# JUAN V. GARCIA

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction Guide explains how t		to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 6
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR.	FIRST  Juan	MI V		USE ONLY
NAME	NICKNAME J.V.	LAST <b>Garcia</b>	SUFFIX	Date Received 111	GISTRATION SISTRATION
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	5718 Wild Po	: APT / SUITE #; C ersimmon, Harlinge	CITY; STATE; ZIP CODE en, TX 78552	JUL 1	4 2022 DEN <b>E</b> D
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 )	970-1159	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mr	Juan	V	Date Processed	1
<del></del>	NICKNAME	LAST	SUFFIX	Date Imaged	
	J.V.	Garcia	·		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  5718 Wild Persimmon, Harlingen, TX 78552			ZIP CODE	
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	( 956 )	970-1159			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH ~ FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	5	/ 15 / 22	THROUGH 6	/ 30 / 22	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year ■ Primary	Runoff Other Description		
-	5 / 24 /	<b>22</b> General	Special	·	
42 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
12 OFFICE			Cameron County		ner Pct. #4
14 NOTICE FROM	NOTICE FROM  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUIT			IMITTEES TO SUPPORT	
POLITICAL COMMITTEE(S)  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
		GO TO	PAGE 2		

3/3/2

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Et	hics Commission Filers)		
Juan Virgilio Garcia					
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)	\$	100.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$	1,000.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00		
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct ar	nd includes all information		
re	quired to be reported by me under Title 15, Election Code.	,			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>			
	Signature of Car	ndidate or Offic			
	) Signature of Gar	Talate of Onc	Centiques		
	·				
	Please complete either ention below	<b>6</b> 1			
	Please complete either option below:				
(1) Affidavit					
MONICA DE LEON My Notary ID # 125050763					
NOTARY STAMP/STAMP					
Sworn to and subscribed before me by Walt Talla this the H day of Auly,					
20 22 , to certify which, where so my bland and seal of office.					
Monica Wikeow Monica De León Hhice Administration					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
OR					
(2) Unsworn Declaration					
a.	and any data of bids to				
	, and my date of birth is				
My address is	•	tate) (zip cod	de) (country)		
Executed in	County, State of , on the day of	. 20	<u>.</u>		
	(month)	) (	year)		
	Signature of Candida	ate/Officeholder	(Declarant)		

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	19 FILER NAME  Juan Virgilio Garcia  20 Filer ID (Ethics Con			on Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	1,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
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 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:		
2 FILER NAME Juan Virgili	o Garcia		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Hector De La Garza	(ID#:)	7 Amount of contribution (\$)		
05/20/2022	6 Contributor address; City; 113 S. Lakeview St., San Ben	100.00			
8 Principal occu Educator	8 Principal occupation / Job title (See Instructions)  Educator  9 Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
,	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (	)   	Amount of contribution (\$)		
11 11 11 11 11 11 11 11 11 11 11 11 11	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Juan Virgilio Garcia		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/09/2022	Tony Butler Golf Course			
6 Amount (\$)		City	Ctata:	Zin Codo
1,000.00	Payee address; 2640 Golf Course Dr., Harlingen, TX	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Golf tournament course fees		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, afficeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to co  Complete only if "Report Type" on page 1 is	
1	C/OH I		2 Filer ID (Ethics Commission Filers)
		Virgilio Garcia	2 The 15 (Edited Commission Filers)
	SIGNA		
_	0,0.0		
	design	t expect any further political contributions or political expenditures in co ating a report as a final report terminates my campaign treasurer appoir ign contributions or make any campaign expenditures without a campai	ntment. I also understand that I may not accept any
4		WHO IS NOT AN OFFICEHOLDER  Inplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
	7	I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
	- Annagan	I have unexpended contributions or unexpended interest or income exmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report or unexpended contributions or unexpended interest or income earned of filing this final report. Further, I understand that I must dispose of une interest or income earned on political contributions in accordance with	interest or income earned on political contributions to f unexpended contributions and that I may not retain on political contributions longer than six years after expended political contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
	1	I do not retain assets purchased with political contributions or interest	t or other income from political contributions.
	Les-nol	I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to sed with political contributions in accordance with the
			Signature of Candidate
		EHOLDER  plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an off file. I am also aware that I will be required to file reports of unexpended an officeholder, I retain political contributions, interest or other income fr political contributions or interest or other income from political contribu	contributions if, after filing the last required report as rom political contributions, or assets purchased with
			Signature of Officeholder