# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fil	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR)	FIRST A O THUR	\	MI J	OFFICE	USE ONLY
NAME	NICKNAME	ARTHUR		CSUFFIX	Date Received	
	MICRINAMIE	VALDEZ		OOI TIX	07-15-21P	04:44 RCVD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; TAFT BLV D SA		ZIP CODE	a c	
Change of Address					9	
5 CANDIDATE/ OFFICEHOLDER PHONE	(ZIO)	473-0056	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME		LAVONNE			Date Processed	-
	NICKNAME	LAST		SUFFIX	Date Imaged	
		GONZALEZ				
7 CAMPAIGN TREASURER ADDRESS		TAFT BIVD S		Tx 782	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 210 ) 313-3134					
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day af treasurer a (Officeholde	
	July 15	8th day before ele	SCHOIL	led Modified ng Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	04 / 23 / 2021 THROUGH 06 / 30 / 2021					
11 ELECTION	ELECTION DA	TE	EI	ECTION TYPE		
	Month Day Year Primary Runoff Other Description					
,	5/01/	2021 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOL	JGHT (if knowr	n)	- 45
	SAISD TR	USTEE - DISTRIC	τ4			
14 NOTICE FROM POLITICAL	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.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS		97		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS						
	<u></u>	COTO	DACE 2			
1		60 10	PAGE 2			

# 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		LITICAL CONTRIBUTIONS (OTHER T BUARANTEES OF LOANS, OR ELECTRONICALLY)	HAN \$		
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	NTRIBUTIONS LOANS, OR GUARANTEES OF LOA	\$ 6,000		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXP	PENDITURES	\$ 9,905		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTI OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE	LAST DAY \$ 4,599.31		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS A PRTING PERIOD	S OF THE \$		
	swear, or affirm, under penalty of perj quired to be reported by me under Title		true and correct and includes all information		
T.		arth	V. Valdez		
		Signature of	Candidate or Officeholder		
		48			
Please complete either option below:					
		manus • optionistico contratago (1900 • 190			
20					
(1) Affidavit					
NOTARY STAMP/SEA	NL				
Sworn to and subscribed	hefore me by	this	the day of,		
Sworn to and subscribed before me by this the this the,  20, to certify which, witness my hand and seal of office.					
20, to certify	, willon, withess my hand and search of				
Signature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath		
		OR	Control of the second		
(2) Unsworn Declarat	ion				
Δ	THUR V. Valdez	and my data of hir	th is 12/21/1947		
My name is	DO TAET BLUD	, and my date of bir	TX 78225 BEXAR		
My address is4	(street)		(state) (zip code) (country)		
Executed in REXA	County, State of Tex	, ,,			
	-		nonth) (year)		
			andidate/Officeholder (Declarant)		
1					

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (I	Ethics Commission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,905
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	NED \$

#### **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 fo	orm.	1 Total pages Schedule A1:			
2 FILER NAME	ARTHUR V. VALDEZ	3	Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor  ut-of-state PAC (IE	,,,,	Amount of contribution (\$)			
5/26/2021	6 Contributor address; City;  4007 McCullough Ave SANAN	State; Zip Code	4,000			
8 Principal occupation / Job title (S e Instructions)  9 Employer (See Instructions)						
Date 6/10/2021	SAN ANTONIO (L.D. F.A.T.	o#:) State; Zip Code	Amount of contribution (\$)			
	4007 McCullough Ave SAN ANT		2,000			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor	)#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Travel Out Of District **Printing Expense** Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ARTHUR V. VALDEZ 5 Payee name 4 Date 5/25/2021 RG GROUP 7 Payee address; Zip Code 6 Amount (\$) 8034 CuleBra RD SAN ANTONIO TX 78251 5,000 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** CAMPAIGN BLOCK WALK **EXPENDITURE** 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 Payee name Date 6/4/2021 RG GROUP Payee address: State: Zip Code Amount (\$) 4,405 8034 Cule Bra RD SAN ANTONIO TX 78251 Category (See Categories listed at the top of this schedule) Description **PURPOSE** CAMPAIGN BLOCK WALL EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 6/10/2021 JENN LONCORIA SAN ANTONIO TX Payee address; City; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE CAMPAIGN SIGNS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH