

# 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:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI  
CARLOS  
NICKNAME LAST SUFFIX  
VALDEZ

OFFICE USE ONLY

Date Received

FILED FOR RECORD  
AT 1:40P M

Date Hand-delivered or Postmarked  
OCT 27 2014

Receipt # DIANA T. BARRERA  
Clerk, County Court, Nueces County, Texas  
Date Processed Detraire Deputy

Date Imaged Spamken

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE  
PO Box 1658 CORPUS CHRISTI TX 78403

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 985 6412

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI  
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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
10 / 07 / 14 THROUGH 10 / 27 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 04 / 14  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
JUDGE COUNTY COURT NO. 4  
NUECES COUNTY, TEXAS

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

additional pages

GOTC...

2014-147

**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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME  
**NOT APPLICABLE**

COMMITTEE ADDRESS

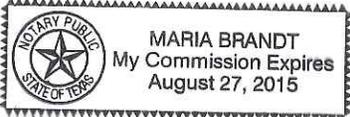
COMMITTEE CAMPAIGN TREASURER NAME

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,971.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2228.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1600.00

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 24 day of OCTOBER, 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):

6

2 FILER NAME

CARLOS VALDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

OCT 7, 2014

5 Full name of contributor

out-of-state PAC (ID#:

R. BLAKE BRUNKENHOEFER

7 Amount of contribution (\$)

\$1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

500 N. SHORELINE STE 1100  
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

SELF EMPLOYED

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

OCT. 7, 2004

Full name of contributor

out-of-state PAC (ID#:

DAVID J. DUNN

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

611 S. UPPER BROADWAY  
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

SELF EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

OCT 8, 2014

Full name of contributor

out-of-state PAC (ID#:

ROBERT J. GONZALEZ

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5959 S. STAPLES STE 205  
CORPUS CHRISTI TX 78413

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

GONZALEZ & GONZALEZ LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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):

6

2 FILER NAME

CARLOS VALDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

OCT 8, 2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LUIS MACRIZZ M.D.

6 Contributor address; City; State; Zip Code

15345 YARDARM CT. 78418  
CORPUS CHRISTI TX

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

PHYSICIAN

10 Contributor's job title

PHYSICIAN

11 Contributor's employer/law firm

SELF EMPLOYED

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

OCT 10, 2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CLAUDE A. McLELLAND M.D.

Contributor address; City; State; Zip Code

3301 S. ALAMEDA STE 506  
CORPUS CHRISTI TX 78411

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

PHYSICIAN

Contributor's job title

PHYSICIAN

Contributor's employer/law firm

SELF EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

OCT 13, 2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARGARET JATAINE

Contributor address; City; State; Zip Code

450 CARAMEL PKWY  
CORPUS CHRISTI TX 78411

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

C.C. PRODUCE CO.

Contributor's job title

OWNER

Contributor's employer/law firm

SELF EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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):

6

2 FILER NAME

CARLOS VALDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

OCT 16, 2014

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CARLOS HUERTA

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

446 PENNINGTON  
CORPUS CHRISTI TX 78412

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

PRIVATE BUSINESS

10 Contributor's job title

OWNER / EMPLOYEE

11 Contributor's employer/law firm

SELF EMPLOYED

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

OCT 16, 2014

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

PATRICK P. AVET M.D.

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7738 STARNBERG LAKE  
CORPUS CHRISTI TX 78413

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

PHYSICIAN

Contributor's job title

PHYSICIAN

Contributor's employer/law firm

SELF EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

OCT. 16, 2014

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DR. MARIA LUISA GARZA

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6102 AYERS  
CORPUS CHRISTI TX 78415

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

PRIVATE BUSINESS

Contributor's job title

OWNER

Contributor's employer/law firm

SELF EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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):

6

2 FILER NAME

CARLOS VALDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

OCT 20, 2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ABEL HERRERO

6 Contributor address; City; State; Zip Code  
P.O. Box 2923  
CORPUS CHRISTI TX 78403

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(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

SELF EMPLOYED HERRERO'S LOFTIN

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

OCT 20, 2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
THOMAS J. HENRY

Contributor address; City; State; Zip Code  
521 STARR ST.  
CORPUS CHRISTI TX, 78401

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

THOMAS J. HENRY

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

OCT 20, 2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
RUSSELL ENDSLEY

Contributor address; City; State; Zip Code  
521 STARR ST.  
CORPUS CHRISTI TX. 78401

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

THOMAS J. HENRY

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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):  
**6**

2 FILER NAME  
**CARLOS VALDEZ**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**OCT. 20, 2014**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**L.A. ELIZONDO**

7 Amount of contribution (\$)  
**\$500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**555 N. CARMICHAEL  
CORPUS CHRISTI TX**

(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  
**GOWAN/ELIZONDO LLP**

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date  
**OCT 20, 2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ROGER L. TURK**

Amount of contribution (\$)  
**\$2500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**521 STARR ST.  
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  
**THOMAS J. HENRY**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date  
**OCT 20, 2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**CURTIS FITZGERALD**

Amount of contribution (\$)  
**\$2500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**521 STARR ST.  
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  
**THOMAS J. HENRY**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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):

6

2 FILER NAME

CARLOS VAWEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

OCT 20, 2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MICHAEL HENRY

7 Amount of contribution (\$)

\$2500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

521 STARR ST.  
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

THOMAS J. HENRY

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

# SCHEDULE F

### 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>CARLOS VALDEZ</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>OCT 9, 2014</b>	5 Payee name <b>TIME WARNER CABLE MEDIA</b>
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6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <b>4455 S.P.I.D. CORPUS CHRISTI TX 78411</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>COMMERCIAL TIME</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>CO CT NOY NUECES CO.</b>	Office held
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Date <b>OCT 13, 2014</b>	Payee name <b>JEFF T. COURTER</b>
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Amount (\$) <b>\$550.00</b>	Payee address; City; State; Zip Code <b>933 ASHLAND CORPUS CHRISTI TX 78412</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>AD PREPARATION</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
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Date <b>OCT 13, 2014</b>	Payee name <b>KIII-TV</b>
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Amount (\$) <b>\$10,018.95</b>	Payee address; City; State; Zip Code <b>5002 S.P.I.D. CORPUS CHRISTI TX 78411</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>COMMERCIAL TIME</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
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Date <b>OCT 21, 2014</b>	Payee name <b>KRIS COMMUNICATION</b>
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Amount (\$) <b>\$8000.00</b>	Payee address; City; State; Zip Code <b>301 ARTESIAN CORPUS CHRISTI TX 78401</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>COMMERCIAL TIME</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT. NO 4</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### 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 F: <b>2</b>	2 FILER NAME <b>CARLOS VALDEZ</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>OCT 21, 2014</b>	5 Payee name <b>MAGIC KTMV</b>
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6 Amount (\$) <b>\$ 2000.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 270547 CORPUS CHRISTI TX 78427</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>COMMERCIAL TIME</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
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Date <b>OCT 21, 2014</b>	Payee name <b>ARTCRAFT PRINTING</b>
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Amount (\$) <b>\$ 53.04</b>	Payee address; City; State; Zip Code <b>1520 S. STAPLES CORPUS CHRISTI TX 78404</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>PRINTING PUSH CARDS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
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Date <b>OCT 22, 2014</b>	Payee name <b>JEFF T. COURTER</b>
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Amount (\$) <b>\$ 300.00</b>	Payee address; City; State; Zip Code <b>933 ASHLAND CORPUS CHRISTI TX 78412</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>AD PREPARATION</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
---	---	---	-------------

Date <b>OCT 24 2014</b>	Payee name <b>C.C. CALLER TIMES</b>
----------------------------	--

Amount (\$) <b>\$ 5050.00</b>	Payee address; City; State; Zip Code <b>820 N. LOWER BROADWAY CORPUS CHRISTI TX 78401</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>POLITICAL AD SPACE</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS VALDEZ</b>	Office sought <b>NUECES CO CT NO 4</b>	Office held
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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:  
01

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

PO BOX 1658 CORPUS CHRISTI TX 78403

GUARANTOR INFORMATION

6 Name of guarantor

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

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED