

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 <input checked="" type="checkbox"/> FIRST JUAN MI R. NICKNAME LAST SUFFIX	OFFICE USE ONLY	
	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 1515 MONTANA EL PASO, TX 79902	Date Received APR 27 PM 5:33	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (915) 203-4004		Receipt # Amount \$
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		Date Processed
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION ()		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year THROUGH Month Day Year APRIL 6 / 2017 THROUGH APRIL 29th / 17		
10 PERIOD COVERED	11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description MAY 6 / 2017 <input type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3670
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,721.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT ^{DEBIT} CARD	\$ 918.74
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CITY CLERK DEPT.
 2017 APR 27 PM 5:33

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor

SAM LEGATE

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

109 N. OREGON

City: State: Zip Code

EL PASO, TX 79901

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

Date

4/6/17

Full name of contributor

DAVID & GLORIA GRIJALVA

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$350.00

Contributor address;

1833 MIKE HILL

City: State: Zip Code

EL PASO, TX 79936

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

Full name of contributor

WALTER BOYAKI

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address;

4621 PERSHING

City: State: Zip Code

EL PASO, TX 79903

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

Full name of contributor

ROSALINDA OAXACA

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$300.00

Contributor address;

11188 WHARF COVE

City: State: Zip Code

EL PASO, TX 79936

Principal occupation / Job title (See Instructions)

RETIRED COUNSELOR

Employer (See Instructions)

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2017 APR 27 PM 5:33

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

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor

out-of-state PAC (ID# _____)

MAXEY SCHERR

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address;

City: State: Zip Code

11215 OAK LEAF SILVER SPRING MD
20901

8 Principal occupation / Job title (See Instructions)

~~RETIRED~~ LAWYER

9 Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

JOE SPENCER

Amount of contribution (\$)

\$ 250.00

Contributor address;

City: State: Zip Code

1009 MONTANA EL PASO, TX 79902

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

JOSEPH + MELISSA ISAAC

Amount of contribution (\$)

\$ 250.00

Contributor address;

City: State: Zip Code

3024 POLK ED, TX 79930

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

HECTOR MERCADO

Amount of contribution (\$)

\$ 200.00

Contributor address;

City: State: Zip Code

741 MAXEY MARIE ED TX 79932

Principal occupation / Job title (See Instructions)

SALESMAN

Employer (See Instructions)

CITY CLERK DEPT.
2017 MAR 27 PM 5:33

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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

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor

out-of-state PAC (ID# _____)

MANNY & TERRY GREGO

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address:

City: State: Zip Code

6647 NAVAJO AVE EP, TX 79925

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

ARTURO OAXACA

Amount of contribution (\$)

\$ 100.00

Contributor address:

City: State: Zip Code

7531 ADOBE DR EP, TX 79915

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

FRANCISCO J. OAXACA

Amount of contribution (\$)

\$ 100.00

Contributor address:

City: State: Zip Code

4405 SAN FERNANDO LN MCKINNEY, TX 75070

Principal occupation / Job title (See Instructions)

RETIRED PRINCIPAL

Employer (See Instructions)

Date

4/6/17

Full name of contributor

out-of-state PAC (ID# _____)

OSCAR MENDEZ

Amount of contribution (\$)

\$ 100.00

Contributor address:

City: State: Zip Code

8041 MERAZ EP TX 79907

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

2017 APR 27 PM 5:33
TY CLERK DEPT.

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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

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

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

WAYNE WINGLE

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City: State: Zip Code
201 E. MAIN EP, TX 79901

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

Date

4/6/17

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

TIFFANY JOUDI

Amount of contribution (\$)

\$ 100.00

Contributor address; City: State: Zip Code
6393 CALLE AZUL EP, TX 79912

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

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

MICHAEL WILLIAMS

Amount of contribution (\$)

\$ 75.00

Contributor address; City: State: Zip Code
EP TX 79912

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

4/6/17

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

ENRIQUE + CARMEN MEDRANO

Amount of contribution (\$)

\$ 100.00

Contributor address; City: State: Zip Code
10209 LYELLA EP TX 79925

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

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2017 APR 27 PM 5:33
 IT CLERK DEPT.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

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

ABELARDO BERNAL

7 Amount of contribution (\$)

\$50.00

6 Contributor address, City, State, Zip Code

701 N. OCHOA EP TX 79901

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

Date

4/6/17

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

DONALD + ELOISA REAY

Amount of contribution (\$)

\$50.00

Contributor address, City, State, Zip Code

5665 OAK CLIFF EP TX 79912

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/6/17

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

RENE + MARTHA MONTANO

Amount of contribution (\$)

\$50.00

Contributor address, City, State, Zip Code

PHONE # 915-253-8550

Principal occupation / Job title (See Instructions)

SALESMAN

Employer (See Instructions)

Date

4/6/17

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

MARGIE HENDERSON

Amount of contribution (\$)

\$25.00

Contributor address, City, State, Zip Code

716 MEADOW LARK EP, TX 79922

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

CITY CLERK DEPT.
 2017 APR 27 PM 5:33

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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

JUAN ROBERTO OAXACA

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor

DANNY VILLARREAL

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

TEACHER

9 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)

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)

