

# 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: <div style="text-align: center; font-size: 24px; font-weight: bold;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">ARTHUR V.</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">VALDEZ</div>	<b>OFFICE USE ONLY</b> Date Received <div style="background-color: yellow; padding: 2px;">07-16-18P03:48 RCVD</div>  Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 18px; font-weight: bold;">7-16-18</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 18px; font-weight: bold;">402 TAFT</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">SAN ANTONIO, TX 78225</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 18px; font-weight: bold;">(210) 473-0056</div>		Receipt # Amount \$  Date Processed <div style="text-align: center; font-size: 18px; font-weight: bold;">7-16-18</div> Date Imaged
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">LAVONNE R.</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">GONZALEZ</div>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 18px; font-weight: bold;">410 TAFT</div> <div style="text-align: center; font-size: 18px; font-weight: bold;">SAN ANTONIO, TX 78225</div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 18px; font-weight: bold;">(210) 313-3134</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <div style="text-align: center; font-size: 18px; font-weight: bold;">01 / 01 / 2018</div> THROUGH <div style="text-align: center; font-size: 18px; font-weight: bold;">06 / 30 / 2018</div>		
11 ELECTION <div style="text-align: center; font-size: 24px; font-weight: bold;">N/A</div>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input 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) <div style="text-align: center; font-size: 18px; font-weight: bold;">SAISD DISTRICT 4 SCHOOL BOARD</div>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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.

N/A

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 6.50

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

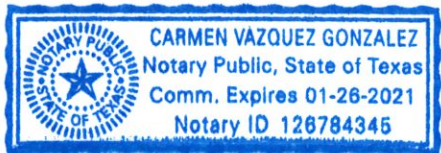
\$ 5,220.88

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.

Arthur V. Valdez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arthur V. Valdez, this the 16<sup>th</sup> day of June, 20 18, to certify which, witness my hand and seal of office.

Carmen Vazquez Gonzalez  
Signature of officer administering oath

Carmen Vazquez Gonzalez  
Printed name of officer administering oath

Notary  
Title of officer administering oath