

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. Andy Harvey	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		APR - 6 2023 CITY OF PHARR CITY CLERK'S OFFICE PHARR, TEXAS
	1005 W Daffodil Ave Pharr, Texas 78577		
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER
		(956)	467- 4240
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. Andy Harvey	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1005 W Daffodil Ave Pharr, Texas 78577		
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER
		(956)	467- 4240
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
	1	1	23
	THROUGH		Month Day Year
			4 / 5 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	23
		<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			City of Pharr Mayor
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.		
	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

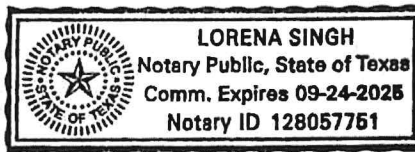
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Andy Harvey		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,668.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,002.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 665.68
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andy Harvey this the 7th day of April, 2023, to certify which, witness my hand and seal of office.
Lorena Singh Lorena Singh Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Andy Harvey

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,668.30
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,266.91
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,002.62
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,000.00
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
---	-------------------------------------

2 FILER NAME Andy Harvey	3 Filer ID (Ethics Commission Filers)
------------------------------------	---------------------------------------

4 Date	5 Full name of contributor out-of-state PAC (ID# _____) "SEE ATTACHED MONETARY CONTRIBUTIONS"	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 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)
---	-----------------------------

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)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Andy Harvey	
Monetary Political Contributions Schedule A-1	
30 Day Before Election Report	
1/1/2023 - 04/06/2023	

Date	Amount	Name	Address	City	State	Zip	Occupation	Employer
2/21/2023	\$ 25.00	Lorena Singh	8302 Las Palmas Dr	Pharr	TX	78577	Social Worker	Self Employed
2/21/2023	\$ 75.00	Lorena Singh	8302 Las Palmas Dr	Pharr	TX	78577	Social Worker	Self Employed
2/22/2023	\$ 100.00	Araceli Saucedo	5512 S Belize Lane	Pharr	TX	78577	Tax Preparer	Self Employed
2/23/2023	\$ 100.00	Susan Cavalloro	87 Factory St	West Warwick	RI	02881	Retired	
2/23/2023	\$ 35.00	Alvaro Cadena	1631 N 12th St	McAllen	TX	78501	Police Officer	Pharr Police Dept
2/24/2023	\$ 10.00	Elizabeth Marquez	6205 Vasquez St	Pharr	TX	78577	Housewife	
2/24/2023	\$ 20.00	Xitiali Cabrera	3412 E. Augusta Sq	McAllen	TX	78503	Housewife	
2/25/2023	\$ 50.00	Christian McDonald	2516 Idela Ave	McAllen	TX	78503	Fleet Tech	Unknown
2/26/2023	\$ 100.00	Ernest Stevens	1033 North Blvd	Universal City	TX	78148	Consultant	Self Employed
2/26/2023	\$ 30.00	Carol Perez	117 SW Elk Creek Loop	Cache	OK	73527	Teacher	Cache High School
3/2/2023	\$ 200.00	Saldana & Saldana	9805 N Expressway 281	Edinburg	TX	78542	Law Firm	Lawyer
3/2/2023	\$ 100.00	Veronica Lopez	28366 Doane Rd	Harlingen	TX	78552	Entrepreneur	Self Employed
3/21/2023	\$ 25.00	Peter Havel	6611 Elvedon Drive	Dallas	TX	75248	Consultant	Self Employed
3/21/2023	\$ 20.00	Shelia Renta	1333 Marble Drive	Pharr	TX	78577	Registered Nurse	Hospital
3/21/2023	\$ 100.00	Michael Alexander	21202 Packsaddle Trl	Lago Vista	TX	78645	Financial Services	Self Employed
3/21/2023	\$ 500.00	Graciela Cantu Acosta	129 E Sam Houston	Pharr	TX	78577	Entrepreneur	Self Employed
3/21/2023	\$ 100.00	Michael Mendoza	301 W Newcombe Unit 947	Pharr	TX	78577	Retired	
3/21/2023	\$ 250.00	Saldana & Saldana Entel	9805 N Expressway 281	Edinburg	TX	78542	Law Firm	Lawyers
3/21/2023	\$ 500.00	Roberto Ramirez Jr	901 E Dallas	McAllen	TX	78501	Insurance Agent	Self Employed
3/23/2023	\$ 100.00	Ramzey Chiate	3300 S Garrison Rd #3106	Corinth	TX	76210	Police Officer	Little Elm Police Dept
3/27/2023	\$ 250.00	LG 956 Media Services L	1001 W Newcombe Ave	Pharr	TX	78577	Media	Self Employed
3/20/2023	\$ 1,000.00	Juan Ayala	802 W Del Oro Lane	Pharr	TX	78577	Security Service	Self Employed

