JUANITA JAIMEZ

SEMI-ANNUAL REPORT JULY 15, 2023

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Juanita Ms. NAME Date Received NICKNAME SUFFIX CAMERON COUNTY Janie_ DEPARTMENT OF ELECTIONS & VOTER REQUIRATION 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 2125 Shadowbrook Cir Harlingen, TX 78550 MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hang-delivere **OFFICEHOLDER** (95b) PHONE Receipt # Amount \$ MS / MRS / MR ΜI 6 CAMPAIGN **TREASURER** (s. MS Date Processed NAME NICKNAME SUFFIX Date Imaged STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 2318 W. Adrian St. Harlingen 18552 **ADDRESS** (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN PHONE NUMBER **TREASURER** (956) 200-9171 PHONE 9 REPORT TYPE Danuary 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 01/01 THROUGH 30 2023 ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description Generai Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Justice of 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

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH. **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Juanita Jainez 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** 0 PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 0 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ Ð, **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** 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/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ___ this the 30 th day of Augus 20 23 to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering path OR (2) Unsworn Declaration My name is , and my date of birth is My address is (street) (city) (state) (zip code) (country) _____ County, State of _____, on the ___ __day of

(month)

Signature of Candidate/Officeholder (Declarant)

(year)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| 19 | FILERNAME 20 Filer ID (1) Transfer Jaimen | Ethics Commission Filers) |
|-----|---|---------------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ O |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ O |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ O |
| 4. | SCHEDULE E: LOANS | \$100.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 40.00 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ O |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION | ons \$ O |
| 8, | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF | F C/OH \$ 0 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURI TO FILER | ned \$ O |

LOANS (JUDICIAL)

SCHEDULE E(J)

| If the requested information is not applicable, DO NOT include this page in the report. | | | | | | | |
|---|---------------------------------------|--|---------------------------|--|--|--|--|
| The In | 1 Total pages Schedule E(J): | | | | | | |
| 2 FILER NAME Jua | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 4 TOTAL OF UNI | TEMIZED LOANS | | \$ 190. 20 | | | | |
| 5 Date of loan 7 Name of lender out-of-state PAC (ID#: | | | 9 Loan Amount (\$) | | | | |
| 6 Is lender a financial institution? 8 Lender address; City; 2125 Shad owbrok Cr | | State; Zip Code Harlinga, IX | 10 Interest rate | | | | |
| | 21 23 3100 000 | ্ নপ্তহয়ত | 11 Maturity date | | | | |
| 12 Lender's Principal | | 13 Lender's Job Title Justice of the Peace | | | | | |
| 14 Lender's Employer Camer | <u> </u> | 15 Law Firm of lender's spouse (if any) | | | | | |
| 16 If lender is a child, | law firm of parent(s) (if any) | | | | | | |
| 17 Description of Colla | ateral | Check if personal funds were deposited into political account (See Instructions) | | | | | |
| 19 GUARANTOR INFORMATION 20 Name of guarantor | | | 22 Amount Guaranteed (\$) | | | | |
| not applicable | 21 Guarantor address; City; | State; Zip Code | | | | | |
| 23 Guarantor's Princip | al Occupation | 24 Guarantor's Job Title | | | | | |
| 25 Guarantor's Employ | /er/Law Firm | 26 Law Firm of guarantor's spouse (if any) | | | | | |
| 27 If guarantor is a child, law firm of parent(s) (if any) | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | | | |

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Juani 4 Date First Commun 2115123 7 Payee address: City; 6 Amount (\$) Zip Code 590 405 N. Strart Place Rd Harlinga (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Balance Requirement Fee **PURPOSE** Fees **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee address; City; 405 N. Stuart Place Rd. Harlingen 3/12/53 Amount (\$) Zip Code 78552 Category (See Categories listed at the top of this schedule) Description Balance Requirement Fee PURPOSE Fees OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date First Community Bank Payee address; City: 405 N. Stvart Place Rd. Harlinga 4115/23 Amount (\$) Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** Balance Requirement OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment The Instruction Guide explains how to complete this form. | | - | pry not soled body | | | |
|--|--|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Juanita Jain | 3 Filer ID (Ethic | es Commission Filers) | | | |
| 5 1 5 123 | First Community Ban | k | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; | Zip Code | | | |
| \$8.00 | 405 N. Stuart Place Rd | Harlingen Tx | 78552 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Fees | Balance Requirement | t Fee | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder livin | g expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name I | Office sought | Office held | | | |
| Date | Payee name | 44444 | ************************************** | | | |
| 4115123 | First Community Ban | K | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | | |
| 63.00 | 405 N. Strart Place Rd | Harlingen TX | 18552 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | |
| PURPOSE OF | | | | | | |
| EXPENDITURE | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | T. 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 (\$) | Payee address; | City; State; | Zip Code | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | | | | | | |
| | Check if travel outside of Texas, Complete Schedule T, | 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 | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | The Instruction Guide explains how to complete this form. | | | | | |
|----------|---|--|---------------------------------------|--|--|--|
| | •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | | |
| 1 | C/OH I | | 2 Filer ID (Ethics Commission Filers) | | | |
| | エ | anita Jaimez | 2 Files to (Estates Commission Files) | | | |
| 3 | SIGNA | TURE | | | | |
| | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. | | | | | |
| | | Sig | gnature of Candidate / Officeholder | | | |
| 4 | FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. | | | | | |
| | A. | CAMPAIGN FUNDS | | | | |
| | Chec | only one: | | | | |
| | | I do not have unexpended contributions or unexpended interest or income earn | ned from political contributions. | | | |
| | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. | | | | | |
| | В, | ASSETS | | | | |
| | Check only one: | | | | | |
| | I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | | |
| | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. | | | | | |
| | | | Signature of Candidate | | | |
| , | OFFICEHOLDER "Complete this section only if you are an officeholder " I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on | | | | | |
| | file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. | | | | | |