CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/(II) FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	V	Date Received		
	Valdez	O1	33-15-13 P 03:34 RC VD		
4 CANDIDATE / OFFICEHOLDER MAILING	402 Taft Blvd	STATE; ZIP CODE	Date Hand-delivered or Postmarked		
ADDRESS change of address	San Antonio, TX 78225		Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 922-0009	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER	/S/MRS/MR FIRST LaVonne	MI R	Date imaged		
NAME	NICKNAME LAST Gonzalez	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 410 Taft Blvd San Antonio, TX 78225	CITY; STATE:	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 313-3134	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 05 / 02 / 2013 THROUGH	Month Day	Year ∕2013		
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 11 / 2013	Aunoif 🔀	General Special		
12 OFFICE	OFFICEHELD (if any) SAISD District 4 Board Member	13 OFFICE SOUGHT (if known	1)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Arthur V V	aidez Jr		15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	pport Personnel PAC			
	GENERAL SPECIFIC				
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS 23222 Dragon Rock, Elmendorf TX 781	12		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	U			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4900				
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$ 7.81			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 11485.60		
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	DAY \$ 1143.49			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	THE \$ 0			
18 AFFIDAVIT			f perjury, that the accompanying report I information required to be reported by		
ST	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	P	Lolg ndidateG Officeholder		
Sworn to and sub	scribed before	1 ")	Vade2 , this the my hand and seal of office.		
Signature of officer adm	(CL)	Printed name of officer administering oath	Title of officer administering oath		
= g + + + + + + + + + + + + + + +	3	-			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

<u> </u>					
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME Arthur V Valdez Jr			3 ACCOUNT # (Ethics Commission Filers)		
4 Data	5 Full name of contributor Quitof-state PAC/ID#		7	a la lieut a a tritaria	
4 Date	Citizens for Quality Education PAC)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
E770040	Character of exactly moderators (1)		•	1	
5/7/2013	6 Contributor address; City; State; Zip Code		1000.00	1	
	1607 Mariposa SA TX 78201			I 	
	<u> </u>		(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	oation / Job title (See Instructions) PAC	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Y	Amount of	In-kind contribution	
	IMC Benefit Planners LLC		contribution (\$)	description (if applicable)	
05/09/13	INO Benefit i familiers ELO				
	Contributor address: City; State; Zip Code		500		
	443 E Gerald Ave				
	San Antonio, TX 78214		i	·	
			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	>	Amount of	In-kind contribution	
	Jorge Elizondo		contribution (\$)	description (if applicable)	
05/11/2013	Contributor address; City; State; Zip Code	•	400	celebration dinner	
	238 W Craig, SA TX 78212				
DEGRAPO					
		·		of Texas, complete Schedule T)	
Principal occuj Researche	pation / Job title (See Instructions) er / VPCI	Employer (See HEB	Instructions)	***************************************	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	Charies Butt		contribution (\$)	description (if applicable)	
5/16/13	Contributor address: City; State; Zip Code		3000		
	335 King William				
	San Antonio, Tx 78204		45.1	(7) () () () () ()	
Principal control		Employer (See	·	of Texas, complete Schedule T)	
' '	rocery Company	milibiosei (pee	mod dopona)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
WALL					
Accountance					
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / 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 foradditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

3 Date 5/2/13 5 Amount (\$) 7 540 PURPOSE OF	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Travel In District Polling Expense Travel Out Of D Printing Expense The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City: State: Zip Code Olmos Park Category (See categories listed at the top of this schedule) advertising	Contract Labor raising Expense strict // Rental Expense or complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)
Accounting/Banking Consulting Expense Event Expense Fees Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE OF	Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Office Overhead The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City: State: Zip Code Olmos Park	strict (Rental Expense complete this for	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) rm. 3 ACCOUNT # (Ethics Commission File)
Consulting Expense Event Expense Fees Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE 0F	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park	istrict /Rental Expense o complete this for	Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) rm. 3 ACCOUNT # (Ethics Commission File)
Event Expense Fees Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE OF (a)	Polling Expense Travel Out Of D. Office Overhead The Instruction Guide explains how to FILER NAME. Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park	istrict //Rental Expense o complete this for	Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) rm. 3 ACCOUNT # (Ethics Commission File)
Fees Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE OF (a)	Printing Expense Office Overhead The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City: State; Zip Code Olmos Park	(b) Description	Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) rm. 3 ACCOUNT # (Ethics Commission File)
Fees Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE OF (a)	Printing Expense Office Overhead The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park	(b) Description	rm. 3 ACCOUNT # (Ethics Commission File)
Total pages Schedule F: 2 3 Date 5/2/13 Amount (\$) 7 540 PURPOSE OF (a)	The Instruction Guide explains how to FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park	(b) Description	rm. 3 ACCOUNT # (Ethics Commission File)
3 Date 5/2/13 5 Amount (\$) 7 540 PURPOSE (a)	FILER NAME Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park	(b) Description	3 ACCOUNT # (Ethics Commission Filer
3 Date 5/2/13 5 Amount (\$) 7 540 PURPOSE (a)	Arthur V Valdez Jr Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park Category (See categories listed at the top of this schedule)		
Date 5/2/13 5 Amount (\$) 7 540 PURPOSE (a)	Payee name Kazim Fahim Payee address: City; State; Zip Code Olmos Park Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
5/2/13 Amount (\$) 7 540 PURPOSE (a)	Kazim Fahim Payee address: City; State; Zip Code Olmos Park Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
Amount (\$) 7 540 PURPOSE (a) OF	Payee address: City; State; Zip Code Olmos Park Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
540 PURPOSE (a) OF	Olmos Park Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
PURPOSE (a)	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
PURPOSE (a)	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF			(If travel outside of Texas, complete Schedule T)
OF			(If travel outside of lexas, complete Schedule 1)
	advertising	design	
		acaign	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/OH			
Date	Payee name		
5/2/13	TPG		
Amount (\$)	Payee address; City; State; Zip Code		
2000	PO BOX 29693		
2000	SA TX 78229		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	consulting	phone bank	k/polling
EXPENDITURE		priorio barri	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
5/2/13	Southside Reporter		
Amount (\$)	Payee address; City; State; Zip Code		
507.00			
527.83	2203 Hackberry SA, TX 78210		
	0.4.17.102.10		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	advertising	newspap	er ad
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
5/2/13	Allied Advertising		
Amount (\$)	Payee address; City; State: Zip Code		
.,	3700 Blanco		
890.36	SA TX 78212		
DUDDOCE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Care Soil (one or offering areas at the tolk of the acquired		for the management of the control of
OF EXPENDITURE	advertising	signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CAT	EGORIES E	OR BOY 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense The Instruction Guide explains how to complete this		ntract Labor sing Expense oct ental Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatic Candidate/Officeh OTHER (enter a cate	quipment & Related Expense	
1 Total pages Schedule F:	2 FILER NAME Arthur V Valdez Jr		11/10/2001	3 ACCOUNT#	(Ethics Commission Filers)	
4 Date 05/06/13	5 Payee name Orange Grove Art		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
6 Amount (\$) 75	7 Payee address; City; State; 7207 Snowden SA TX 78240	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this advertising	schedule)	(b) Description (If travel outside of Texa		exas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/O	9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			nt	Office held	
Date 5/25/13	Payee name TPG					
Amount (\$)	Payee address; City; State;	Zip Code	····			
4468.42	PO BOX 29693 SA, TX 78229					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Description (If travel outside of Texas, complete Schedule) phone bank/polling			complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	1	Office sough	nt	Office held	
Date	Payee name					
05/9/2013	Texas Grassroots Services					
Amount (\$)	Payee address; City: State;	Zip Code				
1666	1331 Ridgewood SA, TX 78201					
PURPOSE	Category (See categories listed at the top of this	schedule}	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	salaries/wages/contract labor		voter outrea	ach		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held	
Date	Payee name					
0525/13	Bob Comeaux					
Amount (\$)	Payee address; City; State;	Zip Code				
127.63	French SA, TX 78212					
PURPOSE	Category (See categories listed at the top of this	schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	reimburse - advertising		photo and sig	gns		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	nt	Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS	NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	E CATEGORIES	FOR BOX 8(a))	-	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	dvertising Expense Gilt/Awards/Memorials Expense Salaries/Wages ccounting/Banking Legal Services Solicitation/Func onsulting Expense Food/Beverage Expense Travel In District vent Expense Polling Expense Travel Out Of December Office Overheam		sing Expense rict ental Expense	Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense	
	The Instruction Guid	e explains how to o	complete this fo	orm.		
Total pages Schedule F: 3	2 FILER NAME Arthur V Valdez Jr			3 ACCOUNT	# (Ethics Commission Filers)	
Date 9 05/25/13	5 Payee name SA Alliance of Teachers					
Amount (\$)	7 Payee address; City; S	tate; Zip Code				
532.55	Adams SA, TX 78204					
PURPOSE ((a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)	
OF EXPENDITURE	reimbursement - advertising		copies		xas. complete schedule 1)	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	e	Office soug	ht	Office held	
Date	Payee name					
05/25/2013	Texas Grassroots Services					
Amount (\$)	Payee address: City; S	tate; Zip Code				
250	1331 Ridgewood SA, TX 78201					
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
OF EXPENDITURE	salaries/wages/contract labor voter outreach					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	>	Office soug	ht	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; St	tate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	1 (If travel outside of Tex	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	•	Office soug	ht	Office held	
Date	Payee name					
Amount (\$)	Payee address: City; S	tate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	pp of this schedule)	Description	1 (If travel outside of Tex	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Э	Office soug	ht	Office held	