

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	.. MR. .. JUAN I. ..		FILED FOR RECORD AT 9:45 A M FEB 12 2016		
	NICKNAME	LAST	SUFFIX	KARA SANDS CLERK COUNTY CLERK, TARRANT COUNTY TEXAS BY <u>Derrate</u> DEPUTY <u>Suamken</u>			
	MIKE VALVERDE			Date Hand-delivered or Date Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount \$			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	16	2016	THROUGH	02	01	2016

6 EXPLANATION OF CORRECTION

COVER SHEETS PG 2 and 3 OF FORM C/OH WERE SUBMITTED AS AN OVER SIGHT. CORRECT COVER SHEETS ARE SUBMITTED TO CORRECT THE ERROR, ALONG WITH THE APPROPRIATE SCHEDULES THAT SHOULD HAVE BEEN SUBMITTED.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

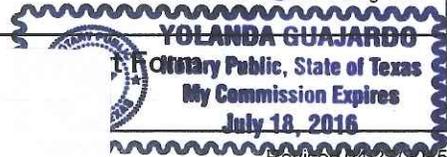
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 12 day of February, 2016, 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



Remember To Attach Any F
Needed To Re

2016-070

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>J</i> NICKNAME LAST SUFFIX <i>MIKE VALVERDE</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>221 TROPICAL LN, CC, TX 78408</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 882-8996</i>	Date Hand-delivered or Date Postmarked	
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 VALPON DR., CC, TX 78414</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 737-2091</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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>01 / 16 / 2016</i> THROUGH <i>02 / 01 / 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 POT #1</i>	
GO TO PAGE 2			

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
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 395.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,944.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 278.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,486.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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

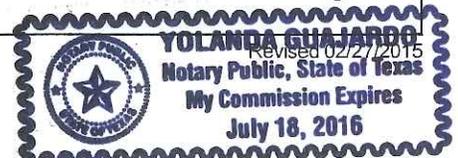
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan I. Valverde, this the 12 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 <i>JUAN I. VALVERDE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,879.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>670.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-0-</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>278.15</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ <i>916.49</i>
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-0-</i>
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

01/21/16

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

HENRY SANTANA

6 Contributor address; City; State; Zip Code

901 LEOPARD Rn 115, CC, TX 78401

7 Amount of contribution (\$)

\$ 70.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/22/16

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

DAVID D. SANCHEZ

Contributor address; City; State; Zip Code

1037 MC CLENDON, CC, TX 78404-2625

Amount of contribution (\$)

\$ 28.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/16

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

CORPUS CHRISTI COATING & MACHINE

Contributor address; City; State; Zip Code

P.O. Box 9487, CC, TX 78469

Amount of contribution (\$)

\$ 280.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/27/16

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

BEN GRANDE, JR.

Contributor address; City; State; Zip Code

1021 CHAMBERLAIN ST, CC, TX 78404-2606

Amount of contribution (\$)

\$ 200.00

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 4

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

01/27/16

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

ASHLEY LEAL

6 Contributor address; City; State; Zip Code

P.O. Box 271477, CC, TX 78427

7 Amount of contribution (\$)

\$700.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/01/16

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

ROBERTO C. LUGO III

Contributor address; City; State; Zip Code

6947 EVERHART RD APT 506, CC, TX 78413

Amount of contribution (\$)

\$56.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/16

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

RICK MARTINEZ

Contributor address; City; State; Zip Code

10514 FRONTIER DR, CC, TX 78410

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/16

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

DIANA MARTINEZ

Contributor address; City; State; Zip Code

6722 Rhonda Dr, CC, TX 78412

Amount of contribution (\$)

\$100.00

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 4

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/16

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

MARY YRLAS

6 Contributor address; City; State; Zip Code

217 TROPICAL LN, CC, TX 78408

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/16/16

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

DAVID VALVERDE

Contributor address; City; State; Zip Code

4325 ASPEN ST., CC, TX 78410

Amount of contribution (\$)

\$ 20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/16

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

MARY ANN GOMEZ

Contributor address; City; State; Zip Code

839 RETAMA, CC, TX 78408

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/16

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

MARY ANN GOMEZ

Contributor address; City; State; Zip Code

839 RETAMA, CC, TX 78408

Amount of contribution (\$)

\$ 60.00

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:

4 of 4

2 FILER NAME

JUAN I. VALVERDE

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/16

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

JOSE MARTINEZ

6 Contributor address; City; State; Zip Code

3201 CASA DE PALMAS, CC, TX 78412

7 Amount of contribution (\$)

\$30.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/16/16

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

CHRISTINA McCLURE

Contributor address; City; State; Zip Code

813 DREXEL, CC, TX 78412

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/16

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

BELINDA ARRAGA

Contributor address; City; State; Zip Code

820 ELESA, CC, TX 78405

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/16

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

ANDREA HANNER

Contributor address; City; State; Zip Code

3205 CORAL REEF DR, CC, TX 78418

Amount of contribution (\$)

\$40.00

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.

