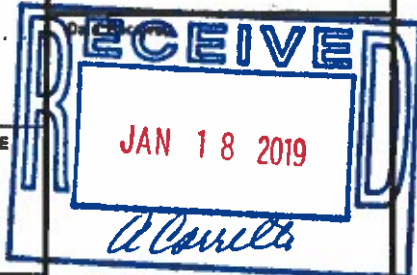


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Jessica Ortega-Ochoa			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1403 Colosio Mission, TX 78572		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	956	789 6358	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ms. Toni Chapa			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1205 Finsher Mission, TX 78572		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	956	240.0414	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	07	1	2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
05 05 18		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Mission City Council Place 1		



GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

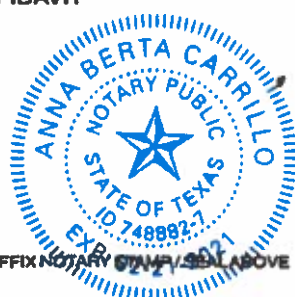
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 21,390. <sup>00</sup> / <sub>100</sub>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,000. <sup>00</sup> / <sub>100</sub>
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



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.

*Jessica Ortega Ochoa*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jessica Ortega Ochoa this the 18th day of January, 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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Jessica Ortega - Ochoa 3 Filer ID (Ethics Commission Filer)

4 Date <u>8/2/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bianca Hinojosa - Oregon</u>	7 Amount of contribution (\$) <u>\$ 1,000.<sup>00</sup></u>
6 Contributor address: City: State: Zip Code <u>2915 Driftwood Ln Mission, TX 78574</u>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <u>8/10/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J and M Investments</u>	Amount of contribution (\$) <u>\$ 1,500.<sup>00</sup></u>
Contributor address: City: State: Zip Code <u>710 N. Shary Mission, TX 78572</u>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>8/13/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linebarger Gossan Blair</u>	Amount of contribution (\$) <u>\$ 1,000.<sup>00</sup></u>
Contributor address: City: State: Zip Code <u>P.O. Box 17428 Austin, TX 78760</u>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>8/14/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Zamora Ins.</u>	Amount of contribution (\$) <u>\$ 300.<sup>00</sup></u>
Contributor address: City: State: Zip Code <u>2013 N. Conway Mission, TX 78572</u>		

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 <i>Jessica Ortega-Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/24/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Rene A. Flores</i>	7 Amount of contribution (\$) <i>\$ 1,000<sup>00</sup> -</i>
6 Contributor address: <i>403 N. Canyon Mission TX 78572</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/3/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Las Dianas Land Development</i>	Amount of contribution (\$) <i>\$ 1,000<sup>00</sup> -</i>
Contributor address: <i>7413 N. La Homa Rd. Mission, TX 78574</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/5/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alma Trevino</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup> -</i>
Contributor address: <i>819 N. Veterans Pharr, TX 78577</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/5/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Araçeli Garza</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup> -</i>
Contributor address: <i>901 South Texas Westaco, TX 78596</i>		
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 Jessica <sup>Ortega</sup> Ochoa 3 Filer ID (Ethics Commission Filers)

4 Date <u>9/7/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>O'Hanlon, Demereth &amp; Castillo</u>	7 Amount of contribution (\$) <u>\$ 300.<sup>00</sup></u>
	6 Contributor address; City; State; Zip Code <u>426 W. Caffery Ave Pharr, TX 78577</u>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <u>9/11/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandia Depot, Inc.</u>	Amount of contribution (\$) <u>\$ 300.<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>P.O. Box 1334 Edinburg, TX 78540</u>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>9/12/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CSJ Group</u>	Amount of contribution (\$) <u>\$ 500.<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>P.O. Box 3666 Edinburg, TX 78540</u>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>9/13/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dario V. Guerra</u>	Amount of contribution (\$) <u>\$ 250.<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>2104 N. 51st Cir McAllen, TX 78501</u>	

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 Jessica Ortega - Ochoa 3 Filer ID (Ethics Commission Filers)

4 Date <u>9/13/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Government Asset</u>	7 Amount of contribution (\$) <u>\$ 2,000<sup>00</sup></u>
	6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>5321 N 10th McAllen, TX 78504</u>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <u>9/13/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FN B Insurance Agency</u>	Amount of contribution (\$) <u>\$ 750.<sup>00</sup></u>
	Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>50 Morrison Rd ste B Brownsville, TX 78520</u>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>9/13/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arkiform</u>	Amount of contribution (\$) <u>\$ 500.<sup>00</sup></u>
	Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>810 N. Aiton Aiton TX 78573</u>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <u>9/14/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Emigdio Salinas</u>	Amount of contribution (\$) <u>\$ 500<sup>00</sup></u>
	Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>2013 N 4th St McAllen, TX 78501</u>	

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 <i>Jessica Ortega-Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hollis V. Rutledge</i> 6 Contributor address: City: State: Zip Code <i>414 N. Mayberry Mission, TX 78572</i>	7 Amount of contribution (\$) <i>\$ 500.<sup>00</sup>/<sub>100</sub></i>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <i>9/14/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andres Morales</i> Contributor address: City: State: Zip Code <i>2100 Clavel St Mission, TX 78573</i>	Amount of contribution (\$) <i>\$ 3000.<sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <i>9/14/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Perdue Brandon Fielder Collins</i> Contributor address: City: State: Zip Code <i>P.O. Box 2914 Muller, TX 78502</i>	Amount of contribution (\$) <i>\$ 2000.<sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <i>9/15/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Pete Jaramillo</i> Contributor address: City: State: Zip Code <i>315 N. Shary Mission, TX 78572</i>	Amount of contribution (\$) <i>\$ 300.<sup>00</sup>/<sub>100</sub></i>
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 Jessica Ortega-Ochoa 3 Filer ID (Ethics Commission File#)

4 Date <u>9/15/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dezvia</u>	7 Amount of contribution (\$) <u>\$ 80.00</u>
6 Contributor address; City; State; Zip Code <u>4104 Pebble Creek Mission, TX 78572</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>9/15/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Herminia De la Garza</u>	Amount of contribution (\$) <u>\$ 60.00</u>
Contributor address; City; State; Zip Code <u>3100 Leslie St. Edinburg, TX 78539</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9/15/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Garza</u>	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 2414 Mission, TX 78573</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>9/15/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ismael Martinez</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City; State; Zip Code <u>609 Pebble Creek Edinburg, TX 78539</u>		

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 <i>Jessica Ortega-Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Celina Garza Vasquez</i>	7 Amount of contribution (\$) <i>\$ 500.<sup>00</sup></i>
6 Contributor address: City: State: Zip Code <i>2308 Windcrest Ln Palmhurst, TX 78573</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/24/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacinto Garza</i>	Amount of contribution (\$) <i>\$ 500.<sup>00</sup></i>
Contributor address: City: State: Zip Code <i>27304 South Bass Harlingen, TX 78552</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Garcia</i>	Amount of contribution (\$) <i>\$ 500.<sup>00</sup></i>
Contributor address: City: State: Zip Code <i>419 Rio Grande Dr. Mission, TX 78572</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/27/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J &amp; M Investments</i>	Amount of contribution (\$) <i>\$ 1,500.<sup>00</sup></i>
Contributor address: City: State: Zip Code <i>710 N. Shary Mission, TX 78572</i>		
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  
Accounting/Banking  
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  
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 (including Schedule F1):	2 FILER NAME Jessica Ortega - Ahon	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/18	5 Payee name Clays Unlimited	
6 Amount (\$) \$ 3000.00	7 Payee address; City; State; Zip Code 3100 Leslie St. Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 9/15/18	Payee name Adela Ortega	
Amount (\$) \$ 10,000.00	Payee address; City; State; Zip Code 1310 N. Francisco 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 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

**LOANS**

**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jessica Ortega-Ochoa</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>5/1/18</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Adela Ortega</i>	9 Loan Amount (\$) <i>\$ 10,000.00</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>1310 N. Francisco Mission TX 78572</i>	10 Interest rate <i>-0-</i>
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See instructions)		21 Employer (See instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See instructions)		Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.