FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00020897 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Carlos NAME Date Received **ELECTRONICALLY FILED** 01/04/2025 NICKNAME LAST **SUFFIX** Valdez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P. O. Box 1658 MAILING Amount Receipt # **ADDRESS** Corpus Christi, TX 78403 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Alex NAME NICKNAME LAST **SUFFIX** Harris STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 5926 S. Staples St. **ADDRESS** (Residence or Business) Corpus Christi, TX 78413 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 533-7286 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None Nueces

GO TO PAGE 2

www.ethics.state.tx.us

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 5

13 C / OH NAME	Valdez, Carlos (The I	Honorable)	14 Filer ID 00020897	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$ 0.00						
	2. TOTAL POLIT (OTHER THAN	\$ 2,000.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,000.00				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 2,255.09						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	\$ 3,500.00					
17 AFFIDAVIT								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hor	norable Carlos Valde	<u>z</u>				
	der							
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of, 20, to certify which, witness my hand and seal of office.								
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 5
	Carlos (The Honorable)	(Ethics Commission Filers)		
20 SCHEDI NAME C	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,000.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	4,000.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	TARY POLITICAL CONTRIBUT	SCHEDULE A(J)1			
The Instru	action Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/5			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Valdez, Car	los (The Honorable)		00020897		
4 Date	5 Full name of contributor ut-of-state PAC (ID	D#:)	7 Amount of Contribution (\$)		
11/08/2024	Hilliard, Robert (Mr.)	\$1,500.00			
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401				
8 Contributor's	Principal Occupation	9 Contributor's Job Title			
Attorney	т тора Собарацоп	attorney			
	employer/law firm	11 Law firm of contributor's s	snouse (if any)		
Hilliard Law		Hilliard Law	pouse (ii uny)		
	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID	D#:)	Amount of Contribution (\$)		
11/08/2024	Medina, Henry (Mr.)		\$500.00		
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414				
Contributor's	Principal Occupation	Contributor's Job Title	<u> </u>		
Stockbroker		stockbroker			
Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
none		none			
If contributor i	is a child, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/ Legal Servic	age Expense /Memorials Expense ces uction Guide expla	Printir Salari		e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5 Valdez, Carlos (The Honorable)							00020897			
4	Date	5	Payee nam	<u></u> е					•		
	10/30/2024		Chairborne		S						
6	Amount (\$) 7 Payee address; City; State; Zip Code										
	\$4,000.00		710 Buffal	o St.							
			Corpus Ch	ıristi, TX 7	'8401						
8	PURPOSE	(a)	Category (See Categories	s listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Advertising			,		Check if trave		ide of Texas. Com	
	EXI ENDITORE							_		, officeholder living	expense
								Television a	ave	rtising	
Ļ	Complete ONL V if direct	<u> </u>	Candidata/Ot	ficaboldar	2000	Office	Novembr.			Office he	.ld
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ncenoider i	name	Office	sougni			Office fie	eiu.