

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Daniella	MI L
	NICKNAME	LAST Lopez Valdez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	[REDACTED] Brownsville, TX 78520 2108 Central Blvd		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	752-8172	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sylvia	MI D
	NICKNAME	LAST Garza	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #		CITY STATE ZIP CODE
	14 Calle Jacaranda, Brownsville TX 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	371-0703	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input 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
	7	16	24
	THROUGH		Month Day Year
			10 / 5 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 / 5 / 24		
12 OFFICE	OFFICE HELD (if any) BISD Trustee Place 5	13 OFFICE SOUGHT (if known) BISD Trustee Place 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
10-7-24
2:40 p.m.
PLV

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

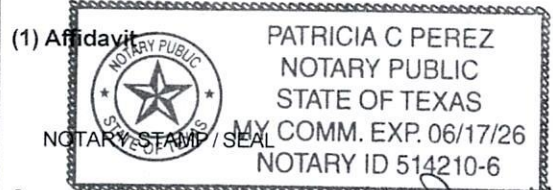
FORM C/OH
COVER SHEET PG 2

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)	\$ 2,497.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,297.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 521.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,568.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,616.45
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 7 day of Oct 2024, to certify which, witness my hand and seal of office.

Pat C R 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		\$ 14,800
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 15,046.57
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> 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 7
2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Parra Jr <hr/> 6 Contributor address; City; State; Zip Code 4374 Martinal Rd Brownsville, TX 78526	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 9/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Solis RPh <hr/> Contributor address; City; State; Zip Code 13504 Stags Leap Edinburg, TX 78541	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) pharmacist		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe & Leti Reagan <hr/> Contributor address; City; State; Zip Code 14891 Ewing Dr. Harlingen, TX 78552	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Off Admin		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denisa Lopez <hr/> Contributor address; City; State; Zip Code 713 Continental Dr Apt 1 Brownsville, TX 78520	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions) Physical therapist		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.

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 9/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillermo Quintanilla <hr/> 6 Contributor address; City; State; Zip Code 3818 Bourbon street Harlingen, TX 78550	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions) Project manager		9 Employer (See Instructions)
Date 9/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Salazar III <hr/> Contributor address; City; State; Zip Code 611 State Loop 499 Harlingen, TX 78550	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 9/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Salazar III <hr/> Contributor address; City; State; Zip Code 611 State Loop 499 Harlingen, TX 78550	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 9/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicholas Serafy <hr/> Contributor address; City; State; Zip Code 205 West Levee Street Brownsville, TX 78520	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) CEO		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 9/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy Gomez <hr/> 6 Contributor address; City; State; Zip Code 1150 Paredes Line Rd Brownsville, TX 78521	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joey Lopez <hr/> Contributor address; City; State; Zip Code 2108 Central Blvd Brownsville, TX 78520	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sofia Benavides <hr/> Contributor address; City; State; Zip Code 4090 Retama Drive Brownsville, TX 78521	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joey Lopez <hr/> Contributor address; City; State; Zip Code 2108 Central Blvd Brownsville, TX 78520	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Physical therapist		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 9/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cesar Pacheco 6 Contributor address; City; State; Zip Code 600 Balboa Rancho Viejo, TX 78575	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Saldana Contributor address; City; State; Zip Code 147 Pizarro Ave Rancho Viejo, TX 78575	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ygnacio Garza Contributor address; City; State; Zip Code 3125 Central Blvd Brownsville, TX 78520	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esparza & Garza Contributor address; City; State; Zip Code 964 E Los Ebanos Blvd Brownsville, TX 78520	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Physical therapist		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.		

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 9/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Garcia <hr/> Contributor address; City; State; Zip Code 25 Calle Jacaranda Brownsville, TX 78521	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Ortega <hr/> Contributor address; City; State; Zip Code 3710 Kiskadee Trl Edinburg, TX 78539	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellena Conner <hr/> Contributor address; City; State; Zip Code 35 Calle Jacaranda Brownsville, TX 78520	Amount of contribution (\$) 300
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 8/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Seguin	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code PO BOX 4402 Brownsville, TX 78523		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 8/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romeo Esparza	Amount of contribution (\$) 400
Contributor address; City; State; Zip Code 4242 Old Port Isabel Brownsville, TX 78526		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Gonzalez	Amount of contribution (\$) 1250
Contributor address; City; State; Zip Code 1540 Los Sabales Brownsville, TX 78520		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessie Gonzalez	Amount of contribution (\$) 1250
Contributor address; City; State; Zip Code 1540 Los Sabales Brownsville, TX 78520		

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 9/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Lucio III Group, PLLC <hr/> 6 Contributor address; City; State; Zip Code 3705 Cottontail St Brownsville, TX 78526	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Hammes <hr/> Contributor address; City; State; Zip Code 345 Palo Verde Dr Brownsville, TX 78521	Amount of contribution (\$) 750
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3	2 FILER NAME Daniella Lopez Valdez	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/24	5 Payee name Digital Print and Advertising
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6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 2900 Central Blvd, Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing material	(b) Description Marketing material
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/16/24	Payee name Digital Print and Advertising
------------------------	--

Amount (\$) 1872.73	Payee address; City; State; Zip Code 2900 Central Blvd, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing material	Description Marketing material
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/26/24	Payee name RGV Media Group LLC
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Amount (\$) 546.66	Payee address; City; State; Zip Code 2100 Central Blvd, Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing material	Description Marketing material
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Daniella Lopez Valdez		3 Filer ID (Ethics Commission Filers)	
4 Date 9/10/24	5 Payee name Breedon/McCumber			
6 Amount (\$) 6170.38	7 Payee address: 750 E Los Ebanos Blvd, Brownsville, TX 78520		City:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Advertising	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 8/8/24	Payee name Jerry McHale			
Amount (\$) 500	Payee address; Brownsville TX		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Advertising	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 9/18/24	Payee name 18Ram LLC			
Amount (\$) 1,299	Payee address; 5 Avalon Dr, Brownsville, TX 78520		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description Event	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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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
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
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Daniella Lopez Valdez	3 Filer ID (Ethics Commission Filers)
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4 Date 7/17/24	5 Payee name Carisma Print
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6 Amount (\$) 368.05	7 Payee address: 2100 Central Blvd, Brownsville, Texas 78520	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing materials	(b) Description Marketing materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/22/24	Payee name NGP VAN
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Amount (\$) 965	Payee address: 655 15th St. NW, Suite 650, Washington, DC 20005	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/24	Payee name Robert Tyler
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Amount (\$) 3000	Payee address: 72 Pizarro Ave, Rancho Viejo, TX 78575	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Consulting expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

