#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME Date Received NICKNAME LAST SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MRS / MR **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO.F STATE ZIP CODE TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE \_\_\_ Primary Runoff Other Month Day Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: MESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

de CIOLLNIANE			
15 C/OH NAME	Armondo Oca	ing Sr 16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIE PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALI	LOANS OF	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$/4.850°
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$ 5705.67
	4. TOTAL POLITICAL EXPENDITURES		\$64,501.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	FAINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS' LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$54,000,00
18 SIGNATURE 1 SI	vear, or affirm, under penalty of perjury, that the acco	mpanying report is true and	correct and includes all information
req	uired to be reported by me under Title 15, Election Code	•	
		Signature of Candidate	a or Officebalder
		- grider	o of officerioldel
	Please complete eith	or option below	
	Please complete eithe	ar option below:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed b	efore me by	this the	day of
	hich, witness my hand and seal of office.	uno uno	day of,
Signature of officer administeri	ng oath Printed name of officer administer	ing oath	Title of officer administering oath
	OR	The William Control	
(2) Unsworn Declaration	1		1 .
My name is	yso Ocena a	nd my date of birth is	4/25/1954
My address is	(ctrast) own st. p	115510N TO.	78512 USD.
(street) (city) (state) (zip code) (country)  Executed in County, State of Country on the Country			
July	, on the	(month)	, 20
	7 <u></u>	House	Jam
		Signature of Candidate/Office	ceholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

TVM ando Ucana Sr	commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14850		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4. SCHEDULE E: LOANS	\$ 15 m		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$124 5011		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Armando Ocana Sv	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   out-of-state PAC (ID#:)  5/5/2> 6 Contributor address; City; State; Zip Code 12/3 Boke Street Mission TX  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)  500,00
,	
Date Eull name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/9/22 Contributor address: City: State: Zip Code (6197 E US Hwy 83 Kro Grande City, TX 7858)	2500,°°
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  5/18/27  Contributor address;  City; State; Zip Code  6701 S 27th St. McAllen, TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#)  5/30/22 Contributor address; City; State; Zip Code  3107 COYSON St. Apt D 7853	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Armondo Ocana Sr	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Gout-of-state PAC (ID#: 5-26-22 Trisciliano Gracia Gracia	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code  3740 Judith Ave McAllen, TX  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	figure)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	(IONS)
Date  Full name of contributor  Out-of-state PAC (ID#:  Description of the page of the pag	Amount of contribution (\$)
6/1/2021 Union Design Developers  Contributor address; City; State; Zip Code  4314 S Conwoy Ave Mission, TX 78572	2500.∞
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date    Full name of contributor   Out-of-state PAC (ID#:)   Cistorial Cistoria Cistorial Cistoria Cistorial Cistorial Cistorial C	Amount of contribution (\$)
5/31/22 Contributor address; City: State; Zip Code 4901 S. Old 10th St. McAllen, TX 78503	1500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date Full name of contributor   out-of-state PAC (ID#:)  Cobefluit Produce IC  Contributor address; City; State; Zip Code  Contributor Allen, TX  78503	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

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

If the requested information is not applicable, DO NOT include this page in the report.

			•
Th	e Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAMI	nr Hrmando Oc	cona Sr	3 Filer ID (Ethics Commission Filers)
6/5/22	5 Full name of contributor Sono 6 Contributor address; City; POBOX 1954 Miss	hoz.	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr	OF THIS SCHEDULE AS NE uction guide for additional re	EDED  porting requirements.

#### SCHEDULE E **LOANS**

If the requested	If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME	Frmando Oc	ong Sr	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state PAC (ID#:)  ACCORDANCE COND. SV		9 Loan Amount (\$) 000.	
6 Is lender a financial Institution?	8 Lender address; City; 927 Greenlor	In Street	10 Interest rate  11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable Principal Occupati	on (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.				

Candidate/Officeholder/Political Committee

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By

Gift/Awards/Memorials Expense Legal Services

Printing Expense Salarles/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: FILER NAME (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4-14-22		ntal	
Amount (\$) 933.44	Payee address; 1212 N 23rd St. 1	mcållen -	State; Zip Code  78 50 1
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description	
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder Kving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonallons Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave	ation/Fundraising Expense portation Equipment & Related Expense In District Out Of District (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MONDO	Ocono Sc 3 File	er ID (Ethics Commission Filers)
4 Date 4-18-22	5 Pavee name  Eta A'n MA	tinez	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3285.00	PO BOX 772	Edinburg, T	X 78540
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Contract Lab	DOY	
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Auslin, TX, of	ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	2	
4-20-22	EFRAIN MI	Artinez	
Amount (\$)	Payee address;	City;	State; Zip Code
425.°°	PO BOX 772	Edinburg. 7	X 78540
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Contract Lab	or	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin, TX, of	liceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-20-22	Rio Gonde	Suardian	
Amount (\$)	Payee address;	City;	State; Zip Code
1500.00	PO Box 5057	McAllen,	1X 78502
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Advertising		
	Check if trayel outside of Texas. Complete S	Schedule T. Check if Austin, TX, of	liceholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Traval in District

Contributions/Donations Made By Candidate/Officeholder/Political			Travel In District Travel Out Of District 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 FLER NAME Armondo a	cona Sr	3 Filer ID (Ethics Commission Filers)
4-20-27	5 Payer name aul Flore		
300.00	7 Payee address;	City;	Slate; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donotion made bu Candidate		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-15-22	Mission Event	Cente	
1787. 50	200 N Shary Rd	Wiggips	State; Zip Code 78572
	Category (See Categories listed at the top of this schadule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if Iravel outside of Texas, Complete Schedule T.	Check If Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-18-22	Pizza Hut		
Amount (\$)	Payee address;	City;	State; Zip Code
221.61	311 E. Exp 83	Wissipu	78572
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food + Beverage Experi	e	
	Chack ii trayel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (erriter a category not listed above)
1 Total pages Schedule F1		om Sr	3 Filer ID (Ethics Commission Filers)
5/2/2022	5 Payee name of the USA	1 Robe	ento
6 Amount (\$) 650.	901 N Slabaugh		Mission, TX 7857
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	78076
PURPOSE OF EXPENDITURE	Event Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-2-2022	TAqueria Ovie	do	
Amount (\$) 114,54	608 W Griffin PK	MA WIZZ	ion, TX 78572
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5/4/2000		rant #	2375
95.64	Payee address; Shary Rd	Cità:	State; Zip Code 78572
BURDONE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	tood Beverage Expanse		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c		gory not listed above)
1 Total pages Schedule F1 4 Date	Mr Hrmando O	Cana Sr 3 Filer ID (Ethi	cs Commission Filers)
5-5-2000	5 Payee name   QVeens		
6 Amount (\$)		983 City; State;	Zip Code 78572
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Beverage Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-8-2022	JACO Ole		
Amount (\$)	Payee address; 2316 n Conway	City; State; State;	Zip Code
151.53	2316 11 0010049	11112310N, 1X	78571
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expanse		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	) expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-9-200	HEB		
Amount (\$)	820 S Conway	Mission, State;	78572
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	2	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code State: 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) Allen, Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if Iravel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Rodriguez State; Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check If trayel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check If Austin, TX, officeholder living expense

Office sought

## SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT inclu	de this page in the report.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offic Food/Beverage Expense Pollli y Gift/Awerds/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ning Expense ries/Wages/Contract Labor  / to complete this form.  Solicitation/Fundraising Expense Travel in District Travel in District Other (enter a category not listed above)
1 Tatal assas Cabadula Est		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	My Hymando Oc	ana Sr
5-2-22	McAllen Digr	tal Media
6 Amount (\$) /000.00	7 Payee address; 204 E. Cano S	4. Edinburg, Tx 78539
8	(a) Category (See Categories listed at the top of this schedu	(b) Description
PURPOSE OF EXPENDITURE	Advertising	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5-9-22	mcAllen Dig	ital MediA
700.00	204 E Cano St	ital Media  City; State; Zip Code  Edinburg, TX 78539
	Category (See Categories listed at the top of this schedul	e) Description
PURPOSE OF EXPENDITURE	Advertising	
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5-9-22	Belinda Balli	Catering
Amount (\$) 2760, 35	Belinda 18411: Payee address; 1624 E Griffin	Pkwy Mission, TX 757
	Category (See Categories listed at the top of this schedul	e) Description
PURPOSE OF EXPENDITURE	Food + Beverage	e

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check If Austin, TX, officeholder living expense

Office sought

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

 Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political	, G	ift/Awards/Memorials Expense	Printing Exper		Travel Out Of District Other (enter a categorial)	
Credit Card Payment		The Instruction Guide expl	ains how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAM	Armor	do O	cana Sr	3 Filer ID (Ethic	s Commission Filers)
5-9-27	5 Payee name	er VAlley	Mail	Service	ies	
6 Amount (\$) 572.52	7 Payes addr.	Beech A	we ±10	City:	Ilen TX	78501
8	(a) Category (	See Categories listed at the lop of t	his schedule) (	b) Description		
PURPOSE OF EXPENDITURE	Ad	vertising	18			
	(c) Ch	eck if travel outside of Texas, Comple	e Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		a / Officeholder name		Office sought		Office held
Date	Payee nam	3				
5-9-22	M	aria F	love	.5		
Amount (\$)	Payee addr	ess;	ery A	h Je City;	State;	Zip Code
35a.50	104	w Carr	eryn	Phore	TX	78577
	Category (S	ee Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	Con	tract La	ypox			
	CH	eck if travel outside of Texas. Comple	le Schedule T,	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	Θ ,				
5-10-22		clusive		igns		
Amount (\$)	Payee addr	E Griffi	DA	City;	State;	Zip Code
1035.95	2421	EOVITTI	~ FAI	1155,000	, TX	78572
nunneer	Category (S	ee Calegories listed at the top of th	ils schedule)	Description		
PURPOSE OF EXPENDITURE	Hav	vertising				
	CH	eck if trayel outside of Texas. Comple	le Schedule T.	Check If Aust	In, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPI	ES OF THIS SO	CHEDULE AS NE	EDED	

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed chave)

Credit Card Payment	The Instruction Guide explains how to co		egory not listed above)
1 Total pages Schedule F1	2 FILER NAME Amando Occ	and Sr 3 Filer ID (Ett	nics Commission Filers)
4 Date 5-13-2000	5 Payer name Donny's Mexico	n Restauran	+
6 Amount (\$) 148.73	122 W Tom Landry	City; SSION, TX	Zip Code 78573
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Beverage Expense	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiv	ing expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-15-2022	TAqueria Don Fe	elipe#1	
Amount (\$) 116, 95	200 w mile 5 la	Od City; State; State;	78574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food Beverage Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-17-2000	HEB		
103.75	820 S Conway	Mission, TX	78572
PURPOSE OF EXPENDITURE	Food Beverage Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a) Il Expense Loan Repayment/Reimburseme

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FIGER/NAME ArmAndo Ocano Sr 3 Filer ID (Ethics Commission Filers)
4 Date 5-18-22	5 Pavee name  Etnain Martinez  7 Payee address; City; Sigle; Zip Code
3000°00	PO Box 772 Edinburg. TX 78540
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contract Labor
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
5-18-22	Sylvia Flores
Amount (\$) 2800.00	2509 Paseo Encantado Missium, TX 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
5-18-22	Elizabeth Hernandez
Amount (\$)	Payee address; Clty; State; Zip Code
2975.00	1907 W 42nd St Mission, TX 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Contract Labor
	Chack if travel outside of Texas. Complete Schedule T. Chack 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

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  complete this form.	
1 Total pages Schedule F1 4 Date	2 FILER NAME AMONDO OCO	3 Filer ID (Ethics Commission Filers)	)
5-/8-2022- 6 Amount (\$)	C-01 01 11-C 0101	A Roberto	
200.00	7 Payee address; Slaboug		
8	(a) Category (See Categories listed at the top of this schedule)	Mission, TX 78572  (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	(a) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
5-21-2002	Jimmys Egg		
128.34	614 N Shary Rd	Mission, TX 78572	
	Category (See Categories listed at the top of this schedule)	Description	-
PURPOSE OF EXPENDITURE	Food Beverage Expanse		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		=
5-24-202	>JC Penney #		
107.04	Payee address; 715 E Expression	1 83 State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Westow TX 78596 Soft Tees for Campaign	$\dashv$
PURPOSE OF EXPENDITURE	Advertising Expense	Soft Tees for Campaign	!
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	=

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica		xpense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	FILER NAME Prondo O	3 Filer ID (Ethics Commission Filers)
5-25-2002	JAqueria Ovied	
109. 80	608 W Griffin PKi	DY Missibni TX 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food Beverage Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
5-27-2022	La fogata	
Amount (\$) 127, 44	300 n Shary Rd	Mission, Tx 78572
PURPOSE OF EXPENDITURE	Category (Sae Calegories listed at the top of this schedule)  Food Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
5-30-2022	COVINCEICIA	noiszi
Amount (\$)	Payee address; 3rd Mile	City; State; Zip Code Line Mission, 7x 78574
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Beverage Exame	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

If the requested info	ormation is not applicable, <b>DO NOT in</b>	iclude this page in the re	port.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 EILER NAME	0 0	3 Filer ID (Ethics Commission Filers)
	11) Hymando	(Cons) 26	
4 Date 5-24-22	5 Pavee name Cuodalupe	Ramirez	
6 Amount (\$)	7 Payes address;	City;	State; Zip Code
5000.°°	418 n ST MAN	ie Missior	1, TX 78572
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Contract Labor		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austli	n, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	_	
5-12-22	ns Color (	Srophics	
1234.05	2403 E Griffi	n PKwy City;	State; Zip Code
1054.		Wissin	TX 78572
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	}	
	Check if travel outside of Texas. Complete Sci	hedule T, Check if Auslin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oł	1		
Date	Payee name		
5-31-22	Savy Publishing	LLC dbo to	ogress limes
Amount (\$)	Payee address;	City;	State; Zip Code
600.00	PO Box 399	Missidm.	TX 78573
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising		
	Chack if Irayel outside of Texas Complete Sci	hadula T Chark If Austli	TX officeholder living expense

Office held

Revised 8/17/2020

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		Vages/Contract Labor	Other (enter a catego	ory not listed above)
State Card i aymoni		The Instruction Gui	de explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER N	Frmor	do Oc	'ama Si	3 Filer ID (Ethics	Commission Filers)
5-28-202)	5 Payee na	ame	on Ca	fe		
6 Amount (\$) 122,32	7 Payee ac	_ /!	way A	ve Miss	State;	78572
8	(a) Categor	y (See Categories listed at t		(b) Description		
PURPOSE	tax	1 of 10ever	09e			
OF EXPENDITURE		Expe	onge ense			
	(c)	Check if travel outside of Texa	s. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nan	ne	Office sought		Office held
Date	Payee na	ame				
6-6-2022	Ch	ick-fi	?1-A			
Amount (\$) 226.78	214	E Mile	3 Rd	Palmh	urst, TX	78573
	Category	/ (See Categories listed at th	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food	+ Beve	rage			
		Check if travel outside of Texa	s. Complete Schedule T,	Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder nan	ne	Office sought		Office held
Date	Payee n	ame				
6-6-2022	Chi	ck-fil	-A			
Amount (\$)	Payee a	ddress;	201	City;	State;	Zip Code
122.15	214	E Mile	3 Kd	talmh	urst, 1X	78573
	Category	(See Categories listed at th	ne top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food	+ Bever	opense			
		Check if travel outside of Texa	s. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder na	me	Office sought		Office held
	AT	TACH ADDITIONAL	. COPIES OF THIS	SCHEDULE AS NE	EDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		· ·
1 Total pages Schedule F1:	2 FILER NAME Armando Oco	3 Filer ID (Ethics Commission Filers)
5-30-2002	5 Paymename Super Mar	Ket
6 Amount (\$) 318.71	7 Payee address; Conway (7	7 State; Zip Code 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) If  Food Beverage Expense	Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		Office sought Office held
6-1-2020	Rupert Villalon	McAllen Digitalia
Amount (\$) 700.00	204 E Cono St	Edinburs, TX 7853
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Digital Media
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
G-1-22	Alisha Ramire	2
Amount (\$) 600	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wagas/Contract Labor

