

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Sergio J Valdez **15** Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

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)	\$ 21,256.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,208.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 101,943.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 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 13 day of July, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Alejandro Pinzon
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Sergio J Valdez		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 21,250. ⁰⁰ / ₁₀₀
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ - 0 -
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,046. ⁹⁸ / ₁₀₀
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,017. ²⁶ / ₁₀₀
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,144. ⁵⁵ / ₁₀₀
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-15-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Adam Pope IV</i>	7 Amount of contribution (\$) <i>1,500⁰⁰/_{xx}</i>
	6 Contributor address; City; State; Zip Code <i>108 N Pope St, Rio Grande City TX 78582</i>	
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Law Office of John A. Pope IV</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>1-13-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Law Office of Flores and Torres</i>	Amount of contribution (\$) <i>1,500⁰⁰/_{xx}</i>
	Contributor address; City; State; Zip Code <i>118 E Cano St, Edinburg TX 78539</i>	
Contributor's principal occupation <i>Attorneys</i>		Contributor's job title <i>Attorneys</i>
Contributor's employer/law firm <i>Law Office of Flores and Torres</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>2-3-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Higdon Law Firm P.C.</i>	Amount of contribution (\$) <i>750⁰⁰/_{xx}</i>
	Contributor address; City; State; Zip Code <i>4739 S. Jackson Rd, Edinburg TX 78539</i>	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Higdon Law Firm P.C.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-2-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sanchez Law Firm</i>	7 Amount of contribution (\$) <i>1,000⁰⁰/_{xx}</i>
6 Contributor address; City; State; Zip Code <i>4842 S. Jackson Rd, Edinburg TX 78539</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Sanchez Law Firm</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>2-3-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>The Macias Law Firm</i>	Amount of contribution (\$) <i>500⁰⁰/_{xx}</i>
Contributor address; City; State; Zip Code <i>515 Pecan Blvd, McAllen TX 78501</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>The Macias Law Firm</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>2-3-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Hernandez Law Firm P.C.</i>	Amount of contribution (\$) <i>2,500⁰⁰/_{xx}</i>
Contributor address; City; State; Zip Code <i>4841 S. Jackson, Edinburg TX 78539</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Hernandez Law Firm P.C.</i>		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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sergio J Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 2-3-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Alfred T. Deuham	7 Amount of contribution (\$) 1,000⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 3700 W 10th St, Ste 100, McAllen TX 78501		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Alfred T. Deuham		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2-4-16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Pena law Firm LLC	Amount of contribution (\$) 1,000⁰⁰/_{xx}
Contributor address; City; State; Zip Code 203 S. 10th St, Edinburg TX 78539		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Pena law Firm LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2-4-16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Vargas law Office	Amount of contribution (\$) 1,000⁰⁰/_{xx}
Contributor address; City; State; Zip Code 220 S. 12th Ave, Edinburg TX 78539		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Vargas law Office		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
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-4-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Law Office of Eloy R Garcia Jr.</i>	7 Amount of contribution (\$) <i>1,250 ⁰⁰/_{xx}</i>
6 Contributor address; City; State; Zip Code <i>118 E. Cano St., Edinburg TX 78539</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Law Office of Eloy R Garcia Jr</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>2-3-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Daniel Reyes</i>	Amount of contribution (\$) <i>1,000 ⁰⁰/_{xx}</i>
Contributor address; City; State; Zip Code <i>701 Kerry Lane, McAllen TX 78501</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Daniel Reyes</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>1-9-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>KondPavuluru Lakshmi. M.D.</i>	Amount of contribution (\$) <i>1,000 ⁰⁰/_{xx}</i>
Contributor address; City; State; Zip Code <i>301 Lindberg, McAllen TX 78501</i>		
Contributor's principal occupation <i>Doctor</i>		Contributor's job title <i>Doctor</i>
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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-8-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Garza Garcia PLLC</i>	7 Amount of contribution (\$) <i>1,000⁰⁰/₂₄</i>
6 Contributor address; City; State; Zip Code <i>78504</i> <i>2416 Buddy Owens Blvd, McAllen TX</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Garza Garcia PLLC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>2-4-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Hector Bustos Attorney At Law</i>	Amount of contribution (\$) <i>750⁰⁰/₂₄</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2228, Edinburg TX 78539</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Hector Bustos law Office</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>2-8-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Justino Garza</i>	Amount of contribution (\$) <i>1,000⁰⁰/₂₄</i>
Contributor address; City; State; Zip Code <i>2223 Primrose Ave, McAllen TX 78504</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Justino Garza</i>		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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Sergio J Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Rick Montalvo PLLC	7 Amount of contribution (\$) 1,000⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code 216 W Nolano Ave, McAllen TX 78504		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Rick Montalvo PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2-12-16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ A. Andre Maldonado Attorney At Law	Amount of contribution (\$) 500⁰⁰/_{xx}
Contributor address; City; State; Zip Code 209 E University Dr, Edinburg TX 78539		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm A. Andre Maldonado Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2-22-16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Emerson Arrellano	Amount of contribution (\$) 1,000⁰⁰/_{xx}
Contributor address; City; State; Zip Code 1036 W Frontage St, Brownsville TX 78520		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office Emerson Arrellano		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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-18-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jaime R Garcia</i>	7 Amount of contribution (\$) <i>500⁰⁰/₁₀₀</i>
6 Contributor address; City; State; Zip Code <i>103 E Ridge Rd, Pharr TX 78577</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Law Office of Jaime R Garcia</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>3-28-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jody R Mask PLLC</i>	Amount of contribution (\$) <i>1,500⁰⁰/₁₀₀</i>
Contributor address; City; State; Zip Code <i>295. Buckhorn Trail, Fredericksburg TX 78624</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office Jody R Mask</i>		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 (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>N/A</i>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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):	
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <i>N/A</i>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description <input type="checkbox"/> Check 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#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check 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#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check 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):
2 FILER NAME Sergio J Valdez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ N/A
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	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 a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	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 a 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-8-16</i>		5 Payee name <i>Dan MacDonald</i>			
6 Amount (\$) <i>1,200⁰⁰/_{xx}</i>		7 Payee address; City; State; Zip Code <i>4313 N 10th St, McAllen TX 78504</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/wages Contract labor</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Contract labor for Campaign Services</i>		
	9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

Date <i>1-8-16</i>		Payee name <i>Resurrection Catholic Church</i>			
Amount (\$) <i>200⁰⁰/_{xx}</i>		Payee address; City; State; Zip Code <i>219 N 9th St, Alamo TX 78516</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts/Awards memorials</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Church fee for burial for constituent</i>		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

Date <i>1-26-16</i>		Payee name <i>Gateway Printing</i>			
Amount (\$) <i>92⁰⁰/_{xx}</i>		Payee address; City; State; Zip Code <i>315 S Closer, Edinburg TX 78539</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead rental expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign office supplies</i>		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sergio J Valdez	3 Filer ID (Ethics Commission Filers)
4 Date 2-11-16	5 Payee name Ramiro Trevino	
6 Amount (\$) 50 ⁰⁰ / _{xx}	7 Payee address; City; State; Zip Code 212 East 1 st , San Juan, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries Wages Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for Campaign Services
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 2-16-16	Payee name The Allen Country Club	
Amount (\$) 104. ⁵³ / _{xx}	Payee address; City; State; Zip Code 415 Wichita Ave McAllen TX 78503	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting w/ constituents
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 2-16-16	Payee name Chase Card Services	
Amount (\$) 638 ²⁵ / _{xx}	Payee address; City; State; Zip Code P.O. Box 94014, Palatine Ill 60094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Itemized in F-4
	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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sergio J Valdez		3 Filer ID (Ethics Commission Filers)	
4 Date 2-18-16		5 Payee name Alejandro PINZON			
6 Amount (\$) 2,000⁰⁰/_{xx}		7 Payee address; City; State; Zip Code 716 E Schunior, Edinburg TX 78539			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/wages Contract labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for Campaign services		
	9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date 2-26-16		Payee name McAllen Memorial High School			
Amount (\$) 100⁰⁰/_{xx}		Payee address; City; State; Zip Code 161 E Hackberry Ave, McAllen TX 78501			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date 3-2-16		Payee name McAllen First Assembly of God			
Amount (\$) 200⁰⁰/_{xx}		Payee address; City; State; Zip Code 2401 N. McColl Rd, McAllen, TX 78501			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising		
	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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sergio J Valdez	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-16	5 Payee name VAMOS (Valley Alliance of mentors for opportunities & scholarships)	
6 Amount (\$) 500⁰⁰/_{xx}	7 Payee address; City; State; Zip Code 5221 N. McColl Rd, McAllen TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards memorial expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-9-16	Payee name Sergio J Valdez	
Amount (\$) 1,415⁰⁵/_{xx}	Payee address; City; State; Zip Code 7609 N Cynthia St, McAllen TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburs out of pocket expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-15-16	Payee name Print Works	
Amount (\$) 1,190⁷⁵/_{xx}	Payee address; City; State; Zip Code 1414 Pecan Blvd, McAllen TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print envelopes & cards
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5-10-16	5 Payee name McAllen Country Club	
6 Amount (\$) 227.89/xx	7 Payee address; City; State; Zip Code 1615 Wichita Ave, McAllen TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bverage expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting w/ constituents
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 5-16-16	Payee name State Bar of Texas	
Amount (\$) 300.00/xx	Payee address; City; State; Zip Code 1414 Colorado St, Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Bar dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 5-16-16	Payee name Chase Card Services	
Amount (\$) 382.39/xx	Payee address; City; State; Zip Code P.O. Box 94014, Palatine Ill 60094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Itemized in F-4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Sergio J Valdez** 3 Filer ID (Ethics Commission Filers)

