CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY Diso **OFFICEHOLDER** NAME Date Received SUFFIX JV GLCVICOU ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING 213 caranel Dr. Alano FX 1856ty **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 588 5579 PHONE Amount \$ Receipt # 6 CAMPAIGN **TREASURER** Date Processed NAME Sandoval Culmio Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT STATE; ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** 213 caramel Dr. Alano Ty 78516 (Residence or Business) 8 CAMPAIGN TREASURER (956) 5-88 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD Month Day COVERED 2 7 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME θ	tyo Gurrino Jr		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$ G
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ O
************************	4. TOTAL POLITICAL EXPENDI	TURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$ O
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	* THE \$
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.			
inspersed to 30 reported by the united Title 10, Election code.			
Signature of Candidate or Officeholder			
Discourse amount of the state o			
Please complete either option below:			
(1) Affidavit AMELIA V GALLEGOS Notary ID #5144621 My Commission Expires April 12, 2025			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Diego Guerrerout. this the 3th day of Dolober,			
20 As 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		, and my date of birth is	
	(street)	11212200	tate) (zip code) (country)
Executed in	County, State of	, on the day of (month) 20 (year)
35		Signature of Candid	ate/Officeholder (Declarant)