CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages filed:		
The of our motivation of							
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	A RTHUR		мі V.	OFFICE USE ONLY		
NAME	NICKNAME	LAST		SUFFIX	Date Received		
		VALDEZ					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		1/23/23 at 5: 15pm				
MAILING ADDRESS		FT BLVD	at 5:15am				
Change of Address	SAN	ANTONIO, TX	18225		W. 2 , 10 pt. 1		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTI	ENSION	Date Hand-delivered or Date Postmarked		
PHONE	(210) 4				Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST		MI			
		LAVONNE		R. SUFFIX	Date Processed		
	NICKNAME	LAST	Date Imaged				
	OTDEET ADDRESS	GONZALEZ	THE 4.	OITV.	STATE: ZIP CODE		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 410 TAFT BLVD						
ADDRESS							
(Residence or Business)	SAN ANTONIO TX 78225						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION						
PHONE	(210) 313-3134						
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year		Month	Day Year		
COVERED	01/01/2022 THROUGH 06/30/2022						
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year Primary	Runoff	Other Description			
NIA	/ /	General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known)		
	SAISD	SCHOOL BOARD	DIST4				
14 NOTICE FROM POLITICAL	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(S) Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIVII AIOI	TI III/III CILI					
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$\phi\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>\dot</i>				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 3,381.02				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ \$				
18 SIGNATURE 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.						
	Certher)	r. Valdey				
	Signature of Ca	andidate or Officeholder				
	Please complete either option below	v:				
	Trouble demplote dialist option below					
(1) Affidavit	THERESA MENDOZA Notary Public STATE OF TEXAS Notary ID# 13212100-5 My Comm. Exp. 8-07-2023					
NOTARY STAMP/SEA	L					
Sworn to and subscribed	Λ	23 day of JANUARY,				
	which, witness my hand and seal of office. Mendoza	Notary				
Signature of officer administe		Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
	(street) (city)	state) (zip code) (country)				
Executed in	County, State of , on the day of(month	, 20 (year)				
	(mont	h) (year)				
	Signature of Candi	date/Officeholder (Declarant)				