

CANDIDATE / OFFICEHOLDER CAMPAIGN 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	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MR		ELEAZAR	
GUAJARDO			
OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Received	
Change of Address		REC'D <i>40</i>	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		CC <i>7:00pm</i>	
PO BOX 2856		APR 28 2023	
MCALLEN TX 78502		CITY OF PHARR CITY CLERK'S OFFICE PHARR, TEXAS	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	2215245	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Date Hand-delivered or Date Postmarked		Receipt #	Amount \$
Date Processed		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
(Residence or Business)	3611 YVETTE DR		PHARR TX 78577
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	2215245	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	3	7	23
	THROUGH		Month Day Year
			4 / 28 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	23
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CITY COMMISSIONER PL 1		CITY COMMISSIONER PL 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
ELEAZAR GUAJARDO

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,595.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,595.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,595.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Eleazar Guajardo, and my date of birth is 7/21/1964
 My address is 3611 Yvette Dr, Pharr, TX, 78571, USA
(street) (city) (state) (zip code) (country)

Executed in Hidalgo County, State of TX, on the 28th day of April, 20 23.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME ELEAZAR GUAJARDO		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,595.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,595.00
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 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 ELEAZAR GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JANIE GAMBOA 6 Contributor address; City; State; Zip Code 2900 S JACKSON MCALLEN TX 78503	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) CUSTOMS BROKER		9 Employer (See Instructions) BUSINESS OWNER
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: _____) BRENDA OCAMPO Contributor address; City; State; Zip Code 313 E PRODUCE RD HIDALGO TX 78557	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) PRODUCE IMPORTER		Employer (See Instructions) BUSINESS OWNER
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) JOEL CURA Contributor address; City; State; Zip Code 3101 N TOLEDO ST PHARR TX 78577	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) MECHANIC		Employer (See Instructions) BUSINESS OWNER
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) JUAN WILLINGHAM Contributor address; City; State; Zip Code 1209 S CANNA ST PHARR TX 78577	Amount of contribution (\$) 600.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 ELEAZAR GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) LEYDA GUAJARDO 6 Contributor address; City; State; Zip Code 3611 YVETTE DR PHARR TX 78577	7 Amount of contribution (\$) 1,495.00
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions) PSJA
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME ELEAZAR GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name MARIA TREJO	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1319 NANI ST PHARR TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PROMOTIONAL	(b) Description DISTRIBUTION OF CAMPAIGN MATERIAL
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2023	Candidate / Officeholder name JUAN SOTO	
Amount (\$) 800.00	Office sought Office held	
Date 04/21/2023	Payee name JUAN SOTO	
Amount (\$) 800.00	Payee address; City; State; Zip Code 1319 NANI ST PHARR TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PROMOTIONAL	Description DISTRIBUTION OF CAMPAIGN MATERIAL
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2023	Candidate / Officeholder name MARIA PENA	
Amount (\$) 800.00	Office sought Office held	
Date 04/21/2023	Payee name MARIA PENA	
Amount (\$) 800.00	Payee address; City; State; Zip Code 1319 NANI ST PHARR TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PROMOTIONAL	Description DISTRIBUTION OF CAMPAIGN MATERIAL
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 2	2 FILER NAME ELEAZAR GUAJARDO	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name GUADALUPE MORENO	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 1319 NANI ST PHARR TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PROMOTIONAL	(b) Description DISTRIBUTION OF CAMPAIGN MATERIAL
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/20/2023	Payee name ADVANCE NEWS	
Amount (\$) 795.00	Payee address; City; State; Zip Code 217 W PARK AVE PHARR TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PROMOTIONAL	Description NEWSPAPER AD
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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