2017 JUN 27 PM 5:33
CLERK DEPT

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: _____	2 FILER NAME JUAN ROBERTO OAXACA	3 Filer ID (Ethics Commission Filers) _____
----------------------------------	--	---

4 Date VARIOUS DATES	5 Payee name PRINTSHOP (PRINTSHOP.JUAREZ@GMAIL.COM)
--------------------------------	---

6 Amount (\$) TOTAL AMT. \$1,599.00	7 Payee address; City; State; Zip Code
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN ROBERTO OAXACA	Office sought	Office held
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Date VARIOUS DATES	Payee name GLOBAL PRINTING
------------------------------	--------------------------------------

Amount (\$) \$1269	Payee address; City; State; Zip Code GPRINTINGMARKET@HOTMAIL.COM CIUDAD JUAREZ, CHIH.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN ROBERTO OAXACA	Office sought	Office held
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Date 12 APRIL 17	Payee name GLOBAL PRINTING
----------------------------	--------------------------------------

Amount (\$) \$38000	Payee address; City; State; Zip Code GPRINTINGMARKET@HOTMAIL.COM
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT
 2017 MAR 27 PM 5:33

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME JUAN ROBERTO OAXACA	3 Filer ID (Ethics Commission Filers)
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4 Date 3/30/17	5 Payee name MIRELLE CAMPOS
--------------------------	---------------------------------------

6 Amount (\$) \$129.00	7 Payee address; City; State; Zip Code
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 28 MAR	Payee name LACO
-----------------------	---------------------------

Amount (\$) \$55.44	Payee address; City; State; Zip Code TEL (456) 617-8910
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN ROBERTO OAXACA	Office sought	Office held
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Date 3/31/17	Payee name PRINTSHOP
------------------------	--------------------------------

Amount (\$) \$190.00	Payee address; City; State; Zip Code PRINTSHOP@SUAREZ2@GMAIL.COM
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN ROBERTO OAXACA	Office sought	Office held
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2017 MAR 27 PM 5:33 CITY CLERK DEPT.

EXPENDITURES MADE BY ~~CREDIT~~ ^{DEBIT} CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 above) |
|--|---|--|---|

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME JUAN ROBERTO OAXACA	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 4/21/17	6 Payee name SAMS
--------------------------	-----------------------------

7 Amount (\$) \$600.22	8 Payee address; City; State; Zip Code
----------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) I PURCHASED WATER AT SAM'S TO PASS OUT TO POTENTIAL VOTERS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/17	Payee name EL DIARIO OF EL PASO
------------------------	---

Amount (\$) \$672.00	Payee address; City; State; Zip Code 1801 TEXAS AVE EP TX 79902
--------------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) I BOUGHT ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

DEBIT

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME JUAN ROBERTO OAXACA	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 4/24/17	6 Payee name GOOD LUCK CAFE
--------------------------	---------------------------------------

7 Amount (\$) \$20.72	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) I TREATED SOME OF MY WORKERS TO LUNCH	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/17	Payee name IHOP
------------------------	---------------------------

Amount (\$) \$75.21	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AGAIN, I TREATED A LOT OF MY WORKERS TO EAT	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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APR 27 11:53:33
 ETHICS DEPT.

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DEBIT
EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME JUAN ROBERTO OAXACA	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 4/4/17	6 Payee name THE HOME DEPOT
--------------------------------	--

7 Amount (\$) \$ 30.37	8 Payee address; City; State; Zip Code 11360 ROJAS DR EPTX 79936
---	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BRACKETS to hang my CAMPAIGN signs	(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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/17	Payee name SAMS CLUB # 6246
-----------------------	---------------------------------------

Amount (\$) \$ 60.22	Payee address; City; State; Zip Code 9498 GATEWAY NORTH EPTX 79930
--------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

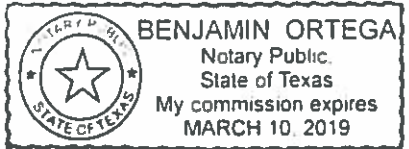
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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 TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

2017 APR 27 PM 5:33
CLERK DEPT.

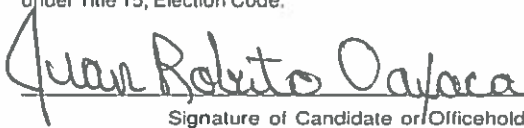
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3690.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,721.18
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

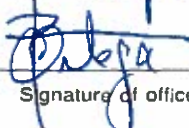


AFFIX NOTARY STAMP / SEAL ABOVE

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Juan Roberto Oaxaca, this the 27th day of April, 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Benjamin Ortega

 Printed name of officer administering oath

Notary

 Title of officer administering oath



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

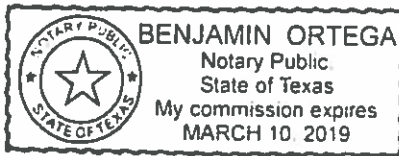
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	2017 APR 27 PM 5:33 CITY CLERK DEPT
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name JUAN ROBERTO OAXACA	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8-DAY report due on APRIL 29TH, 2017. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Juan Roberto Oaxaca
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Juan Roberto Oaxaca this the 27th day of April, 2017, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering oath	<u>Benjamin Ortega</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER