

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: 14 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST James | MI C | OFFICE USE ONLY Date Received OCC RECEIVED AT OCT 9 '18 PM4:55 Date Hand-delivered or Date Postmarked | | |
| | NICKNAME | LAST Valadez | SUFFIX | | | |
| 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 (512) | PHONE NUMBER 695-8430 | EXTENSION | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Beth | MI | Receipt # | Amount \$ | |
| | NICKNAME | LAST Beall | SUFFIX | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE | Date Imaged | |
| | | 1400 E 4th St. | | Austin, TX 78702 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (512) | PHONE NUMBER 845-0269 | EXTENSION | | | |
| | | | | | | |
| 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 | | |
| | 07 / 01 / 2018 | | | THROUGH 09 / 27 / 2018 | | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month: 11 | Day: 06 | Year: 2018 | <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 | | |
| | | | | | | |

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,218.32

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,104.83

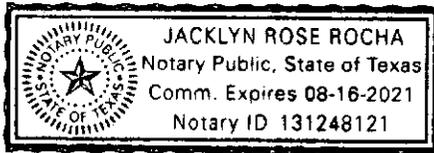
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 29,385.84

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

James Valadez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Valadez, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

Jacklyn Rocha
Signature of officer administering oath

Jacklyn Rocha
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 | \$ 6,218.32 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,104.83 |
| 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: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/20/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Aleshire 6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr. Austin, TX 78739 | 7 Amount of contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 8/24/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Bailey Contributor address; City; State; Zip Code 4104 Turkey Creek Dr. Austin, TX 78730 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 8/30/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Grube Contributor address; City; State; Zip Code 1910 West Cypress Point Austin, TX 78746 | Amount of contribution (\$) \$52.95 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 9/18/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Hernandez Contributor address; City; State; Zip Code 1507 1/2 Holly St. Austin, TX 78702 | Amount of contribution (\$) \$52.95 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/19/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Small 6 Contributor address; City; State; Zip Code 4203 Venado Drive Austin, TX 78731 | 7 Amount of contribution (\$) \$210.84 |
| 8 Principal occupation / Job title (See Instructions) Home Builder | | 9 Employer (See Instructions) Self |
| Date 9/24/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Thompson Contributor address; City; State; Zip Code 1403 Holly St. Austin, TX 78702 | Amount of contribution (\$) \$210.84 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 9/25/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Leighton-Burwell Contributor address; City; State; Zip Code 1417 Palo Duro Austin, TX 78757 | Amount of contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Covert Contributor address; City; State; Zip Code 3402 South Hill Austin, TX 78703 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/31/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Rocha 6 Contributor address; City; State; Zip Code 2216 Eastside Drive Austin, TX 78704 | 7 Amount of contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Mercado Contributor address; City; State; Zip Code 22129 Silvia Drive Elgin, TX 78621 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Contractor | | Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Mercado Contributor address; City; State; Zip Code 22129 Silvia Drive Elgin, TX 78621 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Maryarsa Contributor address; City; State; Zip Code 11636 Schriber Buda, TX 78610 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Contractor | | Employer (See Instructions) Self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/31/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter McMillan 6 Contributor address; City; State; Zip Code 1407 Cullen Austin, TX 78757 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Appraiser | | 9 Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Terweij Contributor address; City; State; Zip Code 5812 Buckpasser Cove Austin, TX 78746 | Amount of contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Crenshaw Contributor address; City; State; Zip Code PO Box 50568 Austin, TX 78763 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Professional Golfer | | Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Phillips Contributor address; City; State; Zip Code 8709 Salem Ave Lubbock TX 79424 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/31/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Bagwell | 7 Amount of contribution (\$) \$300.00 |
| 6 Contributor address; City; State; Zip Code 625 Pioneer Trail San Marcos, TX 78666 | | |
| 8 Principal occupation / Job title (See Instructions) Cemetery Maintenance | | 9 Employer (See Instructions) Self |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Baylor | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 1204 Challenger Lakeway, TX 78734 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri Cowan | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 11004 Alhambra Dr Austin, TX 78759 | | |
| Principal occupation / Job title (See Instructions) Mortgage Lender | | Employer (See Instructions) Bancorp South |
| Date 8/31/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Kinton | Amount of contribution (\$) \$350.00 |
| Contributor address; City; State; Zip Code 10900 Catskill Trail Austin, TX 78729 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/26/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Saunders 6 Contributor address; City; State; Zip Code 4112 Avenue F Austin, TX 78751 | 7 Amount of contribution (\$) \$105.58 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 9/24/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heriberto Morales Contributor address; City; State; Zip Code 3083 Mark Anthony Eagle Pass, TX 78852 | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) County inspector | | Employer (See Instructions) Maverick county |
| Date 7/10/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Robinson Contributor address; City; State; Zip Code 6908 Jester Wild Dr. Austin, Tx 78750 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Insurance | | Employer (See Instructions) Self |
| Date 7/11/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl Broussard Jr. Contributor address; City; State; Zip Code 515 Buckeye Trail Austin, TX 78746 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Landscape Architect | | Employer (See Instructions) TBG Partners |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/2/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Eiland 6 Contributor address; City; State; Zip Code 2907 Overdale Rd Austin, TX 78723 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Surveyor | | 9 Employer (See Instructions) Self |
| Date 9/26/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Armstrong Contributor address; City; State; Zip Code 5401 Daimler Drive Austin, TX 78744 | Amount of contribution (\$) 26.63 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Texas Coffee Traders |
| Date 9/26/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Brown Contributor address; City; State; Zip Code 1500 Royal Crest Dr. Apt 156 Austin, TX 78741 | Amount of contribution (\$) \$105.58 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 9/27/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Rodriguez Contributor address; City; State; Zip Code 4717 Interlachen Ln Austin, TX 78747 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME James Valadez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/27/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Rodriguez 6 Contributor address; City; State; Zip Code 4717 Interlachen Ln Austin, TX 78747 | 7 Amount of contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Real Estate | | 9 Employer (See Instructions) Self |
| Date 9/27/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Sprinkle Contributor address; City; State; Zip Code 1114 Fieldcrest Austin, TX 78704 | Amount of contribution (\$) \$52.95 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 9/26/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri Cowan Contributor address; City; State; Zip Code 1104 Alhambra Dr. Austin, TX 78759 | Amount of contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Mortgage Lender | | Employer (See Instructions) Bancorp South |
| Date 9/27/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Romero Contributor address; City; State; Zip Code 2201 Bridle Path Austin, TX 78703 | Amount of contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: | 2 FILER NAME James Valadez | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|----------------------------|--|
| 4 Date 9/17/2018 | 5 Payee name Squarespace, Inc. |
|----------------------------|--|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$28.15 | 7 Payee address; City; State; Zip Code 225 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 <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 8/24/2018 | Payee name Worley Printing |
|-------------------|-------------------------------|

| | |
|--------------------------|--|
| Amount (\$) \$1313.77 | Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd. Austin, TX 78722 |
|--------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------|------------------------------|
| Date 8/21/2018 | Payee name City of Austin |
|-------------------|------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 301 W. 2nd St. Austin, TX 78701 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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.

| | | |
|-----------------------------------|--------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME James Valadez | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|----------------------------|--|
| 4 Date 8/15/2018 | 5 Payee name Squarespace, Inc. |
|----------------------------|--|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$28.15 | 7 Payee address; City; State; Zip Code 225 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 <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 7/18/2018 | Payee name Worley Printing |
|-------------------|-------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$624.89 | Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd. Austin, TX 78722 |
|-------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------|---------------------------------|
| Date 7/16/2018 | Payee name Squarespace, Inc. |
|-------------------|---------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$28.15 | Payee address; City; State; Zip Code 225 Varick St. 12th Floor New York, NY 10014 |
|------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | 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.

| | | |
|-----------------------------------|--------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME James Valadez | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|----------------------------|--|
| 4 Date 7/10/2018 | 5 Payee name Worley Printing |
|----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd. Austin, TX 78722 |
|----------------------------------|---|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 9/27/2018 | Payee name Stripe.com |
|-------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$81.72 | Payee address; City; State; Zip Code 185 Berry St. Suite 550 San Francisco, CA 94107 |
|------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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