

**JUAN V.
GARCIA**

**8 Days Before
Election the
March 1, 2022**

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: Juan MI: V NICKNAME: J.V. LAST: Garcia SUFFIX:	OFFICE USE ONLY Date Received <div style="text-align: center;"> CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 10:57am FEB 22 2022 </div> Date Hand-delivered or Date Postmarked Receipt # <i>1057</i> Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5718 Wild Persimmon, Harlingen, TX 78552		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 970-1159		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Juan MI: V NICKNAME: J.V. LAST: Garcia SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5718 Wild Persimmon, Harlingen, TX 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 970-1159		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 21 / 22 2 / 21 / 22		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 22	ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cameron County Commissioner Pct. #4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME
Juan Virgilio Garcia

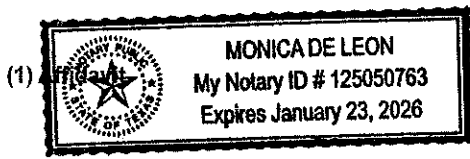
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. 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 LOANS)	\$ 20,980.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 830.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,614.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Juan V. Garcia
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Juan V. Garcia this the 21st day of February

22, to certify which, witness my hand and seal of office.

Monica De Leon Monica De Leon Administrator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Juan Virgilio Garcia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,980.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,200.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,614.08
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	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5****2** FILER NAME

Juan Virgilio Garcia

3 Filer ID (Ethics Commission Filers)**4** Date

01/24/2022

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

Robert M. Walsdorf & Kimberly Bennett-Walsdorf

7 Amount of contribution (\$)**250.00****6** Contributor address; City; State; Zip Code

212 East Resaca Dr.; Los Fresnos; TX; 78566

8 Principal occupation / Job title (See Instructions)

General Contractor

9 Employer (See Instructions)

Date

01/28/2022

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

David V. Day

Amount of contribution (\$)

3,000.00

Contributor address; City; State; Zip Code

901 South Stuart Place Rd; Harlingen; TX; 78552

Principal occupation / Job title (See Instructions)

Professional Engineer

Employer (See Instructions)

Date

01/28/2022

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

Frank E. Matz III & Alisa A. Matz

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

3008 W. Spur 54; Harlingen, TX, 78552

Principal occupation / Job title (See Instructions)

General Contractor

Employer (See Instructions)

Date

01/28/2022

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

Margarito Maldonado & Celeste Maldonado

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6575 FM 1732; Brownsville; TX; 78520

Principal occupation / Job title (See Instructions)

General Contractor (Ret.)/School Teacher

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: **5****2** FILER NAME

Juan Virgilio Garcia

3 Filer ID (Ethics Commission Filers)**4** Date

01/28/2022

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

Pedro Amadeo Galvan

7 Amount of contribution (\$)**500.00****6** Contributor address; City; State; Zip Code

704 Easy Street; San Benito; TX; 78586

8 Principal occupation / Job title (See Instructions)

Pharmacist

9 Employer (See Instructions)

Date

01/28/2022

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

Enrique F. Jimenez & Alicia Jimenez

Amount of contribution (\$)

30.00

Contributor address; City; State; Zip Code

810 S. Ed Carey; Harlingen; TX; 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2022

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

Tivie Valencia

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

20106 Morris Rd.; Harlingen; TX; 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2022

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

Alfredo Garcia, Jr. & Sabina Alicia Garcia

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

153 Lakeview South; San Benito; TX; 78586

Principal occupation / Job title (See Instructions)

General Contractor/Registered Nurse

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **5****2** FILER NAME

Juan Virgilio Garcia

3 Filer ID (Ethics Commission Filers)**4** Date

02/03/2022

5 Full name of contributor

Cynthia Ann Thompson

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

1916 Loquat Dr.; Harlingen; TX; 78552

7 Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/03/2022

Full name of contributor

Terrill Daily

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

16770 Imperial Valley Dr., Ste. 250, Houston; TX; 77060

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Professional Engineer

Employer (See Instructions)

Date

02/13/2022

Full name of contributor

David A. Wise

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2702 N. Bus. 77 Sunshine Strip; Harlingen; TX; 78550

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2022

Full name of contributor

Half Associates-State PAC

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1201 N. Bowser Road; Richardson, TX 75081

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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: 5
2 FILER NAME Juan Virgilio Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ramon Closner 6 Contributor address; City; State; Zip Code 1303 West 3rd St., Apt. 24; Weslaco; TX; 78596	7 Amount of contribution (\$) 3,500.00
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions)
Date 02/18/2022	Full name of contributor out-of-state PAC (ID#: _____) Mario A. Reyna Contributor address; City; State; Zip Code 201 Bales Rd., Apt. 11; McAllen; TX; 78503-3155	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Professional Engineer		Employer (See Instructions)
Date 02/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Michael B. Rhodes Contributor address; City; State; Zip Code 1020 Allen View Dr.; New Braunfels; TX; 78132-1806	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) General Contractor/Developer		Employer (See Instructions)
Date 02/19/2022	Full name of contributor out-of-state PAC (ID#: _____) Juan Ortega Contributor address; City; State; Zip Code 2401 Ailani Circle; Harlingen; TX; 78552	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: **5**

2 FILER NAME

Juan Virgilio Garcia

3 Filer ID (Ethics Commission Filers)

4 Date

01/31/2022

5 Full name of contributor

Vilma Solis

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

27521 S. White Ranch Rd.; Harlingen; TX 78552

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/31/2022

Full name of contributor

Joe & Gloria Garza

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2910 Sterling Ave.; Harlingen; TX; 78550

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2022

Full name of contributor

Martha Tapia

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

6124 Masters Blvd., Apt. A; Harlingen, TX 78552

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Juan Virgilio Garcia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/17/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minuteman Press 7 Contributor address; City; State; Zip Code 4949 North McColl Road; McAllen; TX; 78504	8 Amount of Contribution \$ 2,000.00	9 In-kind contribution description mailers <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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 complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Juan Virgilio Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan V. Garcia	9 Loan Amount (\$) 7,200.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 5718 Wild Persimmon, Harlingen, TX 78552	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Professional Engineer		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	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: 4	2 FILER NAME Juan Virgilio Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2021	5 Payee name Chuy's Custom Sports	
6 Amount (\$) 3,500.00	7 Payee address; City; State; Zip Code 1975 W. US Hwy 77; San Benito, TX; 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs, push cards, shirts, etc.
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 02/21/2022	Payee name La Feria Publishing, LLC	
Amount (\$) 900.00	Payee address; City; State; Zip Code 2120 N. Crockett, Sherman, TX 75092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper ad
	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
Date 02/07/2022	Payee name Rental World Harlingen	
Amount (\$) 224.08	Payee address; City; State; Zip Code W. Tyler Ave.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Cocktail tables
	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

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	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: 4	2 FILER NAME Juan Virgilio Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Payee name Media Choice	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 3701 Bee Cave Road, Suite 101; Austin, TX; 78746-5385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense	(b) Description Digital billboards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/16/2022	Payee name The Concession Stand	
Amount (\$) 240.00	Payee address; City; State; Zip Code 1012 Jesus R. Cruz; Santa Rosa, TX; 78593	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Hot dogs, chips and drink.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/11/2022	Payee name Valley Morning Star	
Amount (\$) 850.00	Payee address; City; State; Zip Code 1310 S. Commerce St., Harlingen, TX; 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description newspaper ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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: 4	2 FILER NAME Juan Virgilio Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Payee name Perla Nieto Presenta	
6 Amount (\$) 7,200.00	7 Payee address; City; State; Zip Code 200 S. 10th, McAllen, TX, 78501 (Ste. 1400)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Telemundo Ad/Commercial/Production
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2022	Payee name H.S.H. Wine & Whiskers	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 1106 Markowsky Ave.; Harlingen, TX; 78550	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Best Friend Sponsorship Humane Society of Harlingen
	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
Date 01/31/2022	Payee name 222 La Placita LLC	
Amount (\$) 500.00	Payee address; City; State; Zip Code 222 W. Harrison Avenue, Suite B.; Harlingen; TX; 78552	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Sign
	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

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	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: 4	2 FILER NAME Juan Virgilio Garcia	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/2022	5 Payee name Juan Virgilio Garcia
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6 Amount (\$) 7,200.00	7 Payee address; 5718 Wild Persimmon, Harlingen, TX 78552	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Reimbursement	(b) Description Telemundo Ad/Commercial
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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