

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Daniella NICKNAME LAST SUFFIX Lopez Valdez	MI L	OFFICE USE ONLY Date Received <h2 style="font-size: 2em;">RECEIVED</h2> JUL 15 2024 BOARD SECRETARY Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 12 Conquistador St, Brownsville, TX 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 7528172		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sylvia D NICKNAME LAST SUFFIX Garza		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 14 Calle Jacaranda, Brownsville, TX 78520 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 3710703		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 15 / 24 7 / 15 / 24		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 5 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	BISD Trustee Place 5	BISD Trustee Place 5	
14 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.		
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Daniella Lopez Valdez

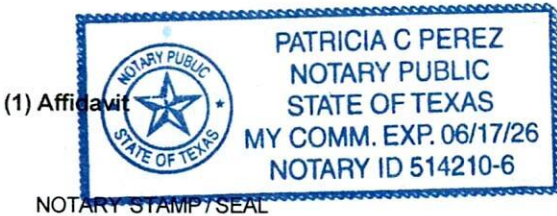
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,287.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,887.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 981.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,887.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,311.19

18 SIGNATURE 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.

Daniella Lopez Valdez
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Daniella Lopez Valdez this the 15 day of July, 2024, to certify which, witness my hand and seal of office.

Patricia C Perez Signature of officer administering oath
 Patricia C. Perez Printed name of officer administering oath
 Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Daniella Lopez Valdez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,600.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 981.79
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	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Karen Gonzalez Goldschmidt <hr/> 6 Contributor address; City; State; Zip Code 1540 Los Sabales Dr, Brownsville, TX 78520	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Rudolph Vasquez Gomez <hr/> Contributor address; City; State; Zip Code 22 Alvarado Ave, Rancho Viejo, TX 78575	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe Salazar III <hr/> Contributor address; City; State; Zip Code 611 E. Loop 499, Harlingen, TX 78550	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: _____) Guillermo Sosa Quintanilla <hr/> Contributor address; City; State; Zip Code 3818 Bourbon Ave, Harlingen TX 78550	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID# _____) Erin Gamez 6 Contributor address; City; State; Zip Code 455 San Marcelo Blvd, Brownsville, TX 78526	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor out-of-state PAC (ID# _____) Phillip J Pawelek Contributor address; City; State; Zip Code 2709 Quail Ave, Mcallen, TX 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2024	Full name of contributor out-of-state PAC (ID# _____) Rigoberto Villareal Contributor address; City; State; Zip Code 1405 Pamela Dr, Mission, TX 78572	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor out-of-state PAC (ID# _____) Morgan LaMantia Contributor address; City; State; Zip Code 1324 E. Madison, Brownsville, TX 78520	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2024	5 Full name of contributor out-of-state PAC (ID# _____) John F Cowen Jr 6 Contributor address; City; State; Zip Code 4945 Lakeway Dr, Brownsville, TX 78520	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor out-of-state PAC (ID# _____) Lillian Torres Contributor address; City; State; Zip Code 15 Casa de Amigos, Brownsville, TX 78521	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2024	Full name of contributor out-of-state PAC (ID# _____) Henry Levrier Contributor address; City; State; Zip Code 1203 Live Oak Circle, Brownsville, TX 78520	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2024	Full name of contributor out-of-state PAC (ID# _____) Joel N. Reagan Contributor address; City; State; Zip Code 14891 Ewing Rd, Harlingen TX 78552	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniella Lopez Valdez

3 Filer ID (Ethics Commission Filers)

4 Date

04/18/2024

5 Full name of contributor

Reba Cardenas McNair

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

39 Sunset Dr, Brownsville TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/18/2024

Full name of contributor

Ygnacio Daniel Garza

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

3125 Central Blvd, Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2024

Full name of contributor

Joe L. Lopez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2108 Central Blvd, Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2024

Full name of contributor

A C Nelson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

34065 FM 2925, Rio Hondo, TX 78583

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniella Lopez Valdez

3 Filer ID (Ethics Commission Filers)

4 Date

04/10/2024

5 Full name of contributor

Guillermo Sosa Quintanilla

out-of-state PAC (ID# _____)

6 Contributor address;

3818 Bourbon Ave, Harlingen TX 78550

City;

State;

Zip Code

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/11/2024

Full name of contributor

Linebarger Goggan Blair & Sampson, LLP

out-of-state PAC (ID# _____)

Contributor address;

PO Box 17428, Austin TX 78760

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2024

Full name of contributor

Priscilla R Guajardo

out-of-state PAC (ID# _____)

Contributor address;

7156 Blue Spruce, Brownsville, TX 78526

City;

State;

Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2024

Full name of contributor

Merrill Hammons

out-of-state PAC (ID# _____)

Contributor address;

14 Red Bay Cir, Brownsville, TX 78521

City;

State;

Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2024	5 Full name of contributor out-of-state PAC (ID# _____) The Lucio III Group, PLLC 6 Contributor address; City; State; Zip Code 3705 Cottantail St, Brownsville TX 78526	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code PO Box 17428, Austin, TX 78760	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,000.00	
5 Date 03/02/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Lopez	8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description Food for event
7 Contributor address; City; State; Zip Code 2 Conquistador St, Brownsville, TX 78520		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Daniella Lopez Valdez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Google	
6 Amount (\$) 88.29	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, California, 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone line	(b) Description Phone line
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Lonestar National Bank	
Amount (\$) 21.00	Payee address; City; State; Zip Code 3300 Frontage Rd Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank fee	Description Bank fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/08/2024	Payee name Bonita Flats Farm and Vineyard	
Amount (\$) 872.50	Payee address; City; State; Zip Code PO Box 1085 Los Fresnos TX 78566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Event expense
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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