4 Date **5-30-16** 5 Payee name **Memorial Funeral Services**

6 Amount (\$) **200⁰⁰/_{xx}** 7 Payee address; City; State; Zip Code **208 E Canton, Edinburg TX 78539**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Gifts/Awards** (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **memorials** **Constituent funeral services**

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

Date **5-30-16** Payee name **Thurgood Marshall School of Law**

Amount (\$) **2,500⁰⁰/_{xx}** Payee address; City; State; Zip Code **3100 Cleburne St., Houston TX 77004**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Gifts/Awards** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **memorials** **Scholarship fundraiser**

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

Date **5-30-16** Payee name **Arturo Salinas**

Amount (\$) **300⁰⁰/_{xx}** Payee address; City; State; Zip Code **3900 E. Bus 83, Weslaco TX 78596**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Salaries/wages** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **Contact labor** **contract labor for campaign services**

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6-5-16</i>		5 Payee name <i>Chase Card Services</i>			
6 Amount (\$) <i>1,359 ⁸¹/_{xx}</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 94014, Palatine IL 60094</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Itemized in F4</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <i>6-5-16</i>		Payee name <i>Sergio J Valdez</i>			
Amount (\$) <i>1,071. ²⁰/_{xx}</i>		Payee address; City; State; Zip Code <i>7609 N Cynthia St, McAllen TX 78504</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Loan Repayment Reimbursement</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Reimbursement of out of pocket expenses</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <i>6-8-16</i>		Payee name <i>Rio Valley Youth Soccer Association</i>			
Amount (\$) <i>100 ⁰⁰/_{xx}</i>		Payee address; City; State; Zip Code <i>1613 E. Bowie St, Harlingen TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Gifts/Awards memorials</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Championship Sponsorship</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-3-16</i>	5 Payee name <i>L & I Funeral Home</i>	
6 Amount (\$) <i>300⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1005 W Exwy 83, Penitas TX 78576</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CeHts/Awards memorial expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Constituent Funeral related expense</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4-17-16</i>	Payee name <i>Chase Card Services</i>	
Amount (\$) <i>2,636.81</i>	Payee address; City; State; Zip Code <i>P.O. Box 94014, Palatine Ill, 60094</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Itemized in F-4</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>N/A</i>
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased <i>N/A</i>	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3-11-16</i>	6 Payee name <i>International Museum Art and Science</i>	
7 Amount (\$) <i>553.⁵⁰/₁₀₀x</i>	8 Payee address; City; State; Zip Code <i>1900 Nobwa, McAllen TX 78501</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>meeting w/ constituents</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-24-16</i>	Payee name <i>Stitch RGU Masters</i>	
Amount (\$) <i>136.⁴⁰/₁₀₀x</i>	Payee address; City; State; Zip Code <i>5401 N 10th St, Ste 109-C, McAllen TX 78504</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead Rental expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office supplies shirts</i>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <u>Sergio J Valdez</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>4-2-16</u>	6 Payee name <u>AT & T</u>	
7 Amount (\$) <u>107.17</u>	8 Payee address; City; State; Zip Code <u>7113 N 10th, McAllen TX 78504</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<u>Office overhead</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Office supplies</u>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <u>4-3-16</u>	Payee name <u>Best Buy</u>	
Amount (\$) <u>1,006.70</u>	Payee address; City; State; Zip Code <u>700 S. JACKSON Rd, McAllen TX 78503</u>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<u>Office overhead</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Office supplies</u>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>1-14-16</i>	6 Payee name <i>Rosies Flower Shop</i>
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7 Amount (\$) <i>227.³²/₁₀₀</i>	8 Payee address; City; State; Zip Code <i>3123 S. Closter, Edinburg, TX 78539</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Gifts/Awards memorials</i>	<i>Flowers for Constituent</i>

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-15-16</i>	Payee name <i>Palenque Grill</i>
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Amount (\$) <i>51.⁹⁰/₁₀₀</i>	Payee address; City; State; Zip Code <i>421 E. Nolana Ave, McAllen TX 78504</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Food/Beverage expense</i>	<i>meeting w/ constituents</i>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1-27-16</i>	6 Payee name <i>Go Wireless - metro PCS</i>	
7 Amount (\$) <i>183.00</i> <i>xx</i>	8 Payee address; City; State; Zip Code <i>1621 S. McColl Rd, Edinburg Tx 78539</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead/ Rental expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign phone</i>
	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>1-27-16</i>	Payee name <i>Gateway Printing</i>		
Amount (\$) <i>41.09</i> <i>xx</i>	Payee address; City; State; Zip Code <i>315 S. Closner, Edinburg, TX 78539</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead/ Rental expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office Supplies</i>	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1-23-16</i>	6 Payee name <i>Khan's Grill</i>	
7 Amount (\$) <i>41.35</i> <i>xx</i>	8 Payee address; City; State; Zip Code <i>1346 W University, Edinburg TX 78539</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Food/Beverage expense</i>	<i>meetings w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1-22-16</i>	Payee name <i>Koko's Cafe</i>		
Amount (\$) <i>55.71</i> <i>xx</i>	Payee address; City; State; Zip Code <i>6100 N 10th St, McAllen TX 78504</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Food/Beverage expense</i>	<i>meetings w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1-18-16</i>	6 Payee name <i>Best Buy</i>	
7 Amount (\$) <i>37.88</i> <i>xx</i>	8 Payee address; City; State; Zip Code <i>8012 N 10th, McAllen TX 78504</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead/ Rental expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office supplies</i>
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-5-16</i>	Payee name <i>My Place Cafe</i>		
Amount (\$) <i>194.79</i> <i>xx</i>	Payee address; City; State; Zip Code <i>308 N. Closter Blvd</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead/ Rental expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office supplies</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4-20-16</i>	6 Payee name <i>Office Depot</i>	
7 Amount (\$) <i>382.³⁹/_{xx}</i>	8 Payee address; City; State; Zip Code <i>5115 N 10th St, McAllen TX 78504</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead/ Rental expenses</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office supplies</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6-4-16</i>	Payee name <i>Budget Car Rental</i>	
Amount (\$) <i>190.³¹/_{xx}</i>	Payee address; City; State; Zip Code <i>18601 Airport Way, Santa Ana, CA 92707</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation equipment & Related expenses</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Car Rental</i>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>6-4-16</i>	6 Payee name <i>Hilton Anaheim</i>	
7 Amount (\$) <i>1,169.⁵⁰/_{xx}</i>	8 Payee address; City; State; Zip Code <i>777 Convention Way, Anaheim CA 92802</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Attend officeholder's seminar</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1-27-16</i>	Payee name <i>Metro PCS</i>	
Amount (\$) <i>638.25</i>	Payee address; City; State; Zip Code <i>525 E. Nolana Loop, Pharr TX 78577</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead / Rental expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Office supplies/phone</i>
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-15-16</i>		5 Payee name <i>McAllen Country Club</i>			
6 Amount (\$) <i>75.49</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>615 Wichita, McAllen TX 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		(b) Description <i>meeting of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>1-4-16</i>		Payee name <i>Luby's</i>			
Amount (\$) <i>53.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2201 W University, Edinburg TX 78539</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>meeting of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>1-14-16</i>		Payee name <i>Peppers at Uptown</i>			
Amount (\$) <i>173.52</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>4800 N 10th St, McAllen TX 78504</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>meeting w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-28-16</i>		5 Payee name <i>Wallbangers</i>			
6 Amount (\$) <i>75.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>8024 N 10th, McAllen TX 78504</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		(b) Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <i>1-23-16</i>		Payee name <i>Costa Mesa</i>			
Amount (\$) <i>255.06</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>5248 N 10th, McAllen, TX 78504</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <i>1-18-16</i>		Payee name <i>Olive Garden</i>			
Amount (\$) <i>44.66</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>7812 N 10th, McAllen TX 78504</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>		Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-2-16</i>	5 Payee name <i>Chick Fil A</i>
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6 Amount (\$) <i>88.87</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>W University Dr, Edinburg, TX 78539</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	(b) Description <i>meeting w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-4-16</i>	Payee name <i>Saltgrass</i>
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Amount (\$) <i>301.44</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3000 W Expwy 83, McAllen TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>meeting w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-6-16</i>	Payee name <i>Pappadeaux</i>
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Amount (\$) <i>132.71</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1610 W Expwy 83, Pharr TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>meeting w/ constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-25-16</i>	5 Payee name <i>Pappadeaux</i>
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6 Amount (\$) <i>213.96 / xx</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1610 W Expwy 83, Pharr, TX 78577</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	(b) Description <i>meetings w/constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-20-16</i>	Payee name <i>McAllen Country Club</i>
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Amount (\$) <i>94.38 / xx</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>615 Wichita, McAllen TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage expense</i>	Description <i>meetings w/constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-14-16</i>	Payee name <i>House Wine Bistro</i>
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Amount (\$) <i>271.89 / xx</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1117 W. US Hwy 83, McAllen TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>Meetings w/constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-22-16</i>	5 Payee name <i>Salt</i>	
6 Amount (\$) <i>266.²⁹/₁₀₀</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>210 N Main St, McAllen TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	(b) Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5-26-16</i>	Payee name <i>McAllen Country Club</i>
Amount (\$) <i>127.²⁰/₁₀₀</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>615 Wichita, McAllen TX 78504</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>
	Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>5-12-16</i>	Payee name <i>The Republic of the Rio Grande</i>
Amount (\$) <i>271.44</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1411 S 10th St, McAllen TX 78501</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>
	Description <i>meetings of constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6-4-16</i>	5 Payee name <i>Harlingen Airport Parking</i>
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6 Amount (\$) <i>40.⁰⁰/₁₀₀</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3002 Heritage Way, Harlingen TX 78550</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description <i>Airport Parking</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-6-16</i>	Payee name <i>Salt</i>
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Amount (\$) <i>139.⁶⁵/₁₀₀</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>210 N Main St, McAllen TX 78501</i>
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>Meeting of Constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-23-16</i>	Payee name <i>Pappadeaux</i>
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Amount (\$) <i>518.⁶⁵/₁₀₀</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1410 W Expwy 83, Pharr TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <i>Meeting of Constituents</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code <i>N/A</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule I:	2 FILER NAME <i>Sergio J Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code <i>N/A</i>	
8 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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received <i>N/A</i>	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		

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:

2 FILER NAME

Sergio J Valdez

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

N/A

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

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:

2 FILER NAME

Sergio J Valdez

3 Filer ID (Ethics Commission Filers)

4 Description of Asset

N/A

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Sergio J Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 Filer ID (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:

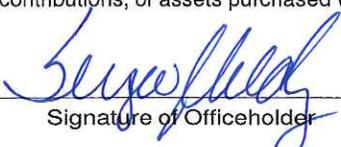
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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