

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT #
(Ethics Commission filers) 2 Total pages filed:

| | | |
|----------------------------------------|--------------------------------------------------------------------|------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Valencia NICKNAME LAST SUFFIX Nash | OFFICE USE ONLY |
|----------------------------------------|--------------------------------------------------------------------|------------------------|

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|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE P.O. Box 411375 Dallas, Texas 75241 <input type="checkbox"/> Change of Address | Date Received Date Hand-delivered or Date Postmarked |
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| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 924-9999 | Receipt # Amount Date Processed |
|-----------------------------------------|----------------------------------------------------|------------------------------------|

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| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Cassandra NICKNAME LAST SUFFIX Ates | Date Imaged |
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| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1017 Honeysuckle Way DORTCH, TX 75115 | |
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| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 274-4179 | |
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| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
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| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 15 / 2022 7 / 15 / 2022 | |
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| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
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| 12 OFFICE | 13 OFFICE SOUGHT (if known) |
| OFFICE HELD (if any) JPI, Place 2 | |

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| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box Apt / Suite # City State Zip Code |
| <input type="checkbox"/> additional pages | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Valencia Nash 15 Filer ID (Ethics Commission Filers)

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

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

Additional Pages

| | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 50.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 200.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 856.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4235.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 AFFIDAVIT



Diane
AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Valencia Nash, this the 15th day of July, 2022, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Diane Armstead Printed name of officer administering oath
Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Valencia Nash</i> | | 3 ACCOUNT # (Ethics Commission files): | |
| 4 Date <i>2/22/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mattie Woolen Clay</i> | 7 Amount of contribution (\$) <i>150.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address. City. State. Zip Code <i>920 Indian Creek Dallas, Texas 75241</i> | | | |
| 9 Principal occupation / Job title (See Instructions) <i>Retired Teacher</i> | | 10 Employer (See Instructions) <i>DTSO</i> | |
| 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 (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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 (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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 (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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 (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F

2 FILER NAME *Valencia Nash* 3 ACCOUNT # (Ethics Commission filers)

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|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|
| 4 Date <i>5/31/22</i> | 5 Payee name <i>Kitchen + Cocktails</i> | 7 Amount (\$) <i>\$534.00</i> |
| 6 Payee address; City, State, Zip Code <i>1933 Elm St. Dallas, TX 75201</i> | | |

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| 8 Purpose of payment (See instructions regarding type of information required.) <i>Food and Beverage Expense</i> <small>(If travel outside of Texas, complete Schedule T)</small> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
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| Date <i>4/13/22</i> | Payee name <i>U.S. Postal Service</i> | Amount (\$) <i>\$152.00</i> |
| Payee address; City, State, Zip Code <i>3655 Simpson Stuart Rd. Dallas, Texas 75241 (PO Box Campaign)</i> | | |

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| Purpose of payment (See instructions regarding type of information required.) <i>Campaign P.O. Box</i> <small>(If travel outside of Texas, complete Schedule T)</small> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
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| Date <i>4/2/22</i> | Payee name <i>Lions Club</i> | Amount (\$) <i>\$140.00</i> |
| Payee address; City, State, Zip Code <i>2010 US-287 Waverline, Texas (Advertising Expense) 75165</i> | | |

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| Purpose of payment (See instructions regarding type of information required.) <i>Advertising Expense</i> <small>(If travel outside of Texas, complete Schedule T)</small> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> 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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| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
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