

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:

04

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received AT 10:34 A^M

JAN 15 2015

KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
BY Rose Chapa DEPUTY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

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 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 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 / 28 / 14 THROUGH 01 / 15 / 15

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
N/A / N/A Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

N/A

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

GOTO PAGE 2

**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
<input type="checkbox"/> GENERAL	NOT APPLICABLE
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

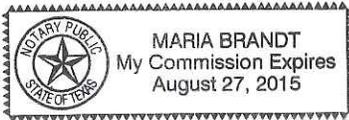
CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$ 600.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 1850.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 824.70
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 JANUARY, 20 15, 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): 01	
2 FILER NAME CARLOS VALDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date OCT 28, 2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON BARROSO	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5350 S. STAPLES STE 401 CORPUS CHRISTI TX 78411		(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 30, 2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT ZAMORA	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 521 CARANCAHUA 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	Full name of contributor <input type="checkbox"/> 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
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: 01	2 FILER NAME CARLOS VALDEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date NOV 3, 2014	5 Payee name JEFF T. COURTER
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 933 ASHLAND CORPUS CHRISTI TX 78412
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS VALDEZ	Office sought CO CT NO 4 NUECES CO.	Office held
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Date DEC 1, 2014	Payee name CARLOS VALDEZ
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Amount (\$) \$1600.00	Payee address; City; State; Zip Code PO Box 1658 CORPUS CHRISTI TX 78403
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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