CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	JOSE	J. MI	OFFICE USE ONLY
NAME	NICKNAME	Rocha	SUFFIX	Date Received IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	300 W. Ca		Rio Grande City, TX 78582	Date Received
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	ARD CARREST
OFFICEHOLDER PHONE		13-8025		Date the property of Date to stmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	Jose	J	Date Processed
NAME	NICKNAME	Rocha	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (no po box please); apt/si ales bros st. Ri	of Grande City.Tx 7	8582 STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 5"	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
N.	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD:	Month	Day Year	Month	Day Year
COVERÉD	01 /	26/2024	THROUGH 02	24/2024
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year X Primary	Runoff Other Description	
	03/05/	2024 General	Special	*
12 OFFICE	OFFICE HELD (if any)	y Constable Precin	13 OFFICE SOUGHT (IF known	Constable Precinct 4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethic	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	LOANS, OR \$ f) .00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS) \$	00,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	TURE. \$). ^{0D}
	4. TOTAL POLITICAL EXPENDITURES	\$ ().00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DAY \$).00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS' LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE \$) .00
	vear, or affirm, under penalty of perjury, that the accountried to be reported by me under Title 15, Election Code		includes all information
		211	
		Signature of Candidate or Office	holder
	Diago comulata cith	on antian balance	
	Please complete eith	er option below:	
(1) Affidavit			
NOTARY STAMP/SEAL			
	pefore me by	this the day of	
20, to certify	vhich, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of officer administe	Pring oath Title of c	fficer administering oath
	OR		
(2) Unsworn Declaration	n		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
My name is 000 My address is 300 W.	canales bros st- Rio	and my date of birth is 12 21 10 7858	(8) 12 USA
Executed in Starr	(street) County, State of Texas, on the	city) (state) (zip code (state)) (zip code (state)) (zip code (zip co	(country)
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Corr							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* D'00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	^{\$} 0 00						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	* 0,00						
4.	SCHEDULE E: LOANS	* 0.00						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	* 0'pD						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	² 0 00						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ D.00						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	* 0'00						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.					
		→ Complete only if "Report Type" on page 1 is marked "Final".	al Report" ••					
1	COHN	J. Rocha	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	V						
	designa	expect any further political contributions or political expenditures in connection with mating a report as a final report terminates my campaign treasurer appointment. I also upon contributions or make any campaign expenditures without a campaign treasurer appointment.	inderstand that I may not accept any					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. **						
	A.	CAMPAIGN FUNDS						
	Checl	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS						
	Checl	k only one:						
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.					
	n-agracio.	I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to					
		S	Signature of Candidate					
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••						
	[X]	I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
			Thurs of Office he later					
			gnature of Officeholder					

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA PG 1

1	CANDIDATE		2 FILER ID#	3 Total pages filed:
	NAME	Joel Rocha		
_	705e	302)000		
		See ACTA Instruction Guid		
	Use this form	for changes to existing information <i>on</i>	ly. Do not provide information pre	eviously disclosed.
4	CANDIDATE	NEW MS/MRS/MR FIRST	MI	OFFICE USE ONLY
•	NAME	Jose	Joel	and the state of t
		NICKNAME LAST	SUFFIX	Received 11-14-2023
		a .		1.41
_		NEW ADDRESS / PO BOX: APT / SUITE #: C	ITY; STATE; ZIP CODE	A W
5	CANDIDATE MAILING			Hond Holiday & Postmark Office
	ADDRESS	300 West Canales Bras S	54.	Control of the contro
		Rio Grande City, TX 78	SS82	ount\$ 9
		1100100000		rocessed
6	CANDIDATE	NEW AREA CODE PHONE NUMBER	EXTENSION S	Maged •
	PHONE	(959) 573-8025		8 S 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
				AR COUNTY I'E
7	OFFICE HELD (ifany)	NEW	0 1 /1	*** Constitution
		Stave County Constal	de Ct. T	
8	OFFICE SOUGHT	NEW		
	(if known)	Star County Conste	Sle Kt. 4	
9	CAMPAIGN	NEW MS/MRS/MR FJRST M	NICKNAME LAST	SUFFIX
	TREASURER NAME	T T O D	1	
		Jose Joel Loc	the	STATE; ZIP CODE
10	CAMPAIGN TREASURER	NEW STREET ADDRESS (NO PO BOX PLEASE); AI	PT / SUITE#; CITY;	STATE, ZIF GODE
	STREET ADDRESS	300 West Canals Aros	- St.	
(1	residence or business)	1 ()		
		Kio Grande City, TX	(/0) 00	
_		NEW AREA CODE PHONE NUMBER	EXTENSION	
11	CAMPAIGN TREASURER			
	PHONE	(95g) 573-80d		
12	CANDIDATE SIGNATURE	I am aware of the Nepotism La	w Chanter 573 of the Teyas (Rovernment Code
	SIGNATURE			
		I am aware of my responsibility the Election Code.	y to file timely reports as requ	uired by title 15 of
		I am aware of the restrictions in		on contributions
		from corporations and labor org	janizations.	110-
		17	///	4/23
		Signature of Candidate	D	ate Signed
_				

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** J. Jose NAME 2014 Service MAS NICKNAME LAST SUFFIX Rocha 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: ZIP CODE STATE **OFFICEHOLDER** MAILING 300 West Canales Bros Street, Rio Grande City, Texas 78582 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION ale Band-delivered or **OFFICEHOLDER** 956) 573-8025 PHONE 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jose J. Date Prosessed HOLYHISMIR NAME NICKNAME LAST SUFFIX Date Imaged Rocha STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE; ZIP CODE TREASURER 300 West Canales Bros Street. Rio Grande City, 78582 ADDRESS Texas (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 573-8025 956) 9 REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Year COVERED 11 / 14 2023 12 31 2023 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** ✓ Primary Runoff Other Month Day Description General Special 03 / 05 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Starr County Constable Precinct 4 Starr County Constable Precinct 4 14 NOTICE FROM 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 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

CAMPAIGI	T INANGE REPO		
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	I .	OLITICAL CONTRIBUTIONS (OTHER THAN GUARANTEES OF LOANS, OR E ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGE:	DNTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EX	(PENDITURES	\$ 3,292.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON' OF REPORTING PERIOR	TRIBUTIONS MAINTAINED AS OF THE LAST D	FDAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOANS AS OF ORTING PERIOD	THE \$ 0.00
1	wear, or affirm, under penalty of pe quired to be reported by me under Titl	rjury, that the accompanying report is true e 15, Election Code.	and correct and includes all information
			2
		Signature of Can	didate or Officeholder
	Plasso	omplete either option below:	•
	Please C	ompiete either option below.	•
(1) Affidavit			
NOTARY STAMP/SEA	_		
Sworn to and subscribed	before me by	this the	, day of,
20, to certify	which, witness my hand and seal of of	fice.	
Signature of officer administe	ring oath Printed name	e of officer administering oath	Title of officer administering oath
THE RESERVE		OR	
(2) Unsworn Declaration			
My name isJose J. Ro	ocha	, and my date of birth is _	12/21/1981
My address is 300 W. C		Rio Grande City T	K 78582 USA
;=====================================	(street)	(city) (sta	ate) (zip code) (country)
Executed in Starr	County, State of Texas	4 E4b 1	
EVOCATED III	County, State of Fexas	, on the day or (month)	, 20 <u>24</u> . (year)
		Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm						
	Jose J. Rocha						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	350.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4.	SCHEDULE E: LOANS		\$	0.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	3,292.64			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		•		<u> </u>				
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:				
2 FILER NAME	Jose J. Rocha			3 Filer ID (Ethics Commission Filers)				
4 Date 12/20/2023	5 Full name of contributor Melisandra Mendoza 6 Contributor address; P.O. Box 50	City;	State; Zip Code	7 Amount of contribution (\$) \$350.00				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See II	nstructions)				
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)				
	10 090 10		State; Zip Code	100				
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Date	e Full name of contributor		Amount of contribution (\$)					
	Contributor address;		State; Zip Code					
Principal occup	pation / Job title (See Instructions)		Employer (See In	nstructions)				
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

SCHEDULE G

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor		Transport Travel In Travel O	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.				
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer	ID (Ethic	s Commi	ssion Filers)
4	Jose J. Roc	ha						
4 Date	5 Payee na	ne						
11/27/2023	Starr County	Democratic Party						
6 Amount (\$)	7 Payee ad	dress;		City;		State;	Z	ip Code
\$375.00 Relmbursement from political contributions intended	3722 W. U	S Highway 83		Rio Grande	e City,	Тх	7	8582
8 PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description				
OF EXPENDITURE	Fees			Filling Fee, Democ	ratic Ger	neral Ele	ction	
	(c)	Check if travel outside of Texas. Con	nplete Schedule T.	Check if Austin,	TX, officeh	older living	expense	
9	Candid	ate / Officeholder name		Office sought			Office	held
Complete ONLY if direct expenditure to benefit C/OH	Jose J.	Rocha	Starr Count	y Constable Precinct 4	Starr	County	Constat	ole Precinct 4
Date	Payee nar	ne						
11/27/2023	Sign W	orks LLC						
Amount (\$)	Payee add	dress;		City;		State;	Zi	p Code
\$1,391.01 Reimbursement from political contributions intended	308 W. Ma	in Street		Rio Grande City,		Tx		78582
	Category	(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense			Political Signs, Bumper	Stickers			
LAI LIIDII OKL	Check if travel outside of Texas. Complete Schedule T. Check if Austin,			TX, officeh	older living	expense		
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office	held
expenditure to benefit C/C	OH Jose J	. Rocha	Starr Count	y Constable Precinct 4	Starr (County C	Constab	le Precinct 4
Date	Payee nar	ne						
12/02/2023	Mccoy's	s Building Supply						
Amount (\$)	Payee add	dress;		City;		State;	Zip (Code
\$12.98 Reimbursement from political contributions intended	4759 Eas	st US Highway 83		Rio Grande City	5	Т	×	78582
PURPOSE	Category	(See Categories listed at the top	of this schedule)	Description				
OF EXPENDITURE		Advertising Expense		Zip Ties				
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin,	TX, officeho	older living	expense	
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office	neld
expenditure to benefit C/OH	Jose J.	Rocha	Starr County C	onstable Precinct 4	Starr	County C	onstable	Precinct 4
	ATTA	CH ADDITIONAL COP	IES OF THIS S	CHEDULE AS NEEDE	ED			

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
7.0	Jose J. Rocha		(2	
4 Date 12/04/2023	Payee name: McCoys Building Supply			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$124.52 Relmbursement from political contributions intended	4759 E. US Hwy 83	de City, Tx	78582	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	0	
PURPOSE	Advertising Expense	T-posts, 2x4 stud	ds	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living ex	rpense
9	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Jose J. Rocha Starr	County Constable Precinc	t 4 Starr County C	onstable Precinct 4
Date	Payee name			
12/09/2023	McCoys Building Supply			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$160.07 Reimbursement from political contributions intended	4759 E. US Hwy 83	Rio Grande City	, Tx	78582
PURPOSE	Category (See Categories listed at the top of this sch	edule) (b) Description		
OF EXPENDITURE	Advertising Expense	2x4 studs		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living ex	cpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/C	OH Jose J. Rocha Starr	County Constable Precind	t 4 Starr County Co	onstable Precinct 4
Date	Payee name			
12/15/2023	Sign Works, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$714.45 Reimbursement from political contributions intended	308 W Main St.	Rio Grande C	city, Tx	78582
PURPOSE	Category (See Categories listed at the top of this scho	edule) Description		
OF EXPENDITURE	Advertising Expense	Political Signs	S	
	Check if travel outside of Texas. Complete Scheo	dule T. Check If Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Jose J. Rocha Starr C	ounty Constable Precinct 4	Starr County Co	nstable Precinct 4
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

SCHEDULE G

		EXPENDITURE C	ATEGORIES	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 Expen Legal Services The Instruction Guide e	Office Of Polling E se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisl Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA Jose J. Rock				3 Filer ID (Ethics	Commission Filers)
4 Date 12/18/2023	Payee name: McCoys Bui	lding Supply				
6 Amount (\$) 37.47 Reimbursement from political contributions intended	7 Payee add			City; Rio Grande	State; e City, Tx	Zip Code 78582
8 PURPOSE OF		(See Categories listed at the top of	of this schedule)	(b) Description T-posts		
EXPENDITURE					TX, officeholder living e	xpense
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Jose J. Rocha Starr County Constable Precinct 4 Starr County Constable Precinct 4						
Date 12/25/2023	Payee nar Vista P					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
\$264.55 Reimbursement from political contributions intended	100 Hayo	den Avenue		Lexington	MA	02421
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of Advertising Expense	·	(b) Description 5x7 post cards		
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	211	ate / Officeholder name . Rocha	Starr County	Office sought / Constable Precinct 4	Starr County Co	Office held onstable Precinct 4
Date 12/27/2023	Payee nan	ne s Building Supply				
Amount (\$) \$17.74 Reimbursement from political contributions intended	Payee add	dress; JS Hwy 83		City; Rio Grande City	State; , Tx	Zip Code 78582
PURPOSE OF EXPENDITURE		(See Categories listed at the top o		Description Zip ties		
		Check if travel outside of Texas. Compare ate / Officeholder name	IELE SCHEOUIE I.	Office sought	TX, officeholder living ex	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jose J.	5 .	Starr County Co	onstable Precinct 4	Starr County Co	nstable Precinct 4
	ATTA	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEEDE	D	

SCHEDULE G

		EXPENDITURE CA	ATEGORIES	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 Expens Legal Services The Instruction Guide ex	Office Ov Polling E e Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundralsin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:	2 FILER NA Jose J. Rocl				3 Filer ID (Ethics	Commission Filers)	
4 Date 12/28/2023	Payee name: Sign Works			1			
6 Amount (\$) 194.85 Reimbursement from political contributions intended	-	Payee address; City; State; Zip Code 308 W. Main St Rio Grande City, Tx 78582 Candidate / Officeholder name					
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of ing Expense	this schedule)	(b) Description Political signs			
	(c) (c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid Jose J. I	ate / Officeholder name	Starr County	Office sought Constable Precinct 4		Office held onstable Precinct 4	
Date	Payee nan	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	iress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	(b) Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austi				TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/C	DН			Office sought Category (See Categ	ories listed at the top of thi	Office heid s schedule)	
Date	Payee nan	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE				Description			
		heck if travel outside of Texas. Comple	te Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida Jose J.	ate / Officeholder name Rocha	Starr County Co	Office sought onstable Precinct 4		Office held nstable Precinct 4	
	ΔΤΤΔ	CH ADDITIONAL COPIE	S OF THIS S	CHEDIN E AS NEEDS			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.				
	Complete only if "Report Type" on page 1 Is marked "Final Report" ⋅			
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)	
	Jose J.	lose J. Rocha		
3	SIGNATURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.			
	A.	CAMPAIGN FUNDS		
	Check only one:			
		I do not have unexpended contributions or unexpended interest or income earned f	from political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
B. ASSETS				
	Check only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
			Signature of Candidate	
• Complete this section only if you are an officeholder ••				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
			Signature of Officeholder	
		6 T S	orginature or Onicendider	