

# 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: <b>21</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Sergio</b>	MI <b>J.</b>
	NICKNAME	LAST <b>Valdez</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE#;	CITY; STATE; ZIP CODE
	<b>4415 N. McCall Rd McAllen, TX 78504</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>292 - 7780</b>	EXTENSION
	OFFICE USE ONLY		
6 CAMPAIGN TREASURER NAME	MS / MRS / <b>MR</b>	FIRST <b>Noe</b>	MI
	NICKNAME	LAST <b>Martinez</b>	SUFFIX <b>III</b>
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE#;	CITY; STATE; ZIP CODE
	<b>4415 N. McCall Rd McAllen, TX 78504</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>292 - 7780</b>	EXTENSION
	Date Received: <b>2013 JUL 15 PM 4 18</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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
	<b>01 / 16 / 13</b>		THROUGH <b>07 / 15 / 13</b>
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	<b>07 / 31 / 2012</b>		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<b>Judge, Hidalgo County Court at law # 7</b>		

GOTO 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$ - 0 -

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

\$ 21,750.<sup>00</sup>

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 10,000.<sup>00</sup>

CONTRIBUTION BALANCE

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

\$ 13,472.31

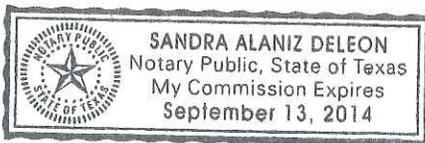
OUTSTANDING LOAN TOTALS

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

\$ 90,000.<sup>00</sup>

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 15 day of July, 20 13, to certify which, witness my hand and seal of office.

*Sandra Alaniz Deleon*  
Signature of officer administering oath

*Sandra Alaniz Deleon*  
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): **1-8**

2 FILER NAME

**Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2-28-13**

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

**Dale Kasofsky**

6 Contributor address; City; State; Zip Code

**801 Nolana ste. 321 Mcallen, TX  
78504**

7 Amount of contribution (\$)

**\$1,000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Attorney**

10 Contributor's job title

**Attorney**

11 Contributor's employer/law firm

**Law office of Dale Kasofsky**

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

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

Date

**2-28-13**

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

**Joe Chapa**

Contributor address; City; State; Zip Code

**6521 N. 10<sup>th</sup> street suite A  
Mcallen, TX 78504**

Amount of contribution (\$)

**\$500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Yzaguirre & Chapa**

Law firm of contributor's spouse (if any)

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

Date

**2-28-13**

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

**M. Mario Garcia**

Contributor address; City; State; Zip Code

**3510 Rosewood st  
Edinburg, TX 78541**

Amount of contribution (\$)

**\$1,000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law office of Mario Garcia**

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.

# 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): **2-8**

2 FILER NAME **Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **2-28-13**

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

7 Amount of contribution (\$)  
**\$2,500.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1802 N. 10th Street Suite A  
McAllen, TX 78501**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation  
**Attorney**

10 Contributor's job title  
**Attorney**

11 Contributor's employer/law firm  
**Patino & Associates PLLC**

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

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

Date **2-28-13**

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

Amount of contribution (\$)  
**\$1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**210 W. Cano St. Ste A.  
Edinburg, TX 78539**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
**Attorney**

Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**Law office of Jorge Munoz PLLC.**

Law firm of contributor's spouse (if any)

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

Date **2-28-13**

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

Amount of contribution (\$)  
**\$500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2415 N. 10th  
McAllen, TX 78501**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation  
**Attorney**

Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**Godinez Law Firm P.C.**

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.

# 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): **3-8**

2 FILER NAME

**Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2-28-13**

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

**Cynthia Contreras Gutierrez**

6 Contributor address; City; State; Zip Code

**10113 N. 10th St. Suite L  
McAllen, TX 78504**

7 Amount of contribution (\$)

**\$500.<sup>00</sup>**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Attorney**

10 Contributor's job title

**Attorney**

11 Contributor's employer/law firm

**Contreras Gutierrez & Associates**

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

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

Date

**2-28-13**

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

**Reynolds Merino**

Contributor address; City; State; Zip Code

**1012 Martin Ave. Ste. B  
McAllen, TX 78504**

Amount of contribution (\$)

**\$500.<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**law office of Reynolds Merino**

Law firm of contributor's spouse (if any)

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

Date

**2-28-13**

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

**Carlos R. Galvan**

Contributor address; City; State; Zip Code

**3525 W. Freddy Gonzalez Ste C.  
Edinburg, TX 78539**

Amount of contribution (\$)

**\$500.<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law office of Carlos R Galvan**

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.

# 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): **4-8**

2 FILER NAME

**Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2-28-13**

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

**Monica Galvan**

7 Amount of contribution (\$)

**\$1,000.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**3525 La Freddy Gonzalez Ste. C.  
Edinburg, TX 78539**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Attorney**

10 Contributor's job title

**Attorney**

11 Contributor's employer/law firm

**Law office of Monica Galvan**

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

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

Date

**3-1-13**

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

**J. Oscar Barrera**

Amount of contribution (\$)

**\$500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3601 N. 10th St  
McAllen, TX 78501**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law office of Oscar Barrera**

Law firm of contributor's spouse (if any)

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

Date

**3-1-13**

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

**Rafael De La Garza**

Amount of contribution (\$)

**\$1,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**9816 N. Ware Rd  
McAllen TX 78504**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law office of Rafael De la Garza PLLC**

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.

**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): **5-8**

2 FILER NAME **Sergio J. Valdez** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>3-1-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher P. Cousins</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2102 Forest Ln. Weslaco, TX 78596</b>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **Attorney** 10 Contributor's job title **Attorney**

11 Contributor's employer/law firm **Law office of Christopher Cousins** 12 Law firm of contributor's spouse (if any)

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

Date <b>3-5-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Gonzalez</b>	Amount of contribution (\$) <b>\$750.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1317 E. Quebec Avenue Mullen, TX 78503</b>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Attorney** Contributor's job title **Attorney**

Contributor's employer/law firm **Gonzalez Palacios LLP** 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 <input type="checkbox"/> 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.

# 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): **6-8**

2 FILER NAME

**Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3-1-13**

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

**Rubio O. Salinas JR**

6 Contributor address; City; State; Zip Code

**310 W. University Drive  
Edinburg, TX 78539**

7 Amount of contribution (\$)

**\$1,000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Attorney**

10 Contributor's job title

**Attorney**

11 Contributor's employer/law firm

**Law office of Rubio O. Salinas JR**

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

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

Date

**3-1-13**

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

**Derek Harkider**

Contributor address; City; State; Zip Code

**P.O. Box 3849  
Edinburg, TX 78540**

Amount of contribution (\$)

**\$250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**The Harkider Law Firm P.C.**

Law firm of contributor's spouse (if any)

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

Date

**3-5-13**

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

**Robert Fernandez**

Contributor address; City; State; Zip Code

**215 W. Stubbs Street  
Edinburg, TX 78539**

Amount of contribution (\$)

**\$1,000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law office of Robert Fernandez**

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.

# 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): **7-8**

2 FILER NAME

**Sergio J. Valdez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**3-5-13**

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

**Abel Hinojosa**

6 Contributor address; City; State; Zip Code

**3007 W. Alberta Rd  
Edinburg, TX 78539**

7 Amount of contribution (\$)

**\$500.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

**Attorney**

10 Contributor's job title

**Attorney**

11 Contributor's employer/law firm

**Law office of Abel Hinojosa**

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

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

Date

**3-5-13**

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

**Border Health PAC**

Contributor address; City; State; Zip Code

**612 W. Nolana Building 300  
Suite 340 McAllen, TX 78504**

Amount of contribution (\$)

**\$2,500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Political Action Committee**

Contributor's job title

**Political Action Committee**

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

**3-7-13**

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

**Ricardo Palacios**

Contributor address; City; State; Zip Code

**2724 W. Canton  
Edinburg, TX 78539**

Amount of contribution (\$)

**\$750.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Palacios & Associates**

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.

**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): **8-8**

2 FILER NAME **Sergio J. Valdez** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>3-7-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucy Cavales</b>	7 Amount of contribution (\$) <b>\$1,000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin, TX 78760</b>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **Attorney** 10 Contributor's job title **Attorney**

11 Contributor's employer/law firm **Lineberger Goggin Blair & Sampson** 12 Law firm of contributor's spouse (if any)

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

Date <b>3-19-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Villalobos</b>	Amount of contribution (\$) <b>\$1,500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8701 N. 23rd McAllen, TX 78504</b>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Attorney** Contributor's job title **Attorney**

Contributor's employer/law firm **Villalobos & Villalobos P.C.** Law firm of contributor's spouse (if any)

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

Date <b>3-25-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Zambrano</b>	Amount of contribution (\$) <b>\$1,000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>408 Lion CT San Juan, TX 78589</b>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Attorney** Contributor's job title **Attorney**

Contributor's employer/law firm **Law office of Jesus Zambrano** 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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ - 0 -

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<i>N/A</i>	7 Pledgor address; City; State; Zip Code		
	(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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

-0-

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

N/A

10 Interest rate

11 Maturity date

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

20 Name of guarantor

22 Amount Guaranteed (\$)

not applicable

21 Guarantor address; City; State; Zip Code

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

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 | 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.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>Sergio J. Valdez</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5-17-13</i>	<b>5</b> Payee name <i>Sergio Jesus Valdez</i>	
<b>6</b> Amount (\$) <i>\$10,000.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>7609 N. Cynthia St. McAllen, TX 78504</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	Payee name	
Amount (\$)	Payee address;                      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (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	Payee name	
Amount (\$)	Payee address;                      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (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 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.

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

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

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

<b>8</b> 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
------	------------

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	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.

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

The Instruction Guide explains how to complete this form.

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

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <b>N/A</b>
----------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) 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: 1

2 FILER NAME Sergio J. Valdez 3 ACCOUNT # (Ethics Commission Filers)

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

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

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

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

\$5,000.<sup>00</sup>

4 Name of lender

Sergio J. Valdez

5 Lender address; City; State; Zip Code

4415 N. McColl Rd McAllen, TX 78504

GUARANTOR INFORMATION

not applicable

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

\$25,000.<sup>00</sup>

Name of lender

Sergio J. Valdez

Lender address; City; State; Zip Code

4415 N. McColl Rd McAllen, TX 78504

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

\$30,000.<sup>00</sup>

Name of lender

Sergio J. Valdez

Lender address; City; State; Zip Code

4415 N. McColl Road McAllen, TX 78504

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

LENDER INFORMATION

\$30,000.<sup>00</sup>

Name of lender

Sergio J. Valdez

Lender address; City; State; Zip Code

4415 N. McColl Rd McAllen, TX 78504

GUARANTOR INFORMATION

not applicable

Name of guarantor

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

N/A

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 <u>N/A</u>	
	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 <i>Sergio J. Valdez</i>	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.

*Sergio J. Valdez*  
\_\_\_\_\_  
Signature of Officeholder