	TE / OFFICEHOLDER N 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:		
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST LAST SUFFIX	OFFICE USE ONLY	<u>((</u> ,	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODELY 1515 FULLERTON MCALLON TO 78584 AREA CODE PHONE NUMBER EXTENSION (956) 687-4000	SECRETARY'S C Reselved Date 1/16/2023. Date Hand-delivered or Date Postmarked	Πu	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed		
 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 155 Fullerfon Machine AREA CODE PHONE NUMBER EXTENSION ()	STATE: ZIP CODE		
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 2///22 THROUGH /2/	Day Year 31/22		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other General Special			
12 OFFICE	OFFICE HELD (if any) May 500 13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	DATE'S OB OFFICEUOI DEDIS VNOWN FROF OD		
GO TO PAGE 2				

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	The one contractione contractions (other than				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ()			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 190			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 16,1500)			
18 SIGNATURE I SV	rear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information			
req	ired to be reported by me under Title 15, Election Code.				
	Signature of Car	didate or Officeholder			
	Plaga complete sitter and a				
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Swarp to and subscribed b					
Sworn to and subscribed b		day of,			
20, to certify w	nich, witness my hand and seal of office.				
Signature of officer administerir	g oath Printed name of officer administering oath	Title of officer administering oath			
	OR	The of oncer administering bath			
(2) Unsworn Declaration					
My name is JGUIE	, and my date of birth is				
My address is 1515	ullerten McAllen T+	- 78504			
Executed in Hidrly C	(street) (city) (sta County, State of, on theday ofday of	te) (zip code) (country) , 20 (year)			
		2/Office helder (Deald			
		e/Officeholder (Declarant)			
orms provided by Texas Ethic	Commission www.ethics.state.tx.us	Revised 8/17/2020			