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		\$ <i>395.00</i>	
5 Date <i>01/16/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CORPUS CHRISTI COATING & MACHINE</i>	8 Amount of Contribution \$ <i>\$30.00</i>	9 In-kind contribution description <i>YETI COLSTER</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 9487, CC, TX 78469</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>1/16/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CORPUS CHRISTI COATING & MACHINE</i>	Amount of Contribution \$ <i>\$20.00</i>	In-kind contribution description <i>YETI BOTTLE OPENER</i>
Contributor address; City; State; Zip Code <i>P.O. Box 9487, CC, TX 78469</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>			

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>2 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>1/16/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CORPUS CHRISTI COATING & MACHINE</i>	8 Amount of Contribution \$ <i>\$40.00</i>	9 In-kind contribution description <i>YETI 1003 KOWBALL W/LID</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 9487, CC, TX 78469</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>1/16/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CORPUS CHRISTI COATING & MACHINE</i>	Amount of Contribution \$ <i>\$25.00</i>	In-kind contribution description <i>TEXAS ROADHOUSE GIFT CARD</i>
Contributor address; City; State; Zip Code <i>P.O. Box 9487, CC, TX 78469</i>		<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.

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 1/16/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY YRLAS	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description BUTTERFLY GIFT BASKET
7 Contributor address; City; State; Zip Code 217 TROPICAL LN, CC, TX 78408		<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 1/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANESSA VALVERDE-MARTINEZ	Amount of Contribution \$ \$225.00	In-kind contribution description ART PAINTING "LA FLOR"
Contributor address; City; State; Zip Code 1137 MONTREAL DR, CC, TX 78418		<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			

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>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>1/16/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN I. VALVERDE</i>	8 Amount of Contribution \$ <i>\$30.00</i>	9 In-kind contribution description <i>WOOD CROSS SET HAND CRAFTED</i>
7 Contributor address; City; State; Zip Code <i>221 TROPICAL LN, CC 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>1/16/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN I. VALVERDE</i>	Amount of Contribution \$ <i>\$50.00</i>	In-kind contribution description <i>RUSTIC CREATION COAT RACK WESTERN STYLE</i>
Contributor address; City; State; Zip Code <i>221 TROPICAL LN, CC 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>			

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1	2 FILER NAME JUAN I. VALVERDE	3 Filer ID (Ethics Commission Filers)
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4 Date 01/16/16	5 Payee name VINO MIO SOCIAL CLUB & WINERY
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6 Amount (\$) \$278.15	7 Payee address; City; State; Zip Code 4102 S. STAPLES, CC, TX 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(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	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 <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	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 <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	Office sought	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 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 2</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/04/16</i>	5 Payee name <i>TEJANO Y GRUPERO NEWS</i>	
6 Amount (\$) <i>\$125.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2202 ANDREWS DR., CC, TX 78415</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE NEWSPAPER</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 POT#1</i>
Date <i>01/17/16</i>	Payee name <i>TEJANO Y GRUPERO NEWS</i>	
Amount (\$) <i>\$125.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2202 ANDREWS DR., CC, TX 78415</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE NEWS PAPER</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 POT#1</i>
Date <i>01/18/16</i>	Payee name <i>VISTA PRINT NETHERLANDS B.V.</i>	
Amount (\$) <i>\$208.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>275 WYMAN ST., WALTHAM, MA 02451</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>DOOR HANGERS PRINTING 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 <i>JUAN I. VALVERDE</i>	Office sought / Office held <i>CONSTABLE POT#1</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	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 2</i>	2 FILER NAME <i>JUAN I. VALVERDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/21/16</i>	5 Payee name <i>CHRIS RODRIGUEZ ASAP SHIRTS&SHOP</i>	
6 Amount (\$) <i>\$457.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>4506 ANTHONY, CC, TX 78415</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>T-SHIRTS (PURCHASE/PRINTING) FUNDRAISING 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
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 RT#1</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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