		CEHOLDER CE REPORT	r,	FC COVER SH	ORM C/OH HEET PG 1
The C/OH Instruction Guide explains how to complete this form.		2 Total pages file	d:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST LUPE	MI	OFFICE	USE ONLY
INCIVIL	NICKNAME LAST SUFFIX Valdez			Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #; C	CITY; STATE; ZIP CODE		
Change of Address				]	
6 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	PHONE NUMBER 480 - 9620	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	Cary	SUFFIX	Date Processed	
n 90		Broussand		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	(NO PO BOX PLEASE); APT / SI	UITE #, CITY;	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	3100	Monticello Al	ve Ste Goo, Dallas,	Tx 75205	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		2
TREASURER PHONE	(214 )	269 - 4244			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after treasurer app (Officeholder	pointment
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	06,	128 /2023	THROUGH 06	/ 30 / 202	.3
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE		
	Month Day 03 / 05 /	real	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known		CF
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMIDIDATE'S OR OFFICEHOLD	MITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	¥	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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18 ti				
( )		<b>FORM</b>	C/0	H
	COVER	SHEET	PG	2

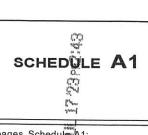
15 C/OH NAME	Lupe valler for Dallas county sheriff	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	Y \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$2,600
	swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code.	correct and includes all information
Çiril 21		
	Signature of Candida	te or Officeholder
		a.
	Please complete either option below:	
	r lease complete citiler option below.	
(1) Affidavit	JESSE ROCHA Notary ID #129783956 My Commission Expires April 14, 2026	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by LUPG VALDEZ this the 17	day of Till.
	which, witness my hand and seal of office.	
	- A	
Salve Roc		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	<b>2017年日本共享</b>
(2) Unsworn Declarati	ion	
My name is	, and my date of birth is	
My address is		
		(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	(month)	(year)
	Signature of Candidate/O	Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILE	Lupe Valdez for Dances County Sherff	20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 2,600
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 1,600
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. [	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. [	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

#### **MONETARY POLITICAL CONTRIBUTIONS**



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

The	Instruction Guide explains how to complete this	1 Total pages Schedul		
2 FILER NAME	lupe Vailez for Dallas Count	ty Sheiff	3 Filer ID (Ethics Commission Filers)	
4 Date		; (ID#:)	7 Amount of contribution (\$)	
6/29	Anthony Mercurio  6 Contributor address; City;  155 Ridge St New York	State; Zip Code	\$ 100.00	
8 Principal occu		9 Employer (See Instruct	tions\	
	Consultant	self employ	142	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
6/29	Contributor address; City;	State; Zip Code		
		TX 77707		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Not employed	Not employ	yed	
Date		(ID#:)	Amount of contribution (\$)	
6/29	Adam Graham  Contributor address; City;  140 Park Ave OKC		\$ 100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dons)	
	Political consulant	Bison Str	rategies	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	\$ 1,000.00	
10455 N. Central Expression Dallas, TX 75231				
- 2 1	pation / Job title (See Instructions)	Employer (See Instruct		
Not	employed	Not empl	loyed	

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 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 lupe Vallez for p	9 1195 County Shelf	3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 6 - 30 - 2023	5 Payee name Jose Rico	,		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,600	1508 Pent	Gerland	TX	7564Z
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	consulting expense	Consulti	29	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6-30 -2023	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
48, 39	366 Summer 5t	Somerville,	MA	02144
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	E			
EXPENDITURE	Fees	Service	tee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
NO FORMADO DE OFFICIANO DE PORTO DE POR	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	APPROLITABLE COREO OF THE	COUPDING ACTION	- Pri Pri	
l .				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS ALL Forms provided by Tayon Ethion Commission

### LOANS

#### SCHEDULE E

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

The	Instruction Guide explains how to comple	1 Total pages Schedule E:		
2 FILER NAME Luge Ualdez for Dances county Sheriff			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ 2,600.00	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
6129	Lupe Valdez		\$2,600.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y (N)	P.O Box 227501, Dall	105, TX 75222	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	Leave and the second se	
	law enforcement	law enforcemen-	L	
14 Description of Coll		15	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	49 O			
	<b>18</b> Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		Check if personal fund	ds were deposited into political	
none		account (See Instruct	ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
ž.	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation (See Instructions) Employer (See Instructions)				
Iffile	ATTACH ADDITIONAL COPI andbar iss out जां-सक्षक मैंनेर्ड़, मिरिस्डिंग डेस्ट्री मिर्ड	ES OF THIS SCHEDULE AS NEE	DED porting requirements.	
Forms provided by fexa		thics state in additional re	Revised 11/15/202	
p	VACABLE TO THE PARTY OF THE PAR			