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

Contributions/Donations Made By Candidate/Officeholder/Political		pense Travel Out Of the department of the depart	District category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Armondo C	3 Filer ID (	Ethics Commission Filers)
4 Date -1-22	5 Payee name Hou	sell	71.0.1
6 Amount (\$)	1901 Royal Palm	City; State	
000,		Mission, TX	78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-1-22	FRANCISCO Plan		
Amount (\$)	Payee address;	City; State	e; Zip Code
200.00	3804 Cenizo St.	mission, TX	78574
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	CONTRACT LABOY		
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	r living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
6-7-22	Yolanda Core	dova	
Amount (\$)	Payee address;	City; Stat	e; Zip Code
400.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract LAbor	Description	
	Check if trayel outside of Texas. Complete Schedule T.	Check If Austin, TX. officeholde	r living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1:

	1111 / 11100 0001 000
1 Date 1-2020	5 Payer name Fogata
214.61	300 n Sham Rd Mission, Tx 78572
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food + Beverose Experies
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date 6-7-2000	Payee name  HEB
Amount (\$) 2//.80	Payee address; E Expwy 83 Mission, TX 7857
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
6-9-2022	HEB
104.72	820 S Commay Ave City Tission, Dr 78572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD & Beverose  Expense

Office held

Check if Austin, TX. officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politics		pense Printing Expens Salaries/Wages		avel Out Of District her (enter a category	not listed above)
Credit Card Payment	The Instruction Guid	le explains how to comp	lete this form.		
1 Total pages Schedule F1:	Or Armand	Ocono	Sr 3	Filer ID (Ethics C	Commission Filers)
4 Date 9-202)	5 Payee name	Genera			
6 Amount (\$) 10 8, 35	3702 N Ins	piration	Mi'ssion,	State;	78573
8	(a) Category (See Categories listed at th	'	) Description		
PURPOSE OF EXPENDITURE	Food + Bear	xpense			
	(c) Check if travel outside of Texas	. Complete Schedule T.	Check if Austin, TX	K, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	e	Office sought	0	ffice held
Date	Payee name			, .	
6-10-22	CWV OF	the U	SA 12	sbert	
Amount (\$)	Payee address; Slake	ough Av	City;	State;	Zip Code
550,00	901 11 010.5	,	Mission	$\gamma$ , $TX$	78572
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense			
	Check if travel outside of Texas	. Complete Schedule T.	Check if Austin, TX	K, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	е	Office sought	0	ffice held
Date	Payee name	ı A	A	7	
6-10-22	Theresi	ta's /	lexicon	Kest	fourant
Amount (\$)	Payee address; Conu	Jan Ale	City;	State;	Zip Code
268.76	1618 11 Cona	0009 7700	1111 55701	n, 11	78572
	Category (See Categories listed at the	top of this schedule) Expense	Description		
PURPOSE OF EXPENDITURE	Food + Beve	10192			
	Check if travel outside of Texas	. Complete Schedule T.		(, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nan	ne	Office sought	(	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCI	HEDULE AS NEEDE	D	

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	FILER NAME TO Ocona Sy 3 Filer ID (Ethics Commission Filers)
4 Date 6-11-22	5 Payee name Orfelinda Hindiosa
6 Amount (\$)	7 Payee address; Zip Code Street State; Zip Code
1000.00	Mission, TX 78572
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Contract Labor
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date	Payee name
6-1-22	Exclusive Designs
Amount (\$)	Payee address; City; State; Zip Code
389.00	2421 E Griffin Parkway  Mission, TO 78572
	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Advertising
	Chack if travel outside of Texas. Complete Schedule T. Chack 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
6-22-22	Velia: Rivera
Amount (\$)	Payee address; City; State; Zip Code
600,00	PO Box 1204 La Joya, TX 78560
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Contract Labor
	Check if trayel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services			Travel In District Travel Out Of Dist Other (enter a cale	rict egory not listed above)
Credit Card Payment		The Instruction Guide ex	xplains how to d	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Armonde	o Occ	na Sr	3 Filer ID (Eth	ics Commission Filers)
4 Date 6-3-22	5 Payee no	SSION BOY	+ 6ir	Is Club	3	
6 Amount (\$) 750.	7 Payee a	Cleo Do	awsor	n St <sup>city;</sup>	State;	78572
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Dona	tions made Condid	ate ate			
	(c)	Check if travel outside of Texas. Con	nplele Schedule T.	Check if Au	stin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/Oh	•	date / Officeholder name		Office sought		Office held
0-1-22	Payee n	xelusiv	e De	esigns		
1900. 82	Payee a	ddress; 1 E Griff	in PK	City:	State;	Zip Code (7857)
PURPOSE OF EXPENDITURE	1	y (See Catagories listed at the top		Description		
		Check if Iravel outside of Texas. Con	nplete Schedule T.	Check if Au	stin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee r	iame				
6-7-22	Th	evesa CA	Intu			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
400.00						
PURPOSE OF EXPENDITURE	_ ^ ~	y (See Calegories listed at the top FRAC+ LA		Description		
		Check if trayel outside of Texas. Cor	mplete Schedule T.	Check if Au	stin, TX. officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

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:	My Hymando Cla	3 Filer ID (Ethics Commission Filers)				
5-30-22		City: State; Zip Code				
6 Amount (\$)	7 Payee address;	City;				
1500.00	418 N ST Marie	Mission, TX 78572				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contract Labor					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
6-11-2000		iguez				
300.00	Payee address; Hunter St.	City: State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Contract LAbor					
	Check if Iravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct conditions are considered on the condition of						
Date	Payee name					
	100000	2.0				
6-16-22	1100ma 6012	201				
Amount (\$)	Payee address;	City; State; Zip Code				
1508.00	1812 S Abram Ra	d Polmview, TX 78572				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract LAbor	Description				
	Check if trayel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
O ONDAY if alter-of	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (expense operators)

Candidate/Officeholder/Political		The state of the s			
Credit Card Payment	The Instruction Guide explains how to comple				
1 Total pages Schedule F1:	Mr Hymondo Wo	3 Filer ID (Ethics Commission Filers)			
6-1-22	5 Payee name Coudalope Rom	State: Zin Code			
6 Amount (\$) 5000.	7 Payee address; 418 N ST MArie	Mission, TX 78572			
8 PURPOSE OF EXPENDITURE	Contract Labor	Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerioldor frame	Office sought Office held			
Date	Payee name	1			
5-26-22	Plains CApital Bo	City: State; Zip Code			
Amount (\$)	Payee address;				
10.00	1709 11 Conway 10	18) ission. 1x 10018			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  4ees	Bonk Charge			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name	4			
6-24-22	Plains CApital B	onk			
Amount (\$)	Payee address;	City; State; Zip Code			
45,∞	1709 n Conway	ve			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Dissibn, TX 78572  Bank Charge			
	Chack if trayel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					