

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Jessica LAST	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE # 1403 Colosio Mission, TX 78572		CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 789 6358	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Toni LAST	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # 1205 Fincher Mission, TX 78572		CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 240.0414	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 18		Month Day Year 03 / 26 / 18
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 18		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) Mission city council Place 1		13 OFFICE SOUGHT (if known) Mission city council Place 1



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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)

\$

9,044.⁰⁰

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5,061.⁶³

CONTRIBUTION
BALANCE

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

\$

3,982.³⁷

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP 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.

Jessica Ortega-Ochoa
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jessica Ortega-Ochoa, this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

Anna Carrillo
Signature of officer administering oath

Anna B. Carrillo
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/2/18

MCM Sporting Goods INC

6 Contributor address;

City; State; Zip Code

80.⁰⁰

1302 N. Conway Mission, TX 78572

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/2/18

Ramon Rosales

Contributor address;

City; State; Zip Code

240.⁰⁰

2007 E. Griffin Mission TX 78572

Principal occupation / Job title (See instructions)

Employer (See instructions)

Law office

Date

Full name of contributor

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

Amount of contribution (\$)

1/2/18

Horacio Pena

Contributor address;

City; State; Zip Code

80⁰⁰

1926 E Griffin Pkwy Ste 200 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 (\$)

1/3/18

Lucia L. Diaz

Contributor address;

City; State; Zip Code

80⁰⁰

1512 E. 29th St Mission, TX

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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/3/18

Sandra Zamora

6 Contributor address;

City: State; Zip Code

2013 N. Conway Mission TX 78572

160⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/4/18

Esperanza Olhosa

Contributor address;

City: State; Zip Code

729 S Greene Rd. Palmview TX 78572

80⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/5/18

Mauro Reyna

Contributor address;

City: State; Zip Code

P.O. Box 969 Pecos, TX 78574

80⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/5/18

El Patio Resturant

Contributor address;

City: State; Zip Code

2003 N. Conway Mission TX 78572

300⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/5/18

Laying Hands Massage

Contributor address; City; State; Zip Code

301 W. Griffith Pkwy Ste 10
Mission, TX 78572

56⁰⁰—

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/5/18

Cynthia Longoria

Contributor address; City; State; Zip Code

1821 Peerce Ave
Mission, TX 78572

80⁰⁰—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/5/18

Elias Bazar

Contributor address; City; State; Zip Code

2316 N. Conroy
Mission, TX 78572

100⁰⁰—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1/6/18

Leonel J. Lopez

Contributor address; City; State; Zip Code

7116 Hole in One Dr.
Palmview, TX 78572

100⁰⁰—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1/6/18

Kathy Brown
 6 Contributor address; City: State: Zip Code
 2323 KERALUMA AVE
 MISSION, TX 78574

80⁰⁰

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

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

Amount of contribution (\$)

1/6/18

Romulo Benavidez III
 Contributor address; City: State: Zip Code
 2608 N. Shery Rd,
 MISSION, TX 78574

300⁰⁰

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

1/6/18

Ester Rosales
 Contributor address; City: State: Zip Code
 317 N Iowa St
 Alton, TX 78573

80⁰⁰

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

1/31/18

Meri's Accounting + Tax
 Contributor address; City: State: Zip Code
 2019 N. Conway
 MISSION, TX 78572

100⁰⁰

Principal occupation / Job title (See instructions)

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

2/11/18

Nanette Ortiz

6 Contributor address; City; State; Zip Code

2010 Perkins Ave
Mission TX 78572

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

2/11/18

Prayne Westaco Ford

Contributor address; City; State; Zip Code

2401 E. Exp 83
Westaco, TX 78599

480⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

2/12/18

Linebarger

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

3/7/18

J & N welding

Contributor address; City; State; Zip Code

P.O. Box 1077
Perritas, TX 78576

150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

3/15/18

6 Contributor address:

City: State: Zip Code

Fred Kurtz
2310 Fox Run
Mission TX 78574

750⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/23/18

Contributor address:

City: State: Zip Code

Gustavo Martinez
214 Oblate
Mission, TX 78572

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/23/18

Contributor address:

City: State: Zip Code

Sandra Zamora
2013 N Conway
Mission, TX 78572

150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/24/18

Contributor address:

City: State: Zip Code

Eduardo Lozano
1011 Rio Concho
Mission, TX 78574

90⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/24/18

Victoria Carter
 6 Contributor address: City: State; Zip Code
 1401 Encantado Circle
 Palmview TX 78572

500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/18

Aurora Lopez
 Contributor address: City: State; Zip Code
 1632 N. Bryan Rd.
 Mission TX 78572

150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/18

Connie Garza
 Contributor address: City: State; Zip Code
 923 Bowen St
 Mission TX 78572

55⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/25/18

Debbie Alvarez
 Contributor address: City: State; Zip Code
 2702 Highland Park
 Mission TX 78574

330⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filer)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

1/6/18

Balli's Chicken Fiesta Fundraiser

6 Contributor address;

City; State; Zip Code

1509 Industrial Dr
Mission TX 78572

\$ 1,074.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/25/18

Chalupa Bingo Campaign Fundraiser

Contributor address;

City; State; Zip Code

1706 Griffin Pkwy
Mission TX 78572

\$ 1,219.⁰⁰

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 9(a)

Advertising Expense
Accounting/Banking
Consulting Expenses
Contributions/Denials Made By
Candidate/Officeholder/Political Committee
Cash/Con/Payment

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

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

Solicitation/Promoting 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	3 Filer ID (Ethics Commission Filers)
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4 Date 1/6/18	5 Payee name Aaron Balli
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6 Amount (\$) \$ 2,250 ⁰⁰	7 Payee address; City; State; Zip Code 1509 Industrial Drive MISSION, TX 78572
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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
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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 3/23/18	Payee name Sam's
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Amount (\$) \$ 253.63	Payee address; City; State; Zip Code 7601 N. 10th St McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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 ONLY 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
------------------------	--	---

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/Printing
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
4 Date 3/3/18	5 Payee name Brandon Garcia	
6 Amount (\$) \$ 1500 ⁰⁰	7 Payee address; City; State; Zip Code 1500 Sycamore Mullen, TX 78501	
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/16/18	Payee name 4 Signs Digital Print	
Amount (\$) \$ 1,058 ⁰⁰	Payee address; City; State; Zip Code 4306 N. Raul Longoria Rd #2 San Juan, TX 78589	
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	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