

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

DCC RECEIVED AT OCT 21 11:22


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: right;">14</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. James C NICKNAME LAST SUFFIX Valadez		<b>OFFICE USE ONLY</b>  Date Received        Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 54 Waller St. Austin, TX 78702											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION ( 512 ) 695-8430											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Beth NICKNAME LAST SUFFIX Beall										
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1400 E 4th St. Austin, TX 78702										
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION ( 512 ) 845-0269											
9 REPORT TYPE <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<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)
<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 <table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">09 / 28 / 2018</td> <td></td> <td style="text-align: center;">10 / 27 / 2018</td> </tr> </table>				Month Day Year	THROUGH	Month Day Year	09 / 28 / 2018		10 / 27 / 2018		
Month Day Year	THROUGH	Month Day Year									
09 / 28 / 2018		10 / 27 / 2018									
11 ELECTION <table style="width: 100%;"> <tr> <td style="width: 40%;">           ELECTION DATE            Month Day Year            11 / 06 / 2018         </td> <td style="width: 60%;">           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </td> </tr> </table>				ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Austin City Council District 3									
<b>GO TO PAGE 2</b>											

FORM C/OH  
COVER SHEET PG 2

## 18 AFFIDAVIT



er Title 15, Election Code.



Signature of Candidate or Officeholder

Signature of officer administering oath

Jacklyn Roche  
Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

James Valadez

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,774.95
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 10,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 41,964.54
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME  James Valadez		3 Filer ID (Ethics Commission Filers)
4 Date  10/3/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliffon Warrick 6 Contributor address; City; State; Zip Code 829 Dream Catcher Dr. Leander, TX 78641	7 Amount of contribution (\$)  \$350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date  10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Pedrosa Contributor address; City; State; Zip Code 1608 Willow St. Austin, TX 78702	Amount of contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self
Date  10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Levine Contributor address; City; State; Zip Code 803 Avondale Austin, TX 78704	Amount of contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions) Senior Fiscal Analyst		Employer (See Instructions) CPPP
Date  10/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca Zamora Garcia Contributor address; City; State; Zip Code 1715 South 1st Austin, TX 78704	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

James Valadez

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Julian Villarreal

6 Contributor address;

City; State; Zip Code

8200 Alcorn Circle Austin, TX 78748

7 Amount of contribution (\$)

\$350.00

8 Principal occupation / Job title (See Instructions)

Pest-Control

9 Employer (See Instructions)

Self

Date

10/16/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Randy Warrick

Contributor address;

City; State; Zip Code

829 Dream Catcher Leander TX 78641

Amount of contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

Sales Agent

Employer (See Instructions)

DR Horton

Date

10/22/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Claire Breihan

Contributor address;

City; State; Zip Code

2705 Warren St. Austin, TX 78703

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/23/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Billy Reagan

Contributor address;

City; State; Zip Code

4311 Ravine Ridge Trail, Austin, TX 78746

Amount of contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Reagan National Advertising

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****2** FILER NAME

James Valadez

**3** Filer ID (Ethics Commission Filers)**4** Date

10/23/2018

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lucy Reagan

**7** Amount of contribution (\$)

\$350.00

**6** Contributor address; City; State; Zip Code

4311 Ravine Ridge Trail Austin, TX 78746

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

Retired

Date

10/19/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leland Lockhart

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code

43 Rainey #2903 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Director, Data Science

Employer (See Instructions)

Vista Consulting Group

Date

10/17/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brooke Bailey

Amount of contribution (\$)

\$52.95

Contributor address; City; State; Zip Code

1801 W. 10th Austin, TX 78703

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/24/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Stephen Oatman

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

3419 Mount Barker Dr. Austin, TX 78731

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

**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

**2** FILER NAME

James Valadez

**3** Filer ID (Ethics Commission Filers)**4** Date

10/25/2018

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Teresa Saldana

**7** Amount of contribution (\$)

\$200.00

**6** Contributor address; City; State; Zip Code

3413 Gonzales Austin, TX 78702

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

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:

1

**2** FILER NAME

James Valadez

**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan  
10/17/2018**7** Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_ )  
James Valadez**9** Loan Amount (\$)  
\$10,000.00**6** Is lender  
a financial  
institution?  
Y ☒ N**8** Lender address; City; State; Zip Code  
54 Waller St. Austin, TX 78702**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)  
Real Estate Broker**13** Employer (See Instructions)  
Self**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political  
account (See Instructions)☒**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6		<b>2</b> FILER NAME James Valadez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/4/2018		<b>5</b> Payee name Grow Mail			
<b>6</b> Amount (\$) 3743.00		<b>7</b> Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/2018		Payee name Grow Mail			
Amount (\$) 6602.91		Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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 10/9/2018		Payee name Grow Mail			
Amount (\$) 3668.00		Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME James Valadez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/9/2018	<b>5</b> Payee name Grow Mail	
<b>6</b> Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 10/9/2018	Payee name Grow Mail	
Amount (\$) 3568.00	Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 10/15/2018	Payee name Office Depot	
Amount (\$) 201.07	Payee address; City; State; Zip Code 907 W. 5th St. Austin, TX 78703	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME James Valadez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/2018		5 Payee name Square Space			
6 Amount (\$) 28.15		7 Payee address; City; State; Zip Code 235 Varick St. 12th Floor New York, NY 10014			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/2018		Payee name Grow Mail			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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 10/16/2018		Payee name Grow Mail			
Amount (\$) 1228.00		Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME James Valadez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/16/2018	<b>5</b> Payee name Grow Mail				
<b>6</b> Amount (\$) 6602.91	<b>7</b> Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense				
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/16/2018	Payee name Delwin Goss				
Amount (\$) 1260.00	Payee address; City; State; Zip Code 6410 Ponca Austin, TX 78741				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor				
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/23/2018	Payee name Grow Mail				
Amount (\$) 6602.91	Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense				
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME James Valadez	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2018	5 Payee name Grow Mail	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 10/19/2018	Payee name Grow Mail	
Amount (\$) 2064.12	Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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 10/26/2018	Payee name Grow Mail	
Amount (\$) 2064.12	Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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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# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME James Valadez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/24/2018	<b>5</b> Payee name Grow Mail				
<b>6</b> Amount (\$) 1253.00	<b>7</b> Payee address; City; State; Zip Code 425 East Spruce St. Tarpon Springs, FL 34689				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/27/2018	Payee name Stripe.com				
Amount (\$) 78.35	Payee address; City; State; Zip Code 185 Berry St. Suite 550 San Francisco CA 94107				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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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