

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: 4																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Edgardo</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Gary</td> <td>Catalan</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Edgardo					NICKNAME	LAST	SUFFIX	Gary	Catalan		OFFICE USE ONLY					
MS / MRS / MR	FIRST	MI																				
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>3135 Farrel Hill Street</td> <td>Fresno</td> <td>TX</td> <td>77545</td> <td></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3135 Farrel Hill Street	Fresno	TX	77545		JAN 12 2022 RCVD										
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>1802 Maidenhair Lane</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1802 Maidenhair Lane													
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12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) FBC District Clerk																				
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS											
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GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Edgardo Catalan		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)	\$ 3,000
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,239.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1760.30
OUTSTANDING LOAN TOTALS	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.

[Handwritten Signature]

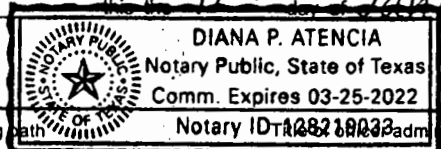
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by EDGARDO CATALAN on the 11th day of January, 2022, to certify which, witness my hand and seal of office.



Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: DIANA P. ATENCIA

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)

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:
2 FILER NAME <i>Edgardo Catalan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/21</i>	5 Full name of contributor <i>Phillip Andrews</i> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) <i>\$1,000</i>
6 Contributor address; City; State; Zip Code <i>Sugar Land TX 77479</i>		
8 Principal occupation / Job title (See Instructions) <i>Manager</i>		9 Employer (See Instructions) <i>Sugar Land Rain Gutters</i>
Date <i>12/12/21</i>	Full name of contributor <i>Gary Catalan</i> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>Fresno, TX 77545</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/15/21</i>	Full name of contributor <i>Dina Catalan</i> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>Fresno TX 77545</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Edgardo Catalan</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/12/21</i>	5 Payee name <i>Goddy Website</i>
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6 Amount (\$) <i>264.22</i>	7 Payee address; City; State; Zip Code <i>2155 E. Goddady Way Tempe AZ 85284</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Website</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/28/21</i>	Payee name <i>NBD Graphics</i>
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Amount (\$) <i>836.39</i>	Payee address; City; State; Zip Code <i>917 S. Mason Rd Katy TX 77450</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>4x8 signs, 18x24 signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/14/21</i>	Payee name <i>Vista Print</i>
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Amount (\$) <i>139.09</i>	Payee address; City; State; Zip Code <i>95 Hayden Ave. Lexington, MA 02421</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Push Cards</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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