# JUAN V. GARCIA

30 Days Before Election the March 1, 2022

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#### 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 FIRST М OFFICE USE ONLY **OFFICEHOLDER** MR Juan NAME Date Receival/ERON COUNTY NICKNAME LAST SUFFIX DEPARTMENT OF ELECTIONS & J.V. Garcia **VOTER REGISTRATION** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE **OFFICEHOLDER** JAN 31 2022 5718 Wild Persimmon, Harlingen, TX 78552 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (956)970-1159 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN ME **TREASURER** Мг Juan Date Processed NAME NICKNAME LAST SUFFIX Date Imaged J.V. Garcia STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 5718 Wild Persimmon, Harlingen, TX 78552 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (956 970-1159 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Dav Year COVERED 20 ′ 22 22 1 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Cameron County Commissioner Pct. #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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

Charles

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME Juan Virgilio Garcia		<b>16</b> File	r ID (Ethics	Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			0.00			
:	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	NS)	\$	3,250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$ 4	4,172.29			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE	\$	0.00			
18 SIGNATURE   Is	wear, or affirm, under penalty of perjury, that the accompanying report is	true and co	orrect and ir	ncludes all information			
	quired to be reported by me under Title 15, Election Code						
		Q					
	Jun.	Da					
	Signature of	Candidate	or Officeho	older			
	Miles and a second of a 1945 and and the stand						
Please complete either option below:							
				•			
(4) A SSI January Production							
(1) Affidavit	MONICA DE LEON						
	My Notary ID # 125050763						
NOTARY STAMP (SEA	Expires January 23, 2026		1				
	Juan / Garia	スパ	<i>*</i>	TANJANA			
00	before me by <u>Juan V. Cluraa</u> this	tne	day of_	Juliun. of.			
20 de to certify	which, witness my hand and seal of office.	And	minis	strator			
Signature of officer administe			Title of off	icer administering oath			
-	OR			<u> </u>			
(2) Unsworn Declarati							
tal and a second	•••						
My name is	, and my date of birt	th is		·			
My address is							
	(street) (city)	, ,	(zip code)	(country)			
Executed in	County, State of, on the day of	onth\	, 20 (yea	<del></del> .			
	(m	ionin)	(yea	1)			
	Signature of Co	andidata/Off	iceholder (F	lastarant)			

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Co			ion Filers)		
Ju	an Virgilio Garcia	The state of the s				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	■ SCHEDULE E: LOANS	\$	750.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	4,172.29			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$				
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	PNTRIBUTIONS	\$			
12.	. 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.

If the requested anomation 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 Juan Virgilio	o Garcia	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Israel and Rosie Coronado	7 Amount of contribution (\$)					
01/05/2022	6 Contributor address; City; State; Zip Code 1016 S. Mile 2 1/2, Weslaco, TX 78596	500.00					
,	pation / Job title (See Instructions)  9 Employer (See Instructions)  Ivocate for Better Drainage, Accountant	ions)					
Date	Full name of contributor out-of-state PAC (ID#)  Christopher and Stephanie Hamby	Amount of contribution (\$)					
01/07/2022	Contributor address; City; State; Zip Code 5410 Hurd Ct., Harlingen, TX 78552	500.00					
	ation / Job title (See Instructions) Employer (See Instructions) actor/Graduate Engineer	tions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
01/14/2022	Fernando Gallegos  Contributor address; City; State; Zip Code  1615 Laurel Ct., Donna, TX 78537	2,000.00					
Principal occup Professional E	ngineer Employer (See Instructions)  Employer (See Instructions)	tions)					
Date	Full name of contributor out-of-state PAC (ID#:)  Robin and Judith DeHart	Amount of contribution (\$)					
01/08/2022	Contributor address; City; State; Zip Code 16593 W. Barger Ct., Harlingen, TX 78552	250.00					
•	ractor and Registered Nurse (Ret.)	tions)					
-							
	ATTACH ADDITIONAL CODICO DE THE COLIEDINE E ACA						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## LOANS SCHEDULE E

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

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Juan Virgilio	Garcia				
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
01/14/2022	Juan V. Garcia		750.00		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	5718 Wild Persimmon, Harling	en TX 78552			
□ y ■ N	or to what oronning, richning.	on, 170 10002	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Professional E	ngineer				
14 Description of Coll	ateral	15 Check if personal fund	ds were deposited into political		
■ none		account (See Instructi			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
	10 Guarantoi auditess, Sityi	State, Zip Code			
■ not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Incorrect I toward		· ·			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colle	ateral	Check if personal fund	ds were deposited into political		
■ none		account (See Instructi			
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)		
	Guarantor address; City;	States 7 in Code	1		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
	ATT CHARDTIONAL COR				
. If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### 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

Travel In District
e Travel Out Of District

Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment							
Credit Card	гаутын		The Instruction Guide	explains how to c	omplete this form.			
1 Total p	ages Schedule F1:	1	AME Ilio Garcia			3 Filer ID (Ethic	s Commission Filers)	
4 Date		5 Payee na		•		I		
01/1	4/2022	Real St	rategic Solutions					
6 Amou	nt (\$)	7 Payee a			City;	State;	Zip Code	
750	0.00	P.O. Bo	x 1526, Olmito, T	X 78575				
8		(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description			
	URPOSE OF ENDITURE	Consul	ting Expense		Consult on strategy and voter data.			
		(c)	Check if travel outside of Texas. C	Complete Schedule T.	Check if Aust	Austin, TX, officeholder living expense		
	ete <u>ONLY</u> if direct liture to benefit C/Of		late / Officeholder name		Office sought		Office held	
Date		Payee na	ame	•			16 800 10 10 10 10 10 10 10 10 10 10 10 10 1	
Amou	nt (\$)	Payee a	ddress;		City;	State;	Zip Code	
		Category	/ (See Categories listed at the to	op of this schedule)	Description	e i Anterio		
	URPOSE OF ENDITURE							
			Check if travel outside of Texas, C	Complete Schedule T.	Check if Austin, TX, officeholder living expense			
	ete <u>ONLY</u> 'if direct liture to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date		Payee n	ame					
Amou	nt (\$)	Payee a	ddress;		Cíty;	State;	Zip Code	
	URPOSE OF ENDITURE	Category	/ (See Categories listed at the to	op of this schedule)	Description			
			Check if travel outside of Texas, C	Complete Schedule T.	chedule T. Check if Austin, TX, officeholder living expense			
	ete <u>ONLY</u> if direct liture to benefit C/OI		late / Officeholder name	3	Office sought		Office held	
		AT	TACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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 Gitt/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Cyline applicit		xpense Vages/Contract Labor	Travel in District Travel Out Of Distric Other (enter a catego			
	T	The Instruction Guide explain	1s how to c	omplete this form.				
1 Total pages Schedule F1: 2	1	<sup>Аме</sup> illio Garcia			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee na	ime	******		····			
01/14/2022	Chuy's	Custom Sports						
6 Amount (\$)	7 Payee ad	*****		City;	State;	Zip Code		
2,500.00	1975 W.	. US Highway 77, San	Benito	, TX 78586				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PURPOSE OF EXPENDITURE	Advertis	sing and Printing Expe	∍nse	Signs, Shirts, F	Push cards, e	etc.		
	(c)	Check if travel outside of Texas, Complete S	ichedule T.	Check if Austin	ı, TX, officehalder living	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me	***************************************					
01/08/2022	El Rancl	ho Restaurant						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
172.29	206 N. 7	7 Sunshine Strip, Har	lingen,	TX 78552				
	Category	(See Categories listed at the top of this s	chedule)	Description				
Furpose of Expenditure  Food and Beverage Expense Tacos and Coffee for Harlingen Baseball Tournament				all Boosters Golf				
A STATE OF THE STA		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	. TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate /·Officeholder name		Office sought	I	Office held		
Date	Payee na	me						
01/18/2022	Juan Vir	gilio Garcia						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
750.00	5718 Wil	d Persimmon, Harling	jen, TX	78552				
	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Loan Re	imbursement		Consulting Exp	ense-Strateg	ic Solutions		
	(	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	11 11 11 11	Office sought	1900	Office held		
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEED	DED			

