CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Ricardo NAME Date Received NICKNAME SUFFIX "Ric" Godinez APT / SUITE #: ADDRESS / PO BOX; CITY: STATE: ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** 2415 N. 10th Street MAILING McAllen, Texas 78501 **ADDRESS** Change of Address AREA CODE EXTENSION 5 CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 956) PHONE 682-5434 Receipt # Amount S MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Ricardo Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Godinez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CITY; CAMPAIGN **TREASURER** 2415 N. 10th Street ADDRESS McAllen, Texas 78501 (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION TREASURER PHONE (956) 682-5434 9 REPORT TYPE 15th day after campaign 30th day before election Runoff X January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year Month Day Year COVERED 31 / 2023 01 / THROUGH 2023 07 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Runoff Primary Other Description Month Special General 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) McAllen PUB Place B McAllen PUB Place B THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 3,603.35
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 2,587.48
	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	///
	11/VX	
	Signature of Car	edidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEA	L section of the sect	
Sworn to and subscribed	before me by Ricardo R. Godiner this the_	day of January
20 2 , to certify	which, witness my hand and seal of office.	Notan
Signature of officer administer	DOGGEN TO COLOR	Title of officer administering oath
orginature of officer administra		The of officer dammatering can
(0) 11	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
, 444.400 10		tate) (zip code) (country)
Executed in	County. State of , on the day of (month)	
	(month)	\(\)/
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. X SCHEDULE E: LOANS	\$	2,587.48
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.								
	The	1 Total pages Schedule E:						
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
	F							
4	TOTAL OF UN	\$ 2,587.48						
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)				
		Ricardo Godinez	2,587.48					
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
	Y N	2415 N. 10th Street McAllen, Texas 78501		11 Maturity date				
12		on / Job title (See Instructions)	13 Employer (See Instructions)					
	Atto	rney	Godinez Law Firr	n, PC				
14	Description of Coll	ateral		ds were deposited into political				
L	X none		account (See Instruct	ions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
		18 Guarantor address; City;	State; Zip Code					
	not applicable							
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)					
Date of loan Name of lender Dutt-of-state PAC (ID#:				Loan Amount (\$)				
Date of loan Name of lender out-of-state PAC (ID#:			PAC (ID#:)					
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution? Y N			Maturity date				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)					
Description of Collateral			Check if personal fun	ds were deposited into political				
none			account (See Instruct	tions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
Principal Occupation (See Instructions)			Employer (See Instructions)					
F	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							