| CANDIDAT CAMPAIGI | FORM C/OH COVER SHEET PG 1 | | | | | | |
|---|---|---|----------------|-------------------------------------|--|---|--|
| The C/OH Instruction Guide explains how to complete this form. 1 Filer 1D (Ethics Commission Filers) | | | | 2 Total pages file | ^d 2 | | |
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR MT. NICKNAME | FIRST Marco LAST Suarez | | MI A SUFFIX | Onto Recolumn | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6805 N. 34th McAllen, TX 78504 | | | | STUDENT SUPPORT SERVICE | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 451-3275 | EXTENSIO | ON . | Date Hand-delivered of the Control o | or Date Postmarked 2 - 20 2 Amount \$ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. NICKNAME | Robert LAST Cantu | | MI | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (| NO PO BOX PLEASE); APT / | SUITE #; CITY; | Allen | STATE; | ZIP CÓDE 78501 | |
| 8 CAMPAIGN TREASURER PHONE | (956) | 225-7760 | EXTENSIO | DN . | 1/32 | | |
| 9 REPORT TYPE | January 15 | 30th day before | election Exce | off eded Modified rting Limit | 15th day after treasurer app (Officeholder Final Report | ointment | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1 / 1 / 21 THROUGH 6 / 30 / 21 | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runoff Other Description SEMI ANNUAL 2021 | | | | | | |
| 12 OFFICE | OFFICE HELD (If any) Board of Trustee, Pl. 1 13 OFFICE SOUGHT (If known) | | | | | | |
| 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME | | | | | | |
| Additional Pages | GENERAL SPECIFIC | COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR | | | | | |
| | 20.7 | COMMITTEE CAMPAIGN TO | PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | | | | | | |
|---|--|--|--|--------------------------------------|--|--|--|
| Mr. Marco A. S | Suarez | | | | | | |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | | \$ | | | |
| | 2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN | UTIONS IS, OR GUARANTEES OF LOANS) | | \$ 0.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL | EXPENDITURE. | | \$ | | | |
| | 4. TOTAL POLITICAL EXPENDI | TURES | | \$ 0.00 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD | ONS MAINTAINED AS OF THE LAS | ST DAY | \$ 452.08 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING | ALL OUTSTANDING LOANS AS OF | THE | \$ 0.00 | | | |
| 18 SIGNATURE I s | wear, or affirm, under penalty of perjury, th | at the accompanying report is true | and come | ect and includes all information | | | |
| | quired to be reported by me under Title 15, El | | | | | | |
| | | -11/ | | () | | | |
| | | 10/0 | no |) c | | | |
| | | Signature of Ca | ndidate or | Officeholder | | | |
| | | 7 | | \bigcirc | | | |
| | | | | | | | |
| | | 4 646 . 45 8 8 | | | | | |
| Please complete either option below: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (4) ASId | | | | | | | |
| (1) Affidavit | | - | | | | | |
| 1400 J. 20 | | | | | | | |
| NOTARY STAMP/SE | l- | | | | | | |
| Sworn to and subscribed | before me by | this the | | day of | | | |
| 174 | - | use the | | | | | |
| 20, to centry | which, witness my hand and seal of office. | | | | | | |
| Signature of officer administer | ering oath Printed name of office | er administering oath | | Fittle of officer administering oath | | | |
| - Comment of Street Comment | Finney Hames VI Unit | OR | | | | | |
| (0) Heaves - Contact | | | | | | | |
| (2) Unsworn Declarati | Oli | | | | | | |
| My name is Mr. Ma | rco A. Suarez | , and my date of birth is | 05/2 | 2/74 | | | |
| My address is 680 | | McAllen T | | 3504 US | | | |
| | (street) | (city) (1 | state) (2 | ip code) (country) | | | |
| Executed in Hidalgo | | on the 15th day of July | | 2021 | | | |
| | | month | the state of the s | ((ear) | | | |
| Signature of Candidate/Officeholder (Declarant) | | | | | | | |
| | | and an | | | | | |