

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR.</i> <i>JUAN</i> <i>I.</i> NICKNAME LAST SUFFIX <i>MIKE</i> <i>VALVERDE</i>	OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:48 P M FEB 22 2016 KARA SANDS CLERK, COUNTY CLERK, TARRANT COUNTY, TEXAS BY <i>Deirdre Syamken</i> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>221 TROPICAL LN., CORPUS CHRISTI, TX 78408</i>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<i>361</i>) <i>882-8996</i>	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MRS.</i> <i>VERONICA</i> <i>L.</i> NICKNAME LAST SUFFIX <i>VALVERDE</i>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7249 YAUPON DR., CORPUS CHRISTI, TX 78414</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<i>361</i>) <i>737-2091</i>		
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 type="checkbox"/> July 15 <input checked="" 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 Month Day Year <i>02 / 01 / 2016</i> THROUGH <i>02 / 22 / 2016</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 01 / 2016</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>CONSTABLE PRECINCT ONE</i>	

GO TO

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JUAN I. VALVERDE 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
		<u>N/A</u>
	COMMITTEE ADDRESS	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>N/A</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,892.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,843.63</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,310.25</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,018.56</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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.

Juan I. Valverde
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan I. Valverde, this the 22 day of February 20 16, to certify which, witness my hand and seal of office.

Yolanda Guajardo
Signature of officer administering oath

Yolanda Guajardo
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JUAN I. VALVERDE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 577.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 384.63
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,310.25
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1-3

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

02/04/16

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

RICKLINE TECHNICAL SERVICES

6 Contributor address; City; State; Zip Code

P.O. Box 1399, Corpus Christi, TX 78403

7 Amount of contribution (\$)

\$70.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/08/16

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

CARLOS VALVERDE

Contributor address; City; State; Zip Code

1627 SAINTE ANNE ST, DETROIT, MI 48216-1752

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/16

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

MARTINEZ TRACTOR SERVICE

Contributor address; City; State; Zip Code

1721 YORKTOWN BLVD, CORPUS CHRISTI, TX 78418-9313

Amount of contribution (\$)

\$70.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/16

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

VICTOR RAMIREZ

Contributor address; City; State; Zip Code

458 SHARON DR., CORPUS CHRISTI, TX 78412

Amount of contribution (\$)

\$42.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/16

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

MARTIN H. NELSON-VERONICA NELSON

6 Contributor address; City; State; Zip Code

2513 RETTA DR., CORPUS CHRISTI, TX 78418

7 Amount of contribution (\$)

\$ 42.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/16/16

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

BIANCA VELASQUEZ

Contributor address; City; State; Zip Code

102 WEST AVE B, ROBSTOWN, TX 78386-4520

Amount of contribution (\$)

\$ 14.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/16

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

ANDRES VASQUEZ IV - MELISSA ANN VASQUEZ

Contributor address; City; State; Zip Code

6910 BOARDWALK AVE., CORPUS CHRISTI, TX 78414

Amount of contribution (\$)

\$ 240.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/16

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

NDRA A. JUAREZ

Contributor address; City; State; Zip Code

P.O. Box 7446, Corpus Christi, TX 78467

Amount of contribution (\$)

\$ 21.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
3 of 3

2 FILER NAME **JUAN I. VALVERDE** 3 Filer ID (Ethics Commission Filers)

4 Date 02/20/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORA A. JUAREZ	7 Amount of contribution (\$) \$28.00
6 Contributor address; City; State; Zip Code P.O. Box 7446, Corpus Christi, Tx 78467		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 4</i>	
2 FILER NAME <i>JUAN I. VALVERDE</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>02/19/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY ANA VALVERDE-GOMEZ</i>	8 Amount of Contribution \$ <i>\$75.31</i>	9 In-kind contribution description <i>BAKING GOODS RICE & BEANS FUNDRAISING EXPENSE</i>
7 Contributor address; City; State; Zip Code <i>839 RATAMA, Corpus Christi, TX 78408</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date <i>02/19/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY VRLAS</i>	Amount of Contribution \$ <i>\$14.96</i>	In-kind contribution description <i>FOOD BREAD FUNDRAISING EXPENSE</i>
Contributor address; City; State; Zip Code <i>217 TROPICAL LN., Corpus Christi, TX 78408</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
<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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2054	
2 FILER NAME JUAN I VALVERDE		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/15/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY HELEN VALVERDE-FLORES	8 Amount of Contribution \$ \$149.08	9 In-kind contribution description COMPARTMENT CARRYOUT PLASTIC WARE FUNDRAISING EXPENSE
7 Contributor address; City; State; Zip Code 2306 FREDRICK, Corpus Christi, TX 78417		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 02/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN I. VALVERDE	Amount of Contribution \$ \$35.12	In-kind contribution description FOIL & CARRYOUT BAGS Fundraising Expense
Contributor address; City; State; Zip Code 221 TROPICAL LN, Corpus Christi, TX 78408		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
<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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3 of 4	
2 FILER NAME JUAN I. VALVERDE		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/20/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRISCILLA BARBOZA 7 Contributor address; City; State; Zip Code 3601 BRUSHWOOD, Corpus Christi, TX 78415	8 Amount of Contribution \$ \$60.66	9 In-kind contribution description BEANS FUNDRAISING EXPENSE <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 02/20/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRISCILLA BARBOZA Contributor address; City; State; Zip Code 3601 BRUSHWOOD, Corpus Christi, TX 78415	Amount of Contribution \$ \$ 8.87	In-kind contribution description PAPER PLATES PLASTIC RAPI TOOTHPICKS FUNDRAISING EXPENSE <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
<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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>4 of 4</i>
2 FILER NAME <i>JUAN I. VALVERDE</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>02/19/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PRISCILLA BARBOZA</i>	8 Amount of Contribution \$ <i>\$40.63</i>
7 Contributor address; City; State; Zip Code <i>3601 Brushwood, Corpus Christi, TX 78415</i>		9 In-kind contribution description <i>Baking Goods-Cake mix Fundraising Expense</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 4</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02/15/16</i>	5 Payee name <i>VERONICA L. VALVERDE</i>
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6 Amount (\$) <i>\$1,082.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>7249 YALPON, Corpus Christi, TX 78414</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE BANNER 8'x20'</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JUAN I. VALVERDE</i>	Office sought <i>CONSTABLE PRECINCT ONE</i>	Office held
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Date <i>02/15/16</i>	Payee name <i>JUAN I. VALVERDE</i>
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Amount (\$) <i>\$34.47</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>221 TROPICAL LN., Corpus Christi, TX 78408</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OTHER T-POST FOR LG. SIGNS ADVERTISING EXPENSE</i>	(b) 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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Date <i>02/06/16</i>	Payee name <i>JUAN I. VALVERDE</i>
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Amount (\$) <i>\$25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>221 TROPICAL LN., Corpus Christi, TX 78408</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE FUEL NEIGHBORHOOD BLOCK WALKING</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JUAN I. VALVERDE</i>	Office sought <i>CONSTABLE PRECINCT ONE</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 of 4</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/06/16</i>	5 Payee name <i>JUAN I. VALVERDE</i>	
6 Amount (\$) <i>\$18.95</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>221 TROPICAL LN, CORPUS CHRISTI, TX 78408</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i> <i>MEALS for Blockwalkers</i>	(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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE PRECINCT ONE</i>
Date <i>02/20/16</i>	Payee name <i>JUAN I. VALVERDE</i>	
Amount (\$) <i>\$59.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>221 TROPICAL LN, CORPUS CHRISTI, TX 78408</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>BEVERAGE EXPENSE</i> <i>BBQ COOKER'S/FUNDRAISER</i>	(b) 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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE PRECINCT ONE</i>
Date <i>02/17/16</i>	Payee name <i>VERONICA L. VALVERDE</i>	
Amount (\$) <i>\$19.40</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>7249 YALPON Dr., CORPUS CHRISTI, TX 78404</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i> <i>CAMPAIGN FIELD VOLUNTEERS</i>	(b) 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 PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>3 of 4</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/17/16</i>	5 Payee name <i>VERONICA L. VALVERDE</i>	
6 Amount (\$) <i>\$10.81</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>7249 YAUPON DR, Corpus Christi, TX 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i> <i>CAMPAIGN FIELD VOLUNTEERS</i>	(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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE PRECINCT ONE</i>
Date <i>02/16/16</i>	Payee name <i>VERONICA L. VALVERDE</i>	
Amount (\$) <i>\$26.12</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>7249 YAUPON DR, Corpus Christi, TX 78414</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i> <i>CAMPAIGN FIELD VOLUNTEERS</i>	(b) 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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE PRECINCT ONE</i>
Date <i>02/18/16</i>	Payee name <i>VERONICA L. VALVERDE</i>	
Amount (\$) <i>\$11.24</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>7249 YAUPON DR, Corpus Christi, TX 78414</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i> <i>CAMPAIGN FIELD VOLUNTEERS</i>	(b) 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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE PRECINCT ONE</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>4 of 4</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/19/16</i>	5 Payee name <i>VERONICA L. VALVERDE</i>	
6 Amount (\$) <i>\$22.26</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>7249 YAUPOH DR., CORPUS CHRISTI, TX 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i> <i>CAMPAIGN FIELD VOLUNTEERS</i>	(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 <i>JUAN I. VALVERDE</i>	Office sought <i>CONSTABLE PRECINCT ONE</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) 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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