FORM C/OH **CANDIDATE / OFFICEHOLDER** RECOVER SHEET PG 1 CAMPAIGN FINANCE REPORT Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. 2024 FEB -5 PM 3: 25 MS/MRS/MR MI CANDIDATE / **FIRST** OFFICE USE ONLY **OFFICEHOLDER** Lupe NAME Date Received LAST **SUFFIX NICKNAME** Valdez Date Hand-delivered or Date Postmarked ZIP CODE CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** PO Box 227501 MAILING Receipt # Amount **ADDRESS** Change of Address Dallas, TX 75222 Date Processed Date Imaged MS/MRS/MR **FIRST** MI **CAMPAIGN TREASURER** NAME Cary Broussard NICKNAME LAST SUFFIX STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) 3100 Monticello Ave Suite 600, Dallas, TX 75205 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (214) 269-4244 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) 8th day before election Exceeded modified Final Report (Attach C/OH-FR) July 15 reporting limit **PERIOD** Day Year Month Day Year COVERED **THROUGH** 01/01/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) None Place Sheriff Dallas Dallas County Sheriff **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH

RECEIVED FOR FICHING
ELECTIONS DEPARTMENT 2 of 16

		Page 1997	
13 C / OH NAME	Valdez, Lupe	14 Filer ID	
		2024 FEB -5 PM 3: 25	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political con These expenditures may have been made without the candidate's or officehold officeholders are required to report this information only if they receive noti	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
_	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		+	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$ 11,911.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD	\$ 88,072.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD	\$ 0.00
17 AFFIDAVIT	JESSE ROCHA Notary ID #129783956 My Commission Expires April 14, 2026	I swear, or affirm, under penalty of perjury, that the accertive and correct and includes all information required to under Title 15, Election Code. Signature of Candidate or Officehold	be reported by me
AFFIX NO	TARY STAMP / SEAL AE	SOVE	
Sworn to and subso	pribed before me, by the s	said LUPE VALDEZ , this the, this the, this the, this the	day
Signature of office	Schon Cer administering	Tesse Rocha Notas Printed name of officer administering Title of officer	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** RECEIVED FUR FI 3 of 16 19 Filer ID 18 FILER NAME Valdez, Lupe 201241-FR C- STATESON 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE Х SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 27,595.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS 4. \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. \$ 11,911.68 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 RECEIVED FOR FREIN 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/5 Rpt: 4/16 5 2 FILER NAME 3 Filer ID Valdez, Lupe 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 01/24/2024 Black, Albert Contributor address; City; State; Zip Code 751 Kessler Lake Drive Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Chairman** On-Target Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/17/2024 \$250.00 Burt, Thomas Contributor address; City; State; Zip Code 16835 Davenport Rd Dallas, TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HR Director** Children's Medical Center Dallas Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 Franklin, Donna \$15.00 Contributor address; City; State; Zip Code 4870 Stallcup Dr Mesquite, TX 75150 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Not employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/07/2024 \$10.00 Franklin, Donna Contributor address; City; State; Zip Code 4870 Stallcup Dr Mesquite, TX 75150 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 01/03/2024 \$100.00 Garcia, Emmanuel Contributor address; City; State; Zip Code 6820 Baythorne Dr Austin, TX 78747 Employer (See Instructions) Principal occupation / Job title (See Instructions) Co-Founder Seeker Strategies

	MONET	ARY POLITICAL CONTRIBUTIO	NS		RECEIVE SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Schi 2/5 Rpt:-5/16 PH 3:	26
2	FILER NAME Valdez, Lupe	i		3	Filer ID	alamakalaman araman ara
4	Date 01/24/2024	 Full name of contributor out-of-state PAC (ID#:_Grinter, Alison Contributor address; City; State; Zip Code 6738 Old Settlers Way Dallas, TX 75236 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Attorney		9 Employer (See Instructions Self)		
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#:_ Guzman, Benny Contributor address; City; State; Zip Code 1201 Bay Shore dr. Garland, TX 75040)		Amount of Contribution (\$)	\$50.00
	Principal occu A/C INSTAL	pation / Job title (See Instructions) LER	Employer (See Instructions TRIPLE D AIR & HEAT	5)		
	Date 01/07/2024	Full name of contributor out-of-state PAC (ID#:_ Harrison, Debra Contributor address; City; State; Zip Code 1414 South MacArthur Blvd.)		Amount of Contribution (\$)	\$25.00
_	Principal occu Disabled	Irving, TX 75060 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Harrison, Debra Contributor address; City; State; Zip Code 1414 South MacArthur Blvd. Irving, TX 75060)		Amount of Contribution (\$)	\$45.00
	Principal occu Disabled	pation / Job title (See Instructions)	Employer (See Instructions None	s)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hendrix, Mike Contributor address; City; State; Zip Code 2309 Riverside Farms Rd Austin, TX 78741)		Amount of Contribution (\$)	\$25.00
	Principal occu Lobbyists	pation / Job title (See Instructions)	Employer (See Instructions	s)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/5 Rpt; 6/16 FILER NAME 3 Filer ID Valdez, Lupe Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/10/2024 Ki. Charles \$250.00 6 Contributor address; City; State; Zip Code 148 Red Oak lane Flower Mound, TX 75028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/07/2024 Matthews, Antonia \$50.00 Contributor address; City; State; Zip Code 11008 County Road 2464 Terrell, TX 75160 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/17/2024 McCreary, Lynn \$50.00 Contributor address; City; State; Zip Code 1112 Ector St. Denton, TX 76201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired UNT Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2024 New American PAC \$25,000.00 Contributor address; City; State; Zip Code 400 S. Zang Blvd Suite 600 Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 Peoples, Deborah \$50.00 Contributor address; City; State; Zip Code 613 Green River Tral Fort Worth, TX 76103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

MONETARY POLITICAL CONTRIBUTIONS RECEIVED FOR FILME 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/5 Rpt: 7/16 2 FILER NAME 3 Filer ID Valdez, Lupe 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 01/07/2024 RENTERIA, JUAN \$150.00 6 Contributor address; City; State; Zip Code 3010 LBJ FWY., STE. 1200 DALLAS, TX 75234 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Loncar Lyon Jenkins Attorney Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 01/24/2024 Romero-Price, Armida \$25.00 Contributor address; City; State; Zip Code 550 E Ann Arbor Ave Dallas, TX 75216 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 Sulander, Lynn \$50.00 Contributor address; City; State; Zip Code 707 Mayrant Drive Dallas, TX 75224 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/17/2024 Thompson, Roslyn \$150.00 Contributor address; City; State; Zip Code 2 Abbotsford Court Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO **DAWSON Communications** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 Walker, Cliff \$100.00 Contributor address; City; State; Zip Code 44 East Avenue Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Co-founder Seeker Strategies

	MONET	ARY POLITICAL CONTRIBUTION	N	R	E.C.	SCHEDUL	E A1
-	The Instru	ction Guide explains how to complete this f	orr		1	Total pages Schedule A1: Sch: 5/5 Rpt; 8/16	
2	FILER NAME Valdez, Lupe			411	3	Filer ID	
4	Date 01/24/2024	 Full name of contributor out-of-state PAC (ID#:_Williamson, Mike Contributor address; City; State; Zip Code PO BOX 191676 Dallas, TX 75219 			7	Amount of Contribution (\$)	\$100.00
8	Principal occu Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Microchip	5)		

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
Travellin District
Travel Out of District
OTHER (enter a category not listed above)

		The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 1/8 Rpt: 9/16	Valdez, Lupe	
4	Date	5 Payee name	
	01/25/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$115.42	366 SUMMER ST	
		Somerville, MA 01244	
8	PURPOSE OF		Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
Г	Date	Payee name	
L	01/03/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.30	440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF) Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Office Supplies
		1	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		t Office held
	expenditure to benefit C/Ol	Payee name	t Office held
	expenditure to benefit C/Ol	Payee name Dallas County Democratic Party	
	expenditure to benefit C/Ol Date 01/11/2024 Amount (\$)	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code	
	Date 01/11/2024	Payee name Dallas County Democratic Party	
	expenditure to benefit C/Ol Date 01/11/2024 Amount (\$)	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave	
	expenditure to benefit C/Ol Date 01/11/2024 Amount (\$)	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code	
	Date 01/11/2024 Amount (\$) PURPOSE	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) Category (See Categories listed at the top of this schedule)) Description
	expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) \$500.00	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204	Description ☐ Check if travel outside of Texas. Complete Schedule T.
	Date 01/11/2024 Amount (\$) PURPOSE OF	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) Category (See Categories listed at the top of this schedule)) Description
	Date 01/11/2024 Amount (\$) PURPOSE OF	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) 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
	Date 01/11/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) Category (see Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event
	Date 01/11/2024 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) Category (see Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event
	Date 01/11/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dallas County Democratic Party Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 (a) Category (see Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 o	omplete this form.
1 Total pages Schedule F1: Sch: 2/8 Rpt: 10/16	2 FILER NAME Valdez, Lupe	3 Filer ID
4 Date	5 Payee name	
01/08/2024	GO OAK CLIFF	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$425.41	1300 S. Polk Street	
	#295	
	Dallas, TX 75224	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	LVEIT EXPENSE	Check if Austin, TX, officeholder living expense
		Mardi Gras Parade
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		Cinco Hold
Date	Payee name	
01/11/2024	Garland NAACP	
Amount (\$)	Payee address; City; State; Zip C	Code
\$131.74	222 Carver Street	
	Carland TV 75040	
DUDDOSE	Garland, TX 75040	(b) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Light Exponed	Check if Austin, TX, officeholder living expense
		Event
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	pught Office held
expenditure to benefit C/O		
Date	Payee name	
01/08/2024	Grammarly	
Amount (\$)	Payee address; City; State; Zip (Code
\$63.96	548 Market Street	
	San Francisco, CA 04104	
PURPOSE	San Francisco, CA 94104	(h) Deceription
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Subscription
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		

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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/8 Rpt: 11/16	2 FILER NAME Valdez, Lupe 3 Filer ID
4	Date 01/02/2024	5 Payee name Hendrix, Michael
6	Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code 15910 Cedar Springs Rd
8	PURPOSE	Dallas, TX 75235
0	OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Manager
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/17/2024	Payee name
L	Amount (\$)	Hendrix, Michael Payee address; City; State; Zip Code
	\$1,750.00	15910 Cedar Springs Rd
		Dallas, TX 75235
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Manager
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/10/2024	Payee name Jackson, Antawne
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 711 N. Edgefield
		Dallas, TX 75208
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

CONTRIBUTIO	RECEIVE OF UR FILLING.
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 4/8 Rpt: 12/16	Valdez, Lupe
4 Date 01/03/2024	5 Payee name Kroger
6 Amount (\$) \$32.36	7 Payee address; City; State; Zip Code 4901 Maple Ave Dallas, TX 75235
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 01/11/2024	Payee name
	League of Women Voters of Dallas
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6060 N Central Expwy, Ste 500 Dallas, TX 75206
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/17/2024	Loya, Juan
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 711 N. Edgefield
	Dallas, TX 75208
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

RECEIVISCHEDULE 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 Soliditation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	2 FILER NAME Valdez, Lupe	3 Filer ID
4 Date 01/08/2024	5 Payee name	
	Loya, Juan	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	711 N. Edgefield	
	Dallas, TX 75208	
8 PURPOSE OF		Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
01/03/2024	MailChimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$103.94	675 Ponce de Leon Ave NE	
	Atlanta, GA 30308	
DURPOSE	Atlanta, GA 30308	Decoription
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T.
1353		The state of the s
OF	(a) Category (See Categories listed at the top of this schedule) (b)	Check if travel outside of Texas. Complete Schedule T.
OF	(a) Category (See Categories listed at the top of this schedule) (b)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services
OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought H Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 01/25/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Payee name McPhail, Michael Payee address; City; State; Zip Code 815 Dixon Drive Irving, TX 75061 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data

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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	90 No. Open Control of
	Sch: 6/8 Rpt: 14/16	Valdez, Lupe
4	Date	5 Payee name
_	01/03/2024	Mitten, Shane
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1904 Cloisters Dr
	Ψ1,000.00	412
		Arlington, TX 76011
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	01/04/2024	Mitten, Shane
	Amount (\$)	Payee address; City; State; Zip Code
	\$228.10	1904 Cloisters Dr 412
		412 Arlington, TX 76011
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies Reimbursement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	d
F	Date	Payee name
	01/22/2024	Mitten, Shane
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1904 Cloisters Dr
		412
L		Arlington, TX 76011
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel outside of Toxas, Complete Schedule Toxas, Comp
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		•

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 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)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 7/8 Rpt: 15/16	Valdez, Lupe	
4	Date	5 Payee name	
	01/03/2024	PHD	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.45	1300 W Davis St	
		Dallas, TX 75208	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff Lunch
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
L	01/10/2024	Pritchard, Jay	_
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	2211 Weatherbee Street	
		No. of Contraction	
L		Fort Worth, TX 76110	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
ı	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Consulting
l			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
F	Date	Payee name	
	01/16/2024	Pritchard, Jay	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2211 Weatherbee Street	
		Fort Worth, TX 76110	
H	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Constituting Expones	Check if Austin, TX, officeholder living expense
ı			Consulting
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experiulture to beliefit C/O		
1			

SCHEDULE F1 RECEIVED FUN FRANCE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Printing Expense
Printing Expense
OTHER (Page 4 page 4)

OTHER (Page 4 page 4)

OTHER (Page 4 page 4)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 8/8 Rpt: 16/16	Valdez, Lupe
4	Date	5 Payee name
	01/23/2024	Reynoso, Elvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	711 N Edgefield
		Dallas, TX 75218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff
_	Camplete CALLY if direct	Candidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/23/2024	Reynoso, Elvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	711 N Edgefield
		Dallas, TX 75218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff
		Sian
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	
	01/10/2024	Payee name USPS
-		
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.00	401 Tom Landry Fwy
		Dallas, TX 75260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) [b] Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
		1 050000
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Complete ONLY if direct expenditure to benefit C/OI	