

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
Mr.		Andy		Date Received	
Harvey				REC'D <b>HP</b>	
				CC <b>4:05 pm</b>	
				<b>APR 28 2023</b>	
				CITY OF PHARR	
				CITY CLERK'S OFFICE	
				PHARR, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address	1005 W. Daffodil Ave		Pharr,	Texas	78577
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$
	( 956 )	467-4240			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed	
	Mr.	Andy		Date Imaged	
	Harvey				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;
(Residence or Business)	1005 W. Daffodil Ave			Pharr,	Texas
					78577
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 956 )	461-4240			
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 checked="" 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	Month	Day
	4	7	23	4	28
			THROUGH		23
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	Primary	Runoff
	5	6	23	<input checked="" type="radio"/> General	Special
					Other Description
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.				
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

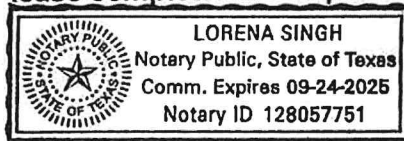
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Andy Harvey		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,415.14
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 778.29
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,636.85
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Andy Harvey*  
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 28 day of April

20 23, to certify which, witness my hand and seal of office.

Lorena Singh Signature of officer administering oath      Lorena Singh Printed name of officer administering oath      Notary 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 <b>Andy Harvey</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,415.14
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,650.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 778.29
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: <u>2</u>
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2 FILER NAME Andy Harvey	3 Filer ID (Ethics Commission Filers)
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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)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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  
 8 Day Before Election Report  
 4/7/2023 - 04/27/2023

Date	Amount	Name	Address	City	State	Zip	Occupation	Employer
4/2/2023	\$ 50.00	Rene Cuellar	1300 E Hawk Ave	Pharr	TX	78577	Retired	
4/3/2023	\$ 50.00	Carol Perez	117 SW Elk Creek Loop	Cache	OK	73527	Teacher	Cache High School
4/3/2023	\$ 250.00	Ricardo Cuellar	1310 S Ebony St	Pharr	Tx	78577	Retired	
4/3/2023	\$ 300.00	Hilda Aleman	2101 S Angelina Marie	Pharr	Tx	78577	Business Owner	Self Employed
4/4/2023	\$ 700.00	Aleman Trucking LLC	1330 N. Tower	Alamo	TX	78516	Business Owner	Self Employed
4/17/2023	\$ 100.00	Jose De Hoyos	617 W Ramos St	Pharr	TX	78577	Police Officer	
4/21/2023	\$ 40.00	Maggie Alvarez		Pharr	TX	78577	Donation made through cash app	
4/22/2023	\$ 100.00	Mytha Sandoval	219 S Cypress Circle	Pharr	TX	78577	Retired	
4/22/2023	\$ 200.00	Adan Farias	1311 S Dogwood St	Pharr	TX	78577	Retired	
4/22/2023	\$ 100.00	Randy Reyna	918 W Praline Dr	Pharr	TX	78577	Business Owner	Self Employed
4/23/2023	\$ 200.00	Graciela Cantu	129 E Sam Houston	Pharr	TX	78577	Entrepreneur	Self Employed
4/23/2023	\$ 30.00	Diana Hinojosa	1311 S Ironwood St	Pharr	TX	78577	Teacher	
4/24/2023	\$ 100.00	Joe Cantu	900 E Dallas Apt 13	McAllen	TX	78501	Police Officer	
4/24/2023	\$ 25.00	Dennise A		Pharr	TX	78577	Donation made through cash app	
4/25/2023	\$ 100.00	Olga Elizondo	1226 S Azalea St	Pharr	TX	78577	Business Owner	Self Employed
4/25/2023	\$ 50.00	Leobardo Munoz		Pharr	TX	78577	Donation made through cash app	
4/25/2023	\$ 40.00	Sara Hernandez		Pharr	TX	78577	Donation made through cash app	

Total \$2,435.00

\$1,300.00 Checks  
 \$1,135.00 Cash App  
 \$ (19.86) Cash App Fees

Grand Total \$2,415.14

# 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: <u>2</u>	
2 FILER NAME <b>Andy Harvey</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>"SEE ATTACHED IN KIND CONTRIBUTIONS"</b>	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# _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

Andy Harvey	
In Kind Donations - Schedule A-2	
8 Day Before Election Report	
4/7/2023 - 04/27/2023	

Date	Amount	Name	Address	City	State	Zip	Contact	Category	Description
4/15/2023	\$ 300.00	Erica Barrientes	523 E Chapa Ave	Pharr	TX	78577	Resident	Event Expense	Meet & Greet
4/19/2023	\$ 500.00	Londons Bar & Grill	129 E Nolana Ave	McAllen	TX	78504	Business Owner	Event Expense	Meet & Greet
4/22/2023	\$ 200.00	Amanda Garza	1311 E. Maurer	Pharr	TX	78577	Resident	Event Expense	Meet & Greet
4/23/2023	\$ 150.00	Daniela Zuniga	1305 S. Kumquat	Pharr	TX	78577	Business Owner	Event Expense	Loteria
4/24/2023	\$ 500.00	Hola Group	8302 Las Palmas Dr	Pharr	TX	78577	Business Owner	Advertising Expense	Advertising

**Total**      **\$1,650.00**



# 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.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME Andy Harvey	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name "SEE ATTACHMENTS FOR POLITICAL EXPENDITURES "
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Andy Harvey
Expenses - Schedule F-1
3 Day Before Election Report
4/7/2023 - 04/27/2023

Date	Amount	Name	Address	City	State	Zip	Category	Description
4/14/2023	\$ 500.00	James Echavarrria	501 E Water Lily	McAllen	TX	78504	Advertisement	Radio Show
4/15/2023	\$ 63.00	USPS	620 E. Pecan Blvd	McAllen	TX	78501	Advertisement	Mail outs
4/15/2023	\$ 45.73	Peter Piper Pizza	1715 S. Cage Blvd	Pharr	TX	78577	Food Expense	Food
4/18/2023	\$ 67.66	National	1300 Trenton Rd Ste 115	McAllen	TX	78504	Printing Expense	Push Cards
4/18/2023	\$ 28.97	Costco	1501 W. Kelly Ave	Pharr	TX	78577	Food Expense	Food
4/19/2023	\$ 12.93	Lowes	707 S. Jackson Rd	Pharr	TX	78577	Supplies	Supplies
4/20/2023	\$ 60.00	The Monitor	1400 E. Nolana Ave	McAllen	TX	78504	Advertisement	Ads

**Total \$778.29**