

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">23</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">Sergio</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">Valdez</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received <div style="font-size: 24px; font-weight: bold;">REC'D JUL 26 2012</div> <div style="font-size: 18px; font-family: cursive;">Duane Espinoza</div> <hr/> Date Hand-delivered or Postmarked <div style="font-size: 24px; font-weight: bold;">REC'D JUL 25 2012</div> Receipt # Amount	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 4610 McAllen TX 78501	Date Processed	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 618-0837	Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">Noe</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">Martinez</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">III</div>	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4415 N. McColl Rd. McAllen TX 78504	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 618-0837	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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	Month Day Year THROUGH Month Day Year 07 / 03 / 12 07 / 23 / 12		
11 ELECTION	ELECTION DATE Month Day Year 07 / 31 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) Judge, Hidalgo County Court at Law No. Seven (7)	
GO TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Sergio J. Valdez

15 ACCOUNT # (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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *∅*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *∅*

EXPENDITURE TOTALS

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

\$ *∅*

4. TOTAL POLITICAL EXPENDITURES

\$ *52,793.46*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *2,631.72*

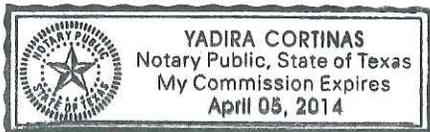
OUTSTANDING LOAN TOTALS

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

\$ *150,000.00*

18 AFFIDAVIT

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.



Sergio J. Valdez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sergio J. Valdez*, this the *23rd* day of *July*, 20 *12*, to certify which, witness my hand and seal of office.

Yadira Cortinas
Signature of officer administering oath

Yadira Cortinas
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 1

2 FILER NAME

Sergio J. Valdez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

N/A

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J): 1

2 FILER NAME

Sergio J. Valdez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

N/A

(If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J): 1

2 FILER NAME

Sergio J. Valdez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7/9/12

7 Name of lender

First National Bank

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$50,000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

PO Box 810
Edinburg, TX 78540

10 Interest rate

7%

11 Maturity date

7-9-12

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 Check if personal funds were deposited into political account

19 GUARANTOR INFORMATION

not applicable

20 Name of guarantor

Sergio J. Valdez

22 Amount Guaranteed (\$)

21 Guarantor address; City; State; Zip Code

4415 N. McCoil Rd
McAllen, TX 78504

23 Guarantor's Principal Occupation

Attorney

24 Guarantor's Job Title

Attorney

25 Guarantor's Employer/Law Firm

Law office of Sergio J. Valdez

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is child, law firm of parent(s) (if any)

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gifts to Members Expense	Salaries/Wages/Contract Labor	Loan Repayment Reimbursement
Accounting/Banking	Legal Services	Stationery/Purchasing Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations/Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder Political Committee
Fees		Office Overhead/Per Diem Expense	OTH-EP: enter a category not listed above

The instruction Guide explains how to complete this form.

1 Total Pages Schedule F 1-10		2 FILER NAME Sergio J. Valdez		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 7/3/12		5 Payee Name USAA Mastercard / HEB			
6 Amount (\$) \$495. ⁸⁰		7 Payee address: City: State: Zip Code 10750 McDermott Fwy San Antonio, TX 78288			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/3/12		Payee name USAA Mastercard / Fuel Pcc Stations			
Amount (\$) \$1,456. ⁹³		Payee address; City: State: Zip Code 10750 McDermott Fwy San Antonio, TX 78288			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Transportation Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/3/12		Payee name Valentino Ordaz / Daz Sports and Awards			
Amount (\$) \$1,500. ⁰⁰		Payee address; City: State: Zip Code 2003 N. Veterans Blvd. San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/11/12		Payee name Valentino Ordaz / Daz Sports and Awards			
Amount (\$) \$1,500. ⁰⁰		Payee address; City: State: Zip Code 2003 N. Veterans Blvd. San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office/Overhead/Rent Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 2-10		2 FILER NAME Sergio J. Valdez		3 ACCOUNT # Ethics Commission Filers	
4 Date 7/11/12		5 Payee name Lone Star Bank			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code P.O. Box 1127 Pharr, TX 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		Loan Repayment			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/16/12		Payee name Dairy Queen			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 2203 N. Conway Mission, TX 78572			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Event Expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Beto's Screen Printing			
Amount (\$) \$1,351.57		Payee address; City; State; Zip Code 110 W. 4th St. San Juan, TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Advertising Expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/12		Payee name USAA Mastercard / Printworks			
Amount (\$) \$1,082.50		Payee address; City; State; Zip Code 10750 McDermott Fwy San Antonio, TX 78288			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Advertising 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3-70		2 FILER NAME Sergio J. Valdez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/12		5 Payee Name Irene Mercado			
6 Amount (\$) \$800.00		7 Payee address; City; State; Zip Code 910 S. 3rd Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) GO TV	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Julie Carcano			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2215 Carlamerie Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) GO TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Hermila Garcia			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code PO Box 27 Pharr, TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) GO TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Clara Casas			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 506 E. Villegas Pharr, TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) GO TV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 7 4-10		2 FILER NAME Sergio J. Valdez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/12		5 Payee name Caridad Murillo			
6 Amount (\$) \$1,000. ⁰⁰		7 Payee address; City; State; Zip Code 206 W. 3rd San Juan, TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) GOTV	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Maria E. Alvarado			
Amount (\$) \$1,000. ⁰⁰		Payee address; City; State; Zip Code 730 N. Dalia Pharr, TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) GOTV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Godinez Communications			
Amount (\$) \$10,000. ⁰⁰		Payee address; City; State; Zip Code 5403 N. 5th St. McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/20/12		Payee name Angie Ojeda			
Amount (\$) \$1,400. ⁰⁰		Payee address; City; State; Zip Code 5001 S. 24th McAllen, TX 78503			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) GOTV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 03-7 5-10	2 FILER NAME Sergio J. Valdez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/20/12	5 Payee name Armantina Garcia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 625 E. Citrus Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) GOTV
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/20/12	Payee name Anali Saldana	
Amount (\$) \$525.00	Payee address; City; State; Zip Code 606 Scobey Ave Donna TX 78537	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/21/12	Payee name IBC Bank	
Amount (\$) \$2,210.00	Payee address; City; State; Zip Code 1 South Broadway McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/23/12	Payee name Visa Chase Card Services / RGV Stitch Masters	
Amount (\$) \$1,770.09	Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gifts/Wards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel - In District
- Travel - Out Of District
- Office/Overhead/Rental Expense
- Loan Repayment Reimbursement
- Transportation/Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 2 FILER NAME: Sergio J. Valdez 3 ACCOUNT # Ethics Commission Filer

4 Date: 7/23/12 5 Payee name: Visa Chase Card Services / HEB Event Supplies

6 Amount (\$): \$616.²⁸ 7 Payee address: PO Box 94014 City: Palatine, IL State: IL Zip Code: 60094-4014

8 PURPOSE OF EXPENDITURE: Event Expense
 (a) Category (See categories listed at the top of this schedule): Event Expense
 (b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 7/23/12 Payee name: Visa Chase Card Services / Don Panchitos Cafe

Amount (\$): \$300.⁰⁰ Payee address: PO Box 94014 City: Palatine, IL State: IL Zip Code: 60094-4014

PURPOSE OF EXPENDITURE: Food Expense
 Category (See categories listed at the top of this schedule): Food Expense
 Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 7/23/12 Payee name: Visa Chase Card Services / Belts Oil & Gas

Amount (\$): \$5,000.⁰⁰ Payee address: PO Box 94014 City: Palatine, IL State: IL Zip Code: 60094-4014

PURPOSE OF EXPENDITURE: Transportation Expense
 Category (See categories listed at the top of this schedule): Transportation Expense
 Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 7/23/12 Payee name: Visa Chase Card Services / Tortilla Cali

Amount (\$): \$325.⁰⁰ Payee address: PO Box 94014 City: Palatine, IL State: IL Zip Code: 60094-4014

PURPOSE OF EXPENDITURE: Food Expense
 Category (See categories listed at the top of this schedule): Food Expense
 Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift - Vendor/Member's Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel - In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel - Out Of District	Candidate/Officeholder Political Committee
Fees		Office/Overhead/Rental Expense	DT-BE - enter a category not listed above

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 2 FILER NAME: Sergio J. Valdez 3 ACCOUNT #: Ethics Commission Filers

4 Date: 7/23/12 5 Payee name: Visa Chase Card Services / Rios Meats

6 Amount (\$): \$1,003.³⁴ 7 Payee address; City; State; Zip Code: PO Box 94014 Palatine, IL 60094-4014

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Food Expense (b) Description (if travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / Rios Meats

Amount (\$): \$147.⁹⁰ Payee address; City; State; Zip Code: PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Food Expense Description (if travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / The Water Store - Waters

Amount (\$): \$1,467.⁸⁷ Payee address; City; State; Zip Code: PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Event Expense Description (if travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / Melhart

Amount (\$): \$251.¹⁰ Payee address; City; State; Zip Code: PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Event Expense Description (if travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Vouchers/Memoranda Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Subscription/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead Rental Expense
- Loan Repayment/Reimbursement
- Transaction Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee

The Instruction Guide explains how to complete this form.

1 This covers Schedule F: 78-10 2 FILER NAME: Sergio J. Valdez 3 ACCOUNTING: Ethics Commission Filers.

4 Date: 7/23/12 5 Payee Name: Visa Chase Card Services / Trevino's Restaurant

6 Amount (\$): \$111.⁸¹ 7 Payee address: City: State: Zip Code
PO Box 94014 Palatine, IL 60094-4014

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Food Expense (b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / US Postal Service

Amount (\$): \$180.⁰⁰ Payee address; City: State: Zip Code
PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Office Overhead Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / The Egg & I

Amount (\$): \$148.²³ Payee address; City: State: Zip Code
PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Food Expense Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 7/23/12 Payee name: Visa Chase Card Services / Finas Restaurant

Amount (\$): \$216.⁵⁰ Payee address; City: State: Zip Code
PO Box 94014 Palatine, IL 60094-4014

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Food Expense Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gifts/Travels/Memorials Expense	Salaries/Wages/Contract Labor	Local Registration/Permitment
Accounting/Banking	Legal Services	Stationery/Printing Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Renting Expense	Travel Out Of District	Candidate/Officeholder Political Committee
Fees	Printing Expense	Office/Overhead Expense	OTHER - enter a category not listed above

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 9-10		2 FILER NAME Sergio J. Valdez		3 ACCOUNT# Ethics Commission Filer:	
4 Date 7/23/12		5 Payee name Visa Chase Card Services / KEM Billboards			
6 Amount (\$) \$5,940.⁰⁷		7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/12		Payee name Visa Chase Card Services / Best Buy			
Amount (\$) \$465.⁴⁵		Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/12		Payee name Visa Chase Card Services / City of McAllen Parade			
Amount (\$) \$160.⁰⁰		Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/12		Payee name Visa Chase Card Services / Sprint Accessories			
Amount (\$) \$318.⁴²		Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Birthdays/Memorial Expenses	Salaries/Wages/Contract Labor	Travel Reimbursement/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expenses	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In-District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out-Of-District	Candidate/Officeholder/Political Committee
Fees		Office/Overseas/Per Diem Expense	OT-EP (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10-10		2 FILER NAME: Sergio J. Valdez		3 ACCOUNT # Ethics Commission Filer:	
4 Date: 7/23/12		5 Payee name: USAA Mastercard / Alamo Tees			
6 Amount (\$): \$1,173.¹⁶		7 Payee address: 10750 McDermott Fwy San Antonio, TX 78288			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising		(b) Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 7/23/12		Payee name: USAA Mastercard / Godinez Communications			
Amount (\$): \$4,000.⁰⁰		Payee address: 10750 McDermott Fwy San Antonio, TX 78288			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 7/23/12		Payee name: USAA Mastercard / HEB			
Amount (\$): \$326.⁵⁴		Payee address: 10750 McDermott Fwy San Antonio, TX 78288			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Food Expense		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Sergio J. Valdez</u>	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date	5 Payee name <u>N/A</u>
---------------	-----------------------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>N/A</u>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name <u>V</u>
------	------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Sergio J. Valdez	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <u>1</u>	2 FILER NAME <u>Sergio J. Valdez</u>	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date	5 Payee name <u>NHA</u>
---------------	-----------------------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code <u>NHA</u>
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
---------------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
---	---------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	--

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

Sergio J. Valdez

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Lone Star National Bank

5 Lender address; City; State; Zip Code

PO Box 1127 Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

Sergio J. Valdez

7 Guarantor address; City; State; Zip Code

4415 N. McColl Rd. McAllen, TX 78504

not applicable

LENDER INFORMATION

Name of lender

International Bank of Commerce

Lender address; City; State; Zip Code

1 South Broadway McAllen, TX 78501

GUARANTOR INFORMATION

Name of guarantor

Sergio J. Valdez

Guarantor address; City; State; Zip Code

7609 N. Cynthia St. McAllen, TX 78504

not applicable

LENDER INFORMATION

Name of lender

Sergio J. Valdez

Lender address; City; State; Zip Code

4415 N. McColl Rd. McAllen, TX 78504

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Sergio J. Valdez

Lender address; City; State; Zip Code

P.O. Box 4610 McAllen, TX 78502

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

1

2 FILER NAME:

Sergio J. Valdez

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

NIA

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T: <u>1</u>
---	------------------------------------

2 FILER NAME <u>Sergio J. Valdez</u>	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	--

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:	
<input type="checkbox"/> Schedule A	<input type="checkbox"/> Schedule B
<input type="checkbox"/> Schedule C	<input type="checkbox"/> Schedule D
<input type="checkbox"/> Schedule F	<input type="checkbox"/> Schedule G
<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule N
<input type="checkbox"/> COH-UC	<input type="checkbox"/> COH-T
<input type="checkbox"/> PAC-C	<input type="checkbox"/> PAC-E

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:	
<input type="checkbox"/> Schedule A	<input type="checkbox"/> Schedule B
<input type="checkbox"/> Schedule C	<input type="checkbox"/> Schedule D
<input type="checkbox"/> Schedule F	<input type="checkbox"/> Schedule G
<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule N
<input type="checkbox"/> COH-UC	<input type="checkbox"/> COH-T
<input type="checkbox"/> PAC-C	<input type="checkbox"/> PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:	
<input type="checkbox"/> Schedule A	<input type="checkbox"/> Schedule B
<input type="checkbox"/> Schedule C	<input type="checkbox"/> Schedule D
<input type="checkbox"/> Schedule F	<input type="checkbox"/> Schedule G
<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule N
<input type="checkbox"/> COH-UC	<input type="checkbox"/> COH-T
<input type="checkbox"/> PAC-C	<input type="checkbox"/> PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Sergio J. Valdez

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder