Decal
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Amount (\$) 100.00	Payee address: City: State: Zip Code 600 n Conway Ave Mission, TX 78572
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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
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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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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 Armando Ocana Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 3/12/18	5 Payee name I Decal
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6 Amount (\$) 219.34	7 Payee address; City; State; Zip Code 600 n Conway Ave Mission, TX 78572
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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
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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 3/12/18	Payee name I Decal
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Amount (\$) 100.00	Payee address; City; State; Zip Code 600 n Conway Ave Mission, TX 78572
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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
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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 3/14/18	Payee name I Decal
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Amount (\$) 230.16	Payee address; City; State; Zip Code 600 n Conway Ave Mission, TX 78572
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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
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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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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 | 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 Armando Ocaña Sr	3 Filer ID (Ethics Commission Filers)
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4 Date 3/14/18	5 Payee name I Decal
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 3/20/18	Payee name I Decal
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Amount (\$) 100.00	Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 3/24/18	Payee name I Decal
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Amount (\$) 389.70	Payee address; City; State; Zip Code 600 N Conway Ave Mission, TX 78572
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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
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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 | 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 Armando Deana Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 3/23/18	5 Payee name Academy Sports + Outdoor
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6 Amount (\$) 775.00	7 Payee address; City; State; Zip Code 3901 W Expressway 83 McAllen, TX 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/24/18	Payee name Sofie's Double "S" Saloon
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Amount (\$) 495.50	Payee address; City; State; Zip Code 6601 S. 10th St. McAllen, TX 78503
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/18	Payee name The Home Depot
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Amount (\$) 140.17	Payee address; City; State; Zip Code 120 S Shamy Rd Mission, TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Equipment 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 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	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 <i>Armando Ocana Sr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/25/18</i>	5 Payee name <i>VO Consulting</i>
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6 Amount (\$) <i>5,575.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3509 N Mauberry Rd Mission, TX 78572</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 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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Date	Payee name
------	------------

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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