Total	\$ 3,665.00	
	\$ (21.70)	Cash App Fees
	\$ 3,668.30	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2
---	-------------------------------------

2 FILER NAME Andy Harvey	3 Filer ID (Ethics Commission Filers)
------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 4,266.91
---	--------------------

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) "SEE ATTACHED IN- KIND CONTRIBUTIONS"	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
---	---

12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
--	--

14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
---	---

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
---	--

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
--	--

Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
---	---

Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
--	--

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Andy Harvey	
In Kind Donations - Schedule A-2	
30 Day Before Election Report	
1/1/2023 - 04/06/2023	

Date	Amount	Name	Address	City	State	Zip	Contact	Category	Description
2/28/2023	\$ 125.00	Hola Group	8302 Las Palmas Drive	Pharr	TX	78577	Business Owner	Advertising Expense	Photo Shoot
2/28/2023	\$ 921.00	Jose Luis Adame	304 S. 2nd St	McAllen	TX	78501	Business Owner	Printing Expense	Signs
3/6/2023	\$ 1,000.00	Mauricio Duran	508 I-2 Suite 10	Pharr	TX	78577	Business Owner	Printing Expense	Shirts
3/18/2023	\$ 300.00	Javier Perez	1802 S. Angelina Marie	Pharr	TX	78577	Fire Marshall	Printing Expense	Caps
3/28/2023	\$ 921.00	Isreal Silva	4905 Ponds Edge Dr	Palmhurst	TX	78573	Business Owner	Printing Expense	Signs
3/29/2023	\$ 445.00	Hola Group	8302 Las Palmas Drive	Pharr	TX	78577	Business Owner	Printing Expense	Signs
4/1/2023	\$ 215.91	Daniela Zuniga	1305 S. Kumquat St	Pharr	TX	78577	Business Owner	Event Expense	Sign
4/4/2023	\$ 150.00	Cynthia Arteaga	341 Hollywood Dr	Edinburg	TX	78539	Business Owner	Printing Expense	Breakfast
4/5/2023	\$ 189.00	Hola Group	8302 Las Palmas Drive	Pharr	TX	78577	Business Owner	Advertising Expense	Shirts

Total In Kind	\$ 4,266.91
---------------	-------------

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: 2	2 FILER NAME Andy Harvey	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date	5 Payee name "SEE ATTACHED FOR POLITICAL CONTRIBUTIONS"
---------------	---

6 Amount (\$)	7 Payee address; City; State; Zip Code
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 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. Check if Austin, TX, officeholder living expense	

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. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Andy Harvey	
Expenses - Schedule F-1	
30 Day Before Election Report	
1/1/2023 - 04/06/2023	

Date	Amount	Name	Address	City	State	Zip	Category	Description
2/27/2023	\$ 150.00	Carlos Jasso	1409 9th Avenue	Edinburg	TX	78539	Advertising Expense	Graphic Art
3/22/2023	\$1,502.62	National Printing	1300 Trenton Rd Suite 115	McAllen	TX	78504	Advertising Expense	Signs
4/4/2023	\$1,350.00	The Monitor	1400 E Nolana Ave	McAllen	TX	78504	Advertising Expense	Ads

Total Expenses: \$3,002.62

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Andy Harvey	3 Filer ID (Ethics Commission Filers)
---------------------------------------	------------------------------------	--

4 Date 02/17/2023	5 Payee name City of Pharr
-----------------------------	--------------------------------------

6 Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 118 S Cage Blvd Pharr Texas 78577
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Andy Harvey	Office sought City of Pharr Mayor	Office held
---	--	--------------------------------------	-------------

Date	Payee name
------	------------

Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED