CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	· · · · · · · · · · · · · · · · · · ·		
The C/OH Instruction G	buide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST M: Mac	21 D.	OFFICE USE ONLY
	Mikey" Valde7	SUFFIX	Date Neceived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			TARRA 2016 FEB ELECTIONS BY:
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date and delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MRS/MRS/MR PIRST Dolores	MI	Date Processed &
	Valdez	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED			
	1/22/2016	THROUGH C/	20/2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Tarrant	County Constable
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	lichael !	"Mikey" Valdez 15 File	er ID (Ethics Commission Filers)
16 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.		
	COMMITTEE TYPE	COMMITTEE NAME	TARRA 016 FEB
	SPECIFIC	COMMITTEE ADDRESS	PILED ANT COU 322 AM BIK PHILLIP 8 ADMINIS
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	HIY H: 08 RATOR
		COMMITTEE CAMPAIGN TREASURER ADDRESS	:
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 649
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,790,00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$
	4. TOTAL POLITICAL EXPENDITURES \$ 7,156.4		
CONTRIBUTION BALANCE	5. TOTAL I	\$ 4,346.88	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
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 STATE OF TEXAS My Comm. Exp. 05-23-2016 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworp-to/and subscribed before me, by the said			
Milvest Jame Milves Asyinne Hotory Public			
Signature of officer administering\earth Printed name of officer administering oath Title of officer administering oath			

	AND THE RESIDENCE OF THE PARTY			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	. 1		3 Filer ID (Ethics Commission Filers)	
Mich	Ael mikey" VAldez		·	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#·)	7 Amount of contribution (\$)	
1-23-16	RICARDO SALAZAR AMI 6 Contributor address; City; State 117 M. MAIN Ft. Worth		# 100.00	
	FA, WORTH	11 76169		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Potte	Ry Retail Bus.	Self Em	pl.	
Date			Amount of contribution (\$)	
2-2-16	Ms. MiNA BAKER Contributor address; City; State 958 E, TERREII FA WO	; Zip Code	\$ 100.00	
	958 E, TERREIL FX WO	Rth, TX 76104	•	
D	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	//D#·		
Date	Tuli Harrie of contributor	, (10#	Amount of contribution (\$)	
2-9-16	Washibutor address: Lopez State 6125 Bow Fin DR F	; Zip Code	\$1000.00	
	6/25 BOWFINDR FO	t. WORth, TX 747	•	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Ketil	Re d			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
2-10-11	Donald Llandy Atty Contributor address; State 5605 Wedgemont Cir.N.	y •	\$100.00	
	5605 Wedgemont Cir.N.	FX WORTH, 17613	3	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Ket	ired		·	
			FILED TARRANT COUN 2016 FEB 22 AM II: FRANK PHILLIPS ELECTIONS ADMINISTR BY:	
	ATTACH ADDITIONAL COPIES O			

	Mark Commence and		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mich	5 Full name of contributor out-of-state PA		
4 Date	5 Full name of contributor Out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
2-11-16	Ma Andrea M. Plevr 6 Contributor address; City; Stat 205 E. 200P121 Belto	ills e; Zip Code w, TX 76513	# 200,00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
2-11-16	Mr. dmerico Pere Contributor address; City; Stat 7425 Ewing Ave, Etw	e; Zip Code bR+h,7X 76111	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	, ,	Amount of contribution (\$)
2-11-14	The MAS T. SISOLA Contributor address; City; State 4317 CAlmont Ave Ft	K WORTH, TX 7610	\$100.00
\sim \sim \sim	eation / Job title (See Instructions)	Employer (See Instruc	tions)
		<u> </u>	
Date	Full name of contributor		Amount of contribution (\$)
2-11-14	Contributor address; City; State 321 5 h Ady hr. Azle, TX 76020	e; Zip Code	# 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Keti	'REd		20 ELE 20
			ARRANT COUNTY 16 FEB 22 AM II: 08 FRANK PHILLIPS CTICAS ADMINISTRATOR
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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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Michel	nel Mikey "VAldez		3 Filer ID (Ethics Commission Filers)
7 24.0	Tuil name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
2-10-14	RdWARd X. LAHART 6 Contributor address; City; State 4344 CASTIE ROCK Ct. IR	; zip Code V Iw 9,7% 75038	\$100.00
	oation / Job title (See Instructions)	9 Employer (See Instruct	ions)
u	VKBWN		
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	MARIA F. ChAZARRETA Contributor address; City; State 119 NW 25th St. F. + WOOD+h TV		\$50,00
Principal occup	Ft WoRth, TX ation / Job title (See Instructions)	Employer (See Instruct	ions)
ัน	WKIBWN		
Date		C (ID#:)	Amount of contribution (\$)
2-11-14	Teodora H, Hover Contributor address; City; State 5316 Wedding Ct. Ft	; zip Code Worth, TX 76133	# 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#·	Amount of contribution (\$)
2-11-16	Ms. Lucy Lopez Contributor address; City; State 1205 Lyric Dr. Ft Worth		\$ 50.00
Principal occup Ret	eation / Job title (See Instructions)	Employer (See Instruct	TAI TAI
			FILED RRANT COUNTY FEB 22 AM II: 08 RANK PHILLIPS CHONS ADMINISTRATOR
	ATTACH ADDITIONAL COPIES C		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
Michael "mikey" VAldez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)		7 Amount of contribution (\$)
2-11-16	7/5 Rachel D. Newman 6 contributor address; City; State; Zip Code 3333 RYAW AVE FJ, WORTH, TX 76110		# 50.00
8 Principal occup	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)
		2 (15)	
Date	TOSEPHA, DRA90 Contributor address; City; State 3917 Potomac Ave FX		Amount of contribution (\$) #50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
tti)	proney		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
2-12-16	Contributor address; City; States 4310 SAINT ANDREWS	Blud 75038	\$ 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Un	Kown		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2-14-16	DR. Stephen E. We contributor address; City; state 1001 Throckmorton	i S e; Zip Code	\$250,00
	1001 Throckmorton	Unite 1805	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions) ELE(
Phys.	se Physician		
•			TARRANT COUNTY 2016 FEB 22 AM 11: 08 ELECTIONS ADMINISTRATOR BY:
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Micha	el" Mikey" VAlde-	2	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state P	AC (ID#:)	7 Amount of contribution (\$)
2-12-16	Tim EAgle 6 Contributor address; City; Sta	te; Zip Code	#100.00
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
un	KNOWN		
2-12-16	PAUL MILLENDER Contributor address; City; Sta 3/21 Lipscomb	AC (ID#:) te; Zip Code	Amount of contribution (\$)
Principal occup	Et WORTH, TY 7611 ation / Job title (See Instructions)	Employer (See Instruc	tions)
*			
Date		AC (ID#:)	Amount of contribution (\$)
2-12	Chris Salowe City; State	ie; Zip Code	\$ 150.00
•	ation / Job title (See Instructions) w Kwоww	Employer (See Instruc	tions)
Date 2~11	Full name of contributor out-of-state Processing Contributor address; City; Sta	te: Zip Gode	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			TARRANT COUNTY 2016 FEB 22 AM II: 08 ELECTIONS ADMINISTRATOR BY:
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) (b) Description __ Check if travel outside of Texas, complete Schedule T **PURPOSE** Advertising __ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 2-16-16 JOET. GARICA Payee address; Amount (\$) # 1060,30 2201 M. Commerce St F+Woeth, TX 76164 Category (See categories listed of the top of this schedule) Des Description Check if travel outside of Texas, complete Schedule T PURPOSE RestauRANT Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED