IAM 1 2 2021

JAN 1 2 2024

CANDIDAT CAMPAIGI	TE / OFFICE N FINANC	E REPORT <sub>B</sub>	SOPHIA FRANCO ECTIONS ADMINISTRATOR, PECOS COUNTY  A. 10 pm	TEXAS F	ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	<sub>FIRST</sub>	MI X	OFFICE	USE ONLY
NAME	NICKNAME	LAST <b>Juarez</b>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1902 W 6th S	APT / SUITE #;	city; state; zip code ort Stockton TX 79735		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE (432)	PHONE NUMBER 290-2097	EXTENSION	Date Hand-delivered	d or Date Postmarked
PHONE  6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	20012101501500000000000	Sylvia	SUFFIX	Date Processed	
	NICKNAME	Almendarez		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address (N 1810 Sunset	O PO BOX PLEASE); APT /	SUITE #; CITY; Fort Stockton	STATE;	ZIP CODE 79735
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	( 432 )	290-1681	EXTENSION		
9 REPORT TYPE	January 15	30th day before	Financial Marking	treasurer a (Officehold	
	July 15	8th day before e	Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 7 / 23	THROUGH 1		
11 ELECTION	ELECTION DAT	E Primary	ELECTION TYPI  Runoff Other	E	
-	Month Day  3 / 5	Year Genera	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	(n)	
12 OFFICE	(		Pecos County	-	ner Pct 1
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
, additional 1 ages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
	10	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mario X Juarez	16 File	er 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		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,976.89		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,023.11		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00		
Signature of Candidate or Officeholder  Please complete either option below:				
(1) Affidavit  NOTARY STAMP/SEA  Sworn to and subscribed	0 0	day of January		
20 24 to certify	a Colomondare Linda Loera Almendarez	and the second s		
Signature of officer administe		Title of officer administering oath		
(2) Unsworn Declarati	on OR			
My name is	, and my date of birth is			
	, and my date of bitti is			
ing dudious is		(zip code) (country)		
Executed in	County, State of, on theday of(month)	, 20 (year)		
	Signature of Candidate/Of	ficeholder (Declarant)		

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

### FORM C/OH COVER SHEET PG 3

	FILER NAME  ario X Juarez  20 Filer ID (Ethics Cor		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 10,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,976.89
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

LOANS SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME Mario X Juare	ez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 10,000.00
5 Date of loan 12/20/2023	7 Name of lender □ out-of-state Mario X Juarez	9 Loan Amount (\$) 10,000.00	
6 Is lender a financial Institution?	8 Lender address; City; 1902 W 6th St Fort Stockt	State; Zip Code ton TX 79735	10 Interest rate 0.00  11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	<ul><li>17 Name of guarantor</li><li>18 Guarantor address; City;</li></ul>	State; Zip Code	19 Amount Guaranteed (\$)
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political titions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	-
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE	

## 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.		
1 Total pages Schedule F1:	2 FILER NAME Mario X Juarez		3 Filer ID (Ethi	cs Commission Filers)
4 Date 01/09/2024	5 Payee name JVC Media			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,976.89	3106 Fall Crest Dr	San Antonio	TX	78247
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Sig	ns	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	