JUAN V. GARCIA

8 Days Before Election the May 16, 2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Juan	MI V	OFFICE USE ONLY
NAME	NICKNAME J.V.	LAST Garcia	SUFFIX	Date Received CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	5718 Wild P	ersimmon, Harlinge	city; state; zip code en, TX 78552	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION W.OMAN 16 2022
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Dete Rostmarked
PHONE 6 CAMPAIGN	(956)	970-1159 FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr	Juan	V	Date Processed
	J.V.	Garcia	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI ersimmon, Harlingo	,	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 970-1159	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	ental control of the	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 20 / 22	THROUGH 5	Day Year / 14 / 22
11 ELECTION	Month Day 5 / 24	Year Primary	ELECTION TYPE ■ Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Cameron County	Commissioner Pct. #4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES,
Additional Pages	GENERAL	COMMITTEE ADDRESS		
-	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER 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 ·	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)	\$ 14,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 853.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,768.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	Signature of Cand	didate or Officeholder
(1) Affidavit	MONICA DE LEON My Notary ID # 125050763 Expires January 23, 2026	1.6
Sworn to and subscribed	before me by <u>JUAN V. GAVAU</u> this the	day of Muy, Administrator Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	11	
_	• • •	ate) (zip code) (country)
Executed in	County, State of, on the day of	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 Ju	riler name ian Virgilio Garcia	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	7,460.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	21,768.28
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 FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A1

ir the reques	sted 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 Virgili	o Garcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) John L. Asbury	7 Amount of contribution (\$)
02/16/2022	6 Contributor address; City; State; Zip Code 3004 N. 77 Sunshine Strip, Harlingen, TX 78550	200.00
B Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Perdue, Brandon, Fielder, Collins & Mott, LLP	Amount of contribution (\$)
03/09/2022	Contributor address; City; State; Zip Code 1235 N. Loop W, STE 600, Houston, TX 77008	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/15/2022	Joe Salazar III Contributor address; City; State; Zip Code 611 E. Loop 499, Harlingen, TX, 78550	300.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Joe Salazar III	Amount of contribution (\$)
03/21/2022	Contributor address; City; State; Zip Code 611 E. Loop 499, Harlingen, TX, 78550	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME Juan Virgili		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/01/2022	6 Contributor address; City; State; Zip Code PO Box 4428, McAllen TX 78502	1,000.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Ramon Closner	Amount of contribution (\$)
04/20/2022	Contributor address; City; State; Zip Code 1303 West 3rd St., Weslaco, TX (Apt. 24)	2,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/13/2022	Saraang Jay Rama Contributor address; City; State; Zip Code 1821 W. Tyler Ave. Harlingen, TX 78550	500.00
Principal occup	Deation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Anna Cruz	Amount of contribution (\$)
05/06/2022	Contributor address; City; State; Zip Code 150 Klattenhoff Lane 6307, Hutto, TX 78634	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in t	he report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5	
2 FILER NAME Juan Virgili	o Garcia	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		
05/11/2022	6 Contributor address; City; State; Zip Code 1920 Westminster Rd., Brownsville, TX 78521	1,000.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
05/12/2022	Contributor address; City; State; Zip Code 701 N. Rontson Pd. McAllon TV 78501	500.00	
Principal occup	701 N. Bentsen Rd., McAllen TX 78501 ation / Job title (See Instructions) Employer (See Inst		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
05/11/2022	Michael Rhodes Contributor address; City; State; Zip Code 1020 Allen View Dr., New Braunfels, TX 78132	1,000.00	
Principal occup	ation / Job title (See Instructions) Employer (See Inst		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
05/12/2022	Halff Associates-State PAC Contributor address; City; State; Zip Code	500.00	
1201 N. Bowser Road; Richardson, TX 75081			
	ation / Job title (See Instructions) Employer (See Instructions)	(dutons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this pag	ge in the report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5		
2 FILER NAME Juan Virgili		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
05/11/2022	6 Contributor address; City; State; Zip C 745 E. Saint Charles St. Ste C, Brownsville, TX 7	JUU.UU		
8 Principal occu	upation / Job title (See Instructions) 9 Employer (S	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05/12/2022	Contributor address; City; State; Zip C 124 Country Club Rd., Brownsville, TX 78	000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05/13/2022	Contributor address; City; State; Zip Co	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
***************************************	Contributor address; City; State; Zip Co	ode		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ULE AS NEEDED		

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT includ	e this page in the	report.
The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 5
2 FILER NAME Juan Virgili	o Garcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)
05/13/2022	6 Contributor address; City; State; Zip Code 26378 Beckham Rd. Harlingen, TX 78552		300.00
8 Principal occu		Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
05/13/2022		78502	500.00
Principal occup		Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
05/13/2022	Andres Palma Contributor address; City; Sta 1801 Battista St., Edinburg,	te; Zip Code	2,500.00
Principal occup	1	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Sta	ate; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Plant			
	ATTACH ADDITIONAL COPIES OF TH		

LOANS SCHEDULE E

			1 Total pages Schedule E:
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Conedule L. 2
FILER NAME			3 Filer ID (Ethics Commission Filers
Juan Virgilio	Garcia		
TOTAL OF UN	NITEMIZED LOANS		\$
Date of loan	7 Name of lender ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)
03/15/2022	Juan V. Garcia		2,500.00
6 Is lender a financial Institution?	8 Lender address; City; 5718 Wild Persimmon, Harlinge	State; Zip Code	10 Interest rate
☐ Y ■ N	J. 12 11221 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
Professional E	ngineer		
14 Description of Coll none	ateral	Check if personal fun account (See Instruc	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	I	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	l .		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
04/11/2022	Juan V. Garcia		2,500.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	5718 Wild Persimmon, Harlingen, TX 78552		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Professional E	Engineer		
Description of Colla	ıteral	Check if personal fundaccount (See Instruct	nds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
■ not applicable			
		Employer (See Instructions)	

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 2
2 FILER NAME		- 1	3 Filer ID (Ethics Commission Filers)
Juan Virgilio	Garcia		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
05/13/2022	Juan V. Garcia		2,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	5718 Wild Persimmon, Harlinge	en, TX 78552	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	<u></u>
Professional E	ngineer		
14 Description of Col	ateral		ds were deposited into political
■ none		account (See Instruc	tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
04/29/2022	Juan V. Garcia		460.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	5718 Wild Persimmon, Harlinge	en, TX 78552	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Professional E	Engineer		
Description of Colle	ateral	, Check if personal fund	ds were deposited into political
■ none		✓ account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
■ not applicable			
	on (See Instructions)	Employer (See Instructions)	
Professional Eng	ineer		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	:DED

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
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) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 3 Juan Virgilio Garcia 4 Date 5 Pavee name 03/11/2022 Media Choice 6 Amount (\$) 7 Payee address; State: Zip Code 5,000.00 3701 Bee Cave Road, Suite 101, Austin, TX, 78746 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Digital Billboards (x2) **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/13/2022 The Valley Morning Star Amount (\$) Payee address; City; State; Zip Code 1,585.00 1310 S. Commerce, Harlingen, TX78550 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense newspaper ad OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 03/12/2022 222 La Placita LLC Amount (\$) Payee address; City; State: Zip Code 222 W. Harrison Avenue, Suite B.; Harlingen; TX; 78552 375.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Digitial Sign EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
A Date	Juan Virgilio Garcia		
4 Date 05/13/2022	5 Payee name Chuy's Custom Sports		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
9,675.00	1975 W. US Hwy 77; San Benito, TX		Citic , L ip Cost .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising Expense	Signs, push ca	ards, shirts, etc.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/08/2022	Benchmark Outdoor Media		
Amount (\$)	Payee address;	City;	State; Zip Code
2,400.00	2120 N. Crockett, Sherman, TX 7509	2	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Digital Billboar	⁻ d
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/07/2022	Facebook Meta		
Amount (\$)	Payee address;	City;	State; Zip Code
309.91	n/a		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Boosts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF THIS	SCUEDIII E AS NEE	DED

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 Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Otner (enter a catego	ary not listed above)
1 Total pages Schedule F1:	2 FILER NAME Juan Virgilio Garcia		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
03/25/2022	Minuteman Press			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,673.21	4949 North McColl Road, McAllen, T	X 78504		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisement Expense	Mailers		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/22/2022	The Valley Morning Star			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	1310 S. Commerce, Harlingen, TX 78	3550		
	Category (See Categories listed at the top of this schedule)	Description	***************************************	
PURPOSE OF EXPENDITURE	Advertising Expense	newspaper ad		
in the second se	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/07/2022	Manual Dial Company			
Amount (\$)	Payee address;	City;	State;	Zip Code
450.16	1527 S. Cooper Street			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Text to Survey		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	