CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 ACCOUNT# (Ethics Commission file)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI VALENCIO NICKNAME LAST SL	OFFICE USE ONLY Date Received
	Nash	
OFFICEHOLDER MAILING ADDRESS Change of Address	P.D. Box 411375 Dallas, Texas 75241	Date Hand-delivered or Date Postmarked
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 924-999	Receipt # Amount
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Cassandra NICKNAME LAST SL	Date Imaged FFIX
CAMPAIGN TREASURER ADDRESS (Residence or business)	Ates STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#: CITY: ST LOIT Honeysuckle Way DESOTO: LEXAS 75115	ATE; ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 274 - 4179	
REPORTTYPE	January 15 30th day before election Final report (Atta	ch C/OH - FR) Exceeded \$500 limit 15th day after campaign treasurer appointment (officeholder only)
0 PERIOD COVERED	Month Day Year THROUGH THROUGH	Day Year 2023
1 ELECTION	Month Day Year ELECTION TYPE Primary Runoff	General Special
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGH	SHT (if known)
4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	 Direct campaign expenditures are campaign expenditures made by other Candidates are required to disclose this information only if they receive not Name	ers without the candidate's prior consent or approval. tification of the direct campaign expenditure. ••
additional pages	Address / PO Box: Apt. / Suite #; City: State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	alencia		5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL		Till to start Lander			
		COMMITTEE ADDRESS	JUL 14 73 pt 2:5			
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 0,00				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 494.00			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$ 0.00			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* O.OD			
18 AFFIDAVIT	DIANE ADMOTE	rue and correct and includes all info	perjury, that the accompanying report is ormation required to be reported by me			
	DIANE ARMSTE Notary ID # 13172 My Commission Ex 09-17-2026	14473 pires	ndidate or Officeholder			
AFFIX NOTARY STAM	//P/SEALABOVE		9			
		by the said Valencia Mash	this the 14th			
Sworn to and subso	1 2	to certify which, witness my hand and seal of office.				
lane	Asm	strate Diane. Armst	end Notaru			
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS-COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C			Commission Filers)	
1	Valencia Nash		**	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s JUL 14 23 m2)-50 -50
4.	SCHEDULE E: LOANS	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONT	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CO	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUND	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A B	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR RETURNED TO FILER	\$		

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense 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)

Candidate/Officeholder/Political Committee Legal Services 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 Payee name 6 Amount (\$) 300,00 JUL 14 '23 PM2:5A FXas 8 (b) Description Check if travel outside of Texas. Complete Schedule T. Awards **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Service (Campaign P.O. Box) Amount (\$) Payee address; City; State; Zip Code Simpson Stuart Rd. Jallas, Texas Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED