CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pagesti The C/OH Instruction Guide explains how to complete this form. 14 3 CANDIDATE/ MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** С James Mr NAME Date Received NICKNAME LAST SUFFIX Valadez 4 CANDIDATE ADDRESS / PO BOX: APT / SUITE #; STATE: ZIP CODE CITY: **OFFICEHOLDER** MAILING 54 Waller St. Austin, TX 78702 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked 695-8430 (512 PHONE Receipt # Amount \$ MS / MRS / MR FIRST мі CAMPAIGN **TREASURER** Mrs. Beth Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Beall STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREASURER **ADDRESS** 1400 E 4th St. Austin, TX 78702 (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** (512 845-0269 **PHONE** 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Attach C/OH - FR) July 15 X 8th day before election 10 PERIOD Month Day Year Month COVERED 2018 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Day Year Description X General 2018 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Austin City Council District 3 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jam	es Valadez	15 F	iler ID (Ethics Commission Filers)	
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 TYPE	COMMITTEE NAME		
,	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2774.95			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, \$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES \$ 41,964.54			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 196.25			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00		\$ 10,000.00	
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. Notary Public, State of Texes				
2/2 : 4: 3	nm. Expires 08-16-; lotary ID 1312481;		e or Officeholder	
AFFIX NOTARY STAMI		ov the said Jarres Valadez	7 nm	
Sworn to and subscr day of Ochhey	10	oy the said	, this the	
Joinen	torner De Jackyn Roche			
Signature of office a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
	James Valadez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,774.95
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 10,000
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 41,964.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	эн \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Valadez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Cliffton Warrick 10/3/2018 \$350.00 City; State; Zip Code 6 Contributor address: 829 Dream Catcher Dr. Leander, TX 78641 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Sara Pedrosa 10/2/2018 \$105.58 City; State; Zip Code Contributor address: 1608 Willow St. Austin, TX 78702 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Researcher Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Richard Levine 10/4/2018 \$210.84 City; State; Zip Code Contributor address; ... 803 Avondale Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPPP Senior Fiscal Analyst Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:____ Blanca Zamora Garcia 10/16/2018 \$100.00 City; State; Zip Code Contributor address; 1715 South 1st Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Real Estate Broker 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Valadez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 10/16/2018 Julian Villarreal \$350.00 Çity; State; Zip Code 6 Contributor address; 8200 Alcorn Circle Austin, TX 78748. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pest-Control Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Randy Warrick 10/16/2018 \$350.00 Contributor address; City; State; Zip Code 829 Dream Catcher Leander TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) DR Horton Sales Agent Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Claire Breihan 10/22/2018 \$100.00 City; State; Zip Code Contributor address; 2705 Warren St. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Billy Reagan 10/23/2018 \$350.00 City; State; Zip Code Contributor address: 4311 Ravine Ridge Trail, Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Owner 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME James Valadez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Lucy Reagan 10/23/2018 Contributor address; City; State; Zip Code \$350.00 6 Contributor address; 4311 Ravine Ridge Trail Austin, TX 78746 ı 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Leland Lockhart 10/19/2018 \$105.58 Contributor address; City; State; Zip Code 43 Rainey #2903 Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vista Consulting Group Director, Data Science Full name of contributor Date ut-of-state PAC (ID#:__ Amount of contribution (\$) Brooke Bailey 10/17/2018 \$52.95 City; State; Zip Code Contributor address; 1801 W. 10th Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ Stephen Oatman 10/24/2018 \$150.00 City; State; Zip Code Contributor address; 3419 Mount Barker Dr. Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James Valadez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Teresa Saldana 10/25/2018 \$200.00 6 Contributor address; City; State; Zip Code 3413 Gonzales Austin, TX 78702 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) State: Zip Code Contributor address: City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ¹ ☐ out-of-state PAC (ID#:.... Amount of contribution (\$) City; State; Zip Code Contributor address; 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 comple	ete this form.	Total pages Schedule E: 1
2	FILER NAME James Vala	dez			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS	,		\$
5	Date of loan 10/17/2018	7 Name of lender □ James Valadez	out-of-state P	PAC (ID#:)	9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution?	8 Lender address; 54 Waller St. Austin, TX		tate; Zip Code	10 Interest rate 11 Maturity date
12		on / Job title (See Instructions) ker		13 Employer (See Instructions) Self	
14	Description of Coll	ateral		15 Check if personal funds were account (See Instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	x not applicable	18 Guarantor address;	City; S	tate; Zip Code	
20	Principal Occupat	ion (See Instructions)		21 Employer (See Instructions)	
	Date of loan	Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address;	City; S	itate; Zip Code	Interest rate
	Institution? Y				Maturity date
	Principal occupation	l on / Job title (See Instructions)		Employer (See Instructions)	
	Description of Colli	ateral		Check if personal funds were (account (See Instructions)	deposited into political
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
		Guarantor address;	City; S	State: Zip Code	·
Principal Occupation (See Instructions) Employer (See Instructions)					
				······································	
	lf le			PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dionations Made By
Candidate/Officeholder/Political Committee

Event Exponse Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	ilea above)
1 Total pages Schedule F1:	2 FILER NAME James Valadez	3 Filer ID (Ethics Comm	nission Filers)
4 Date 10/4/2018	5 Payee name Grow Mail		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
3743.00	425 East Spruce St. Tarpon Springs, FL 34689		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule Texas.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office	held
Date	Payee name		- <u>-</u> -
10/9/2018	Grow Mail		
Amount (\$)	Payee address; City; State; Zip Code		
6602.91	425 East Spruce St. Tarpon Springs, FL 34689		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if Iravel outside of Texas. Complete Schedule T. 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		
10/9/2018	Grow Mail		
Amount (\$)	Payee address; City; State; Zip Code		
3668.00	425 East Spruce St. Tarpon Springs, FL 34689		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	e hel d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME James Valadez		3 Filer ID (Ethics Cammission Filers)
4 Date	5 Payee name		
10/9/2018	Grow Mail		
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
1000.00	425 East Spruce St. Tarpon Springs,	FL 34689	
8	(a) Category (See Categories listed at the top of	Ihis schedule) (b) Description	
PURPOSE	Advantaina Evanna	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		18
10/9/2018	Grow Mail		
Amount (\$)	Payee address; City; State;	Zip Code	
3568.00·	. 425 East Spruce St. Tarpon Springs	, FL 34689	
	Category (See Categories listed at the top of		outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/2018	Office Depot		
Amount (\$)	Payee address; City; State;	Zip Code	
201.07	907 W. 5th St. Austin, TX 78703		
	Category (See Categories listed at the top of	<u>-</u>	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Printing Expense		in, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor Other (enter a category not listed above)
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 (\$)	7 Payee address; City; State; Zip Code	
28.15	235 Varick St. 12th Floor New York, NY 10014	,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Рауее пате	
10/16/2018	Grow Mail	
Amount (\$)	Payee address; City; State; Zip Code	
1000.00	425 East Spruce St. Tarpon Springs, FL 34689	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. 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	
10/16/2018	Grow Mail	
Amount (\$)	Payee address: City: State; Zip Code	
1228.00	425 East Spruce St. Tarpon Springs, FL 34689	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if fravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/		Travel In District Travel Out Of Dis Other (enter a cate	trict egory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to compl	ete this form.		
1 Total pages Schedule F1: 6	2 FILER NA	^{ME} James Valadez			3 Filer ID (Eth	ics Commission Filers)
4 Date 10/16/2018	5 Payee na Grow			· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee ad	ddress; City; State; 2	Zip Code			`
6602.91	425 Eas	st Spruce St. Tarpon Springs, FL	34689			
8	(a) Category	(See Categories listed at the top of this	schedule) (b)	Description		
PURPOSE OF EXPENDITURE	Advertising	Expense		$\overline{}$	itside of Texas, Complet i, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Рауее па	ıme				
10/16/2018	Delwin (Goss				
Amount (\$)	Payee ad	ddress; City; State; Z	ip Code			
1260.00	6410 Pc	onca Austin, TX 78741				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF				$\overline{}$	side of Texas. Complete TX, officeholder livir	
EXPENDITURE	Contrac	t Labor				,
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	1	Office sought		Office held
Date	Payee na	ame	-			
10/23/2018	Grow Ma	ail				
Amount (\$)	Payee ac	dress; City; State; Z	ip Code			
6602.91	425 East	Spruce St. Tarpon Springs, FL	34689			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF	ماند المدارية	ing Evnenne			side of Texas. Complete . TX, officeholder livir	
EXPENDITURE	Advertis	ing Expense		Officer if Austin,	TA, UNICORUIDER IIVII	a exhanse
		·				•
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
I THE SECTION	AT	TACH ADDITIONAL COPIES	OF THIS SCH	EDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Valadez	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2018	5 Payee name Grow Mail	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1000.00	425 East Spruce St. Tarpon Springs, FL 34689	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	•
10/19/2018	Grow Mail	
Amount (\$)	Payee address; City; State; Zip Code	
2064.12	425 East Spruce St. Tarpon Springs, FL 34689	,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/26/2018	Grow Mail	
Amount (\$)	Payee address; City; State; Zip Code	
2064.12	425 East Spruce St. Tarpon Springs, FL 34689	
PURPOSE	Category (See Categories listed at the top of this schedulo)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In D Travel Out tract Labor Other (ente

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 6	2 FILER NAME James Valadez	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
10/24/2018	Grow Mail	•	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1253.00	425 East Spruce St. Tarpon Springs, FL 34689		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	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	Payee name		
10/27/2018	Stripe.com		
Amount (\$)	Payee address; City;. State; Zip Code	,	
78.35	185 Berry St. Suite 550 San Francisco CA 94107		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Face.	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Fees		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			