

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/>	FIRST <i>JUVENTINO</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>OLIVARES</i>	SUFFIX	Date Received: BEE COUNTY ELECTIONS ADMINISTRATION		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 107 SKIDMORE, TX 78389</i>			FEB 22 2022		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(504)</i>	PHONE NUMBER <i>504-250-2000</i>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/>	FIRST <i>JUVENTINO</i>	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <i>OLIVARES</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: <i>P.O. Box 107 SKIDMORE, TX 78389</i>			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(504)</i>	PHONE NUMBER <i>250-2000</i>	EXTENSION			
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 <i>1/01/2022</i>	Day <i>10</i>	Year <i>2022</i>	Month <i>2/19/2022</i>	Day <i>10</i>	Year <i>2022</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3/1/2022</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) <i>Bee County Commissioner Pct 4</i>				
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 914.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

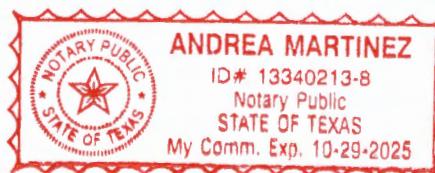
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Juventino Olivares this the 22<sup>nd</sup> day of February.

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

Andrea Martinez

Signature of officer administering oath

Andrea Martinez

Printed name of officer administering oath

Notary Public

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	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 914.51
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>JUANETTE OLIVARES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-2-22</i>	5 Payee name <i>SKIDMORE TYRONE ATHLETICS</i>	
6 Amount (\$) <i>\$ 200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>224 W. MAIN ST SKIDMORE TX 78385</i>	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	(b) Description <i>-SPONSOR BANNER</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held
Date <i>2-2-22</i>	Payee name <i>SAMS CLUB</i>	
Amount (\$) <i>\$ 433.44</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>351 Hwy 6 SUGARLAND, TX 77478</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXP</i>	Description <i>MEET &amp; GREET</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held
Date <i>2-5-22</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$ 83.97</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>100 E. HOUSTON ST Beeville, TX 78102</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <i>MEET &amp; GREET</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule G:	2 FILER NAME <i>JUVENTINO DIVALES</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>2-5-22</i>	5 Payee name <i>DOLLAR GENERAL</i>	
6 Amount (\$) <i>\$138.78</i>	7 Payee address: <i>416 N. 8TH STREET 5K10 more, TX 78385</i>	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <b><i>Food / Beverages</i></b>		(a) Category (See Categories listed at the top of this schedule) <b><i>Food / Beverages</i></b> (b) Description <b><i>Meet &amp; Greet.</i></b> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH <b><i>WAC MART</i></b>		Office sought Office held
Date <i>2-11-2022</i>	Payee name <i>WAC MART</i>	
Amount (\$) <i>\$40.70</i>	Payee address: <i>502 E. FM 351 Beersville, TX 78385</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <b><i>ADVERTISING</i></b>		Category (See Categories listed at the top of this schedule) <b><i>ADVERTISING</i></b> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH <b><i>HERB</i></b>		Office sought Office held
Date <i>2-15-22</i>	Payee name <i>HERB</i>	
Amount (\$) <i>\$17.62</i>	Payee address: <i>100 E. HOOSTON ST Beersville, TX 78102</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended <b><i>Food/Beverages</i></b>		Category (See Categories listed at the top of this schedule) <b><i>Food/Beverages</i></b> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH <b><i>MEET &amp; GREET</i></b>		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED