

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI CARLOS NICKNAME LAST SUFFIX VALDEZ	OFFICE USE ONLY Date Received FILED FOR RECORD AT 10:18 A M Date Hand-delivered or Postmarked 11/15 2014 Receipt # DIANA BARRERA Clerk, County Court, Nueces County, Texas By Deirdre Spamken Deputy Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1658 CORPUS CHRISTI TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 985 6412		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. ALEX NICKNAME LAST SUFFIX HARRIS		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5926 S. STAPLES A CORPUS CHRISTI TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 906-0001		
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 checked="" 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 THROUGH Month Day Year 01 / 16 / 14 07 / 15 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUDGE COUNTY COURT NO. 4 NUECES COUNTY	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name NOT APPLICABLE Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GOTO PAGE 2

2014-104

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME

CARLOS VALDEZ

16 ACCOUNT # (Ethics Commission Filers)

17 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.

COMMITTEE TYPE

COMMITTEE NAME

NOT APPLICABLE

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$ 5000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 550.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,430.00

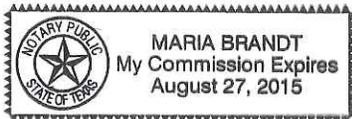
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,600.00

19 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.



Carlos Valdez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CARLOS VALDEZ, this the 15th day of JULY, 20 14, to certify which, witness my hand and seal of office.

Maria Brandt

Maria Brandt

Notary Public

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME CARLOS VALDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN HUSEMAN	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 615 N. UPPER BROADWAY STE 2000 CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer/law firm HUSEMAN & STEWART PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDI COKER	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 N. SHORLINE BLVD. CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm WELDER LESHIN L.L.P.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY RAMIREZ	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 N. CANANCAKUA STE 2000 CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm LAW OFFICE OF GARY RAMIREZ		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME CARLOS VALDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES WEBB	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 710 N. MESQUITE CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer/law firm WEBB CASON P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OMAR J. LEAL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 N. CARANCAHUA # 1900 CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm LAW OFFICE OF OMAR J. LEAL		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIP M. HALL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 N. SHORELINE BLVD. CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm WELDER LESHIN L.L.P.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3	
2 FILER NAME CARLOS VALDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY SHAMSIE	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4002 CASTLE VLY CORPUS CHRISTI TX 78416		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer/law firm LAW OFFICE OF TERRY SHAMSIE		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 4/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL DODSON	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 218 LEMING CORPUS CHRISTI TX 78404		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm LAW OFFICE OF PAUL DODSON		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 5/02/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RALPH F. MEYER	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 N. CARANCAWA ST #1300 CORPUS CHRISTI TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm ROYSTON RAYZOR VICKERY & WILLIAMS LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME CARLOS VALDEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/24/14	5 Payee name GRUNWALD PRINTING CO.
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1418 MORGAN AVE CORPUS CHRISTI TX 78404
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) PUSH CARDS
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Date 2/13/14	Payee name GRUNWALD PRINTING CO.
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1418 MORGAN AVE. CORPUS CHRISTI TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) BUTTONS
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME CARLOS VALDEZ		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender CARLOS VALDEZ	
	5 Lender address; City; State; Zip Code P.O. Box 1658 CORPUS CHRISTI TX 78403	
GUARANTOR INFORMATION	6 Name of guarantor NONE	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

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