CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission	Filers) 2	Total pages file	ed:	
The C/OH Instruction (Suide explains how	to complete this form.	,	,	Total pages in		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST ELEAZAR	МІ	REC'	OFFICE	USEONLY	
NAME	NICKNAME	GUAJARDO	SUFFIX	CC Dat	e Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY: STATE: ZIP COD IARR TX 78577		JAN	0F PHARR	
Change of Address	AREA CODE	PHONE NUMBER	FYTEURION	+L	CITY CI	LERKS OFFIC	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	2215245	EXTENSION	Dat	e Hand-delivered	dr Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST ELEAZAR	МІ		ceipt #	Amount \$	
	NICKNAME	LAST	OUEEN	Dat	e Processed		
	NICKNAWE	GUAJARDO	SUFFIX	Dat	e Imaged	SELECTION AND A SELECTION OF THE SELECTI	
7 CAMPAIGN		NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE	
TREASURER ADDRESS	3611 YVETT	E DR	PHARR		TX	78577	
(Residence or Business)							
TREASURER PHONE	(956)	PHONE NUMBER 2215245	EXTENSION				
	(330)	2213243					
9 REPOR <mark>T</mark> TYPE	January 15	30th day before	election		15th day afte treasurer ap (Officeholder	pointment	
	July 15	8th day before el	ection Exceeded Modi	fied		(Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	N	lonth	Day Year		
COVERED	7	/ 16 / 21	THROUGH 1	/ 1	4 / 22		
11 ELECTION	ELECTION DA	TE	ELECTION	TYPE			
	Month Day Year Primary Runoff Other						
	///	General	Special	ption			
12 OFFICE	OFFICE HELD (if any)	SIONER PL 1	13 OFFICE SOUGHT (f known)		and the second s	
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						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
		GO TO	PAGE 2				
		30.10					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMITAIGI	TIMANUL ILL'ORI		
15 C/OH NAME ELEAZAR GUAJARD	0	16 Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)	·	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT	TEES OF LOANS)	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	. \$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINE OF REPORTING PERIOD	ED AS OF THE LAST DAY	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	ING LOANS AS OF THE	0.00
	swear, or affirm, under penalty of perjury, that the accompan quired to be reported by me under Title 15, Election Code.	nying report is true and correct and incl	udes all information
		Signature of Candidate or Officehold	er
	•		
	Please complete either o	option below:	
(1) Affidavit			
NOTARY STAMP/SEA	L		•
Sworn to and subscribed	before me by	this the day of	1
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of officer administering o	eath Title of office	r administering oath
	OR		
(2) Unsworn Declarati	on		
My name is ELEAZAI	R GUAJARDO, and n	ny date of birth is 7/21/1964	·
My address is 3611 Y	VETTE DR PHARE	R TX 78577	·
Executed in Hicla	(street) A GO County, State of 1X, on the 28	(city) (state) (zip code) day of	(country)
	<u></u>	ignature of Candidate/Officeholder (Dec	larant)
i		•	