CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME	Nash	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Box 411375		JUL 15 25 A 3:3	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	924 - 9990	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR COS	sandra LAST	MI	JUL 15 25 M3 Date Processed Date Imaged	
		Ates		Date imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT/S Oneysuckle TO, Texas		STATE; ZIP CODE	
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE		34-6560			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year 15 1025	THROUGH 7	Day Year 14 2025	
11 ELECTION	Month Day		Runoff Other Description Special	.	
12 OFFICE	OFFICE HELD (If any	Place 2	13 OFFICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO TO	PAGE 2		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		Lawren Jacobsen	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Valencia Nash		3 Filer ID (Ethics Commission Filers)
	6 Contributor address; City;	State: Zip Code ## 3350 9 Employer (See Instruc	7 Amount of contribution (\$) \$\frac{1}{2}500.00\$ tions)
Date 4(2	Full name of contributor		Amount of contribution (\$)
J	Contributor address; City:	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



		10	
ia 1	(ash)	15 Filer ID (Ethics Commission Filers)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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.			
GENERAL	COMMITTEE NAME . COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2500. (\$ 2,500.00	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		ST DAY \$ \$	-
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		THE	-
# 13416529 nission Expire	true and correct and includes all in under Title 15, Election Code.	1	
LABOVE	Signature of Cal	andidate or Officeholder	-
Sworn to and subscribed before me, by the said			
stering oath	Printed name of officer administering oath	Title of officer administering oat	th
	TOTAL PORTAL POR	IS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENIENCE THE CANDIDATE J OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WORKEROG OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT IS SUCH EXPENDITURES. MITTEE TYPE COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEM TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD I SWEAR, OR ASSISTED AND AS	US BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO REPORT THE MADORATE'S ON OFFICENCIDER THESE EXPENDITURES MAY MAKE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICENCIDER NOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE SHOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE SHOWLEDGE. MITTEE TYPE GENERAL SPECIFIC COMMITTEE ADDRESS TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEOGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEOGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD SWEAR, OF Affirm, under periodity of perjury, that the accompanying report is true and cornect and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder LABOVE Determen, by the said LABOVE DETERMENT THE SEPRENTIAL COMMITTEES THE MADE THE SEMPTICAL COMMITTEES THE ATTACH THE SEMPTICAL COMMITTEES THE ATTACH THE SEMPTICAL COMMITTEES THE SEMPTICAL

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Valencia Va	sh	3 Filer ID (Ethics Commission Filers)
4 Date 13 15	5 Payee name Postal Service	e)	
6 Amount (\$) #210.00	7 Payee address; 3655 Simpson Stude	0.1	State: Zip Code 5 TX - 75241
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expenses		ign Po. mail box
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX. officeholder living expense Office held
expenditure to benefit C/OF	4		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
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	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

15 25 pm3 30 FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL **AMOUNT** 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4 SCHEDULE E: LOANS \$ 2110.00 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. \$ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. \$ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

DALLAS COUNTY ELECTIONS - CAMPAIGN FINANCE SECURITY FORM

This document is the undersigned's submission for the purpose of receiving access to file electronic campaign related reports with Dallas County Elections. (This document is NOT for use by those required to file with the Texas Ethics Commission.)

Name:	Nash Valencia Middle
Committee Name: (if committee)	
Mailing Address:	P.O. Box 411375 Dallo, 1x. 75241 Street City State Zip
Contact Phone:	214 924-999 Area Code Phone Number Extension
Email Address:	VatenciaNash Daol, com
Signature and Affirmation:	I swear, or affirm, under penalty of perjury, that I am the person required by law under the Texas Ethics Commission jurisdiction to file Campaign Finance reports with Dallas County Elections. Signature

Return to Dallas County Elections Administrator's Office, 2377 N Stemmons Frwy. Suite 820, Dallas, Texas, 75207, or fax to 214-819-6368