

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: <div style="text-align: right; font-size: 2em;">6</div>							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST ARTHUR	MI V	OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">04-01-21P02:32 RC VD</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST VALDEZ	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 402 TAFT BLVD SAN ANTONIO, TX 78225									
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 473-0056	EXTENSION						
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST LAVONNE	MI R							
	NICKNAME	LAST GONZALEZ	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 410 TAFT BLVD SAN ANTONIO, TX 78225									
	8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 313-3134		EXTENSION					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year 01 / 01 / 2021			THROUGH	Month Day Year 03 / 22 / 2021					
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month Day Year 05 / 01 / 2021	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SAISD DISTRICT 4 BOARD							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ARTHUR V VALDEZ **15 Filer ID (Ethics Commission Filers)**

16 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,160.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5289.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

Arthur V Valdez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ARTHUR V VALDEZ, this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Theresa Mendoza
Signature of officer administering oath

Theresa Mendoza
Printed name of officer administering oath

Notary
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME ARTHUR V VALDEZ		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW WEBER	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 7526 CARRIAGE PASS SAN ANTONIO TX 78249		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLO ESCAMILLA	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 1301 RICHMOND AVE APT 535 HOUSTON, TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SA KIDS FIRST	Amount of contribution (\$) 5000
Contributor address; City; State; Zip Code 4007 McCULLOUGH 481 SAN ANTONIO, TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN AND ORTIZ PC	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 112 E PECAN SUITE 1360 SAN ANTONIO, TX 78205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME ARTHUR V VALDEZ		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS PONECK 6 Contributor address; City; State; Zip Code 127 W. WOODLAWN AVE SAN ANTONIO, TX 78212	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET W WALKER Contributor address; City; State; Zip Code 69 GRANBURG DR. SAN ANTONIO, TX 78218	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINE BARGER GOGGAN BLAIR & SAMPSON LLP Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN, TX 78760	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN ALLEN HUGHES JR. Contributor address; City; State; Zip Code SAN ANTONIO, TX	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">ARTHUR V VALDEZ</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">03/11/2021</p>	5 Payee name <p style="text-align:center">TEXAS DEMOCRATIC PARTY</p>	
6 Amount (\$) <p style="text-align:center">325</p>	7 Payee address; City; State; Zip Code	
8 <p style="text-align:center">PURPOSE OF EXPENDITURE</p>	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">VOTER DATABASE</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">03/18/2021</p>	Payee name <p style="text-align:center">PRESTIGE PRINTING</p>	
Amount (\$) <p style="text-align:center">2,024.28</p>	Payee address; City; State; Zip Code <p style="text-align:center">8 BURWOOD LANE SAN ANTONIO TX 78216</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">CAMPAIGN FLYERS, MAILERS SIGNS</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">3/22/2021</p>	Payee name <p style="text-align:center">RG GROUP</p>	
Amount (\$) <p style="text-align:center">1,335.01</p>	Payee address; City; State; Zip Code <p style="text-align:center">8034 CULEBRA RD SUITE 504 SAN ANTONIO TX 78251</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">MEDIA PRODUCTION</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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	2 FILER NAME ARTHUR V VALDEZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MAILERS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/26/2021	Payee name PRESTIGE PRINTING	
Amount (\$) 476.30	Payee address; City; State; Zip Code 8 BURWOOD LANE SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN T-SHIRTS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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