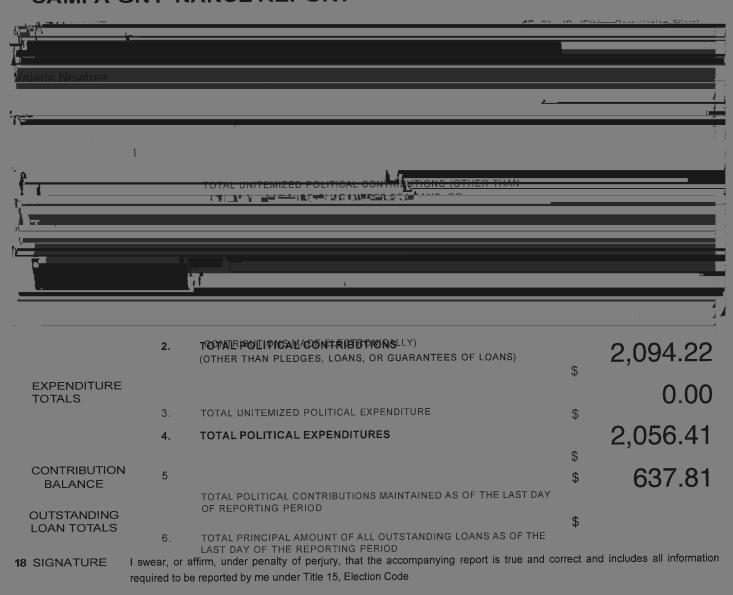
CA D DATE / OFF CEHOLDER CAMPA G FI ANCE REPORT

FORM C/OH COVER SHEET PG 1

2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI 3 CANDIDATE / **OFFICEHOLDER** Valeria NAME Nevárez Val 4/6/2023 4 CANDIDATE / 3744 Griggs Ave Fort Worth, TX 76119 OFFICEHOLDER MAILING **ADDRESS** Change of Address Date Received SUFFIX NICKNAME LAST 5 CANDIDATE/ **OFFICEHOLDER** 2039462 #: (682) ADDRESS / PO BOX: **PHONE** CITY; ZIP CODE STATE: FIRST MI 6 CAMPAIGN **TREASURER** Jennifer Ms. NAME SUFFIX PHOIG rossland EXTENSION Date Hand-delivered or Date 20st arked AREA CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN TREASURER 4417 Tamworth Rd. Fort Worth, TX 76116 Receipt # Amount \$ **ADDRESS** (Residence or Business) Date Processed NICKNAME LAST **FXTENSION** 8 CAMPAIGN Date Imaged TREASURER PHONE 9802930 (310 STATE; ZIP CODE 9 REPORT TYPE Runoff 30th day before election January 15 8th day before election PHONE NUMBER Exceeded Modified July 15 AREA CODE Reporting Limit 10 PERIOD Year COVERED 16 **THROUGH** 15th day after campaign treasurer appointment 11 ELECTION 23 Final Report (Attach C/OH - FR) 12 OFFICE FWISD School Board Trustee D. 3 Day Month 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) **ELECTION TYPE ELECTION DATE** Primary Runoff Other Month Day Year Description General Special Additional Pages 13 OFFICE SOUGHT (if known) OFFICE HELD (if any)

CANDIDATE / OFFICE OLDER CAMPA GN F NANCE REPORT

FORM C/OH COVER SHEET PG 2



Signature of Candidate or Officeholder

Please complete either option below:

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Sworn to and subscribed before me by

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SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Valeria Nevárez

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,094.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	2,056.41
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
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MONETARY POLITICAL CONTRIBUTIONS

Contributor address;

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	s form.	1	1 Total pages Schedule A1	
² FILER NAME Valeria Ne	várez			3	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Valeria Nevárez	out-of-state PAC	C (ID#:) 7	7 Amount of contribution (\$)	
02/18/2023	6 Contributor address; 3744 Griggs Ave Fort	city; Worth, T	State; Zip Code X 76119			
8 Principal occup Property Man	pation / Job title (See Instructions) agement		9 Employer (See In Ramos Renovati			
Date	Full name of contributor Edward Perkins	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/18/2023	Contributor address; 16524 Cowboy Trl Fo	rt Worth,	State; Zip Code			
Principal occupa Automotive To	ation / Job title (See Instructions)		Employer (See In ark Place	structior	ns)	
Date	Full name of contributor Heady Peña	out-of-state PAC	· (Amount of contribution (\$)	
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Date	Contributor address; 4101 Alva Dr. Fo	City; ort Wort out-of-state PA	State; Zip Code	3		
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02/23/2023	Jennifer Crossland				<u>*</u> .	

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3			3 Filer ID (Ethics Commission Filers
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	1	out-of-state_PAS_(ID#;)
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FILER NAM /aleria N Principal occ 2/23/2023 Date	Nevárez 5 Full name of contributor cupational de la	State; Zip Co Employer (Se out-of-state PAC	Amount of contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS

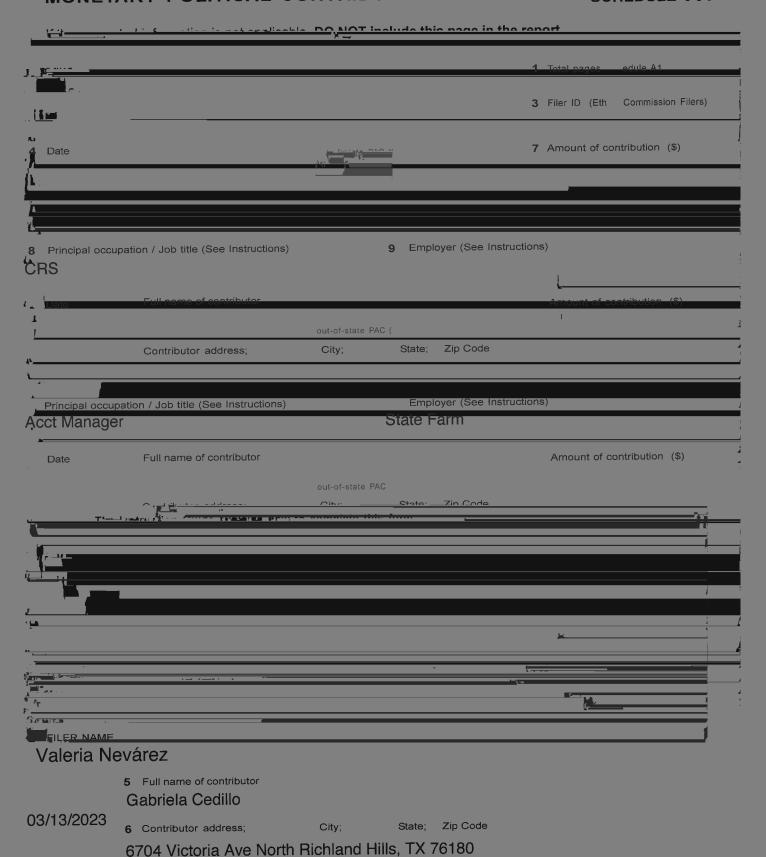
SCHEDULE A1

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 le A1
2 FILER NAME Valeria Ne		3 Filer ID (Eth Commission Filers)
n3/06/2023	5 Full name of contributor out-of-state PAC (ID# Elaine Hays	
# ·	out-of-state PAC (ID#:)
8 Principal occu 88/08/2023	posion / Job tille (See Instructions) 9 Employer (See Instr Missie Carra	(rulejians)
Date	4129 Inwood Rd. Fort Worth, TX 76109 out-of-state PAC (ID# Employer (See Instr. Contributor address;	Amount of contribution (\$) ructions)
03/07/2023	Donna Collins Contributor address; City; State; Zip Code 370 Snelby Dr. Fort Worth, TA 70107	
	out-of-state PAC (I	
03/10/2023	Tiffany Bone	!
Marketing	701 Monticello Fort Worth, TX 76107	
Date	Full name of contributor	Amount of contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1



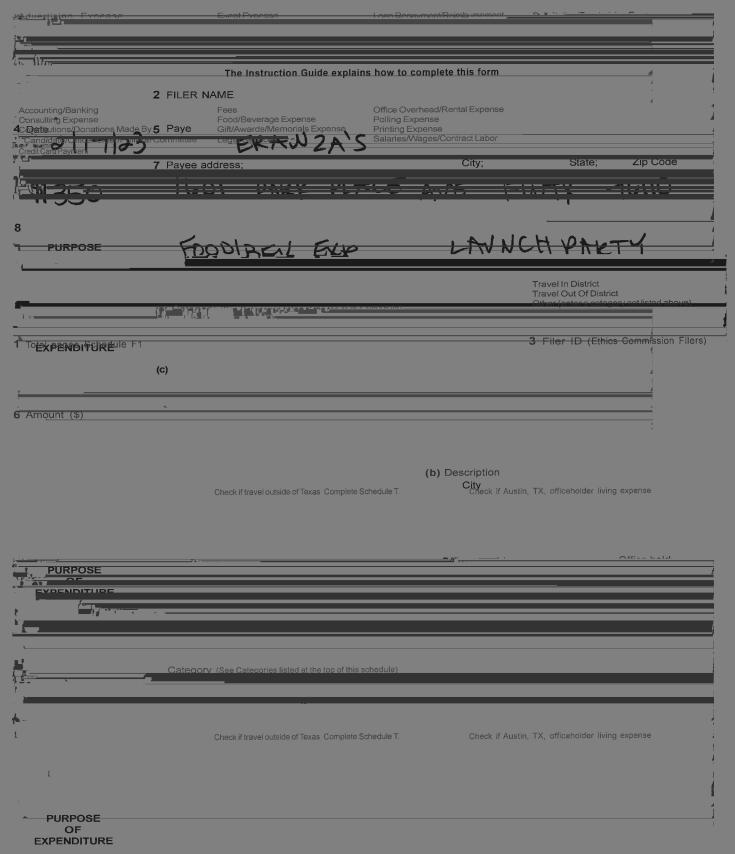
Keith Bland Agency

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)



SCHEDULE F1

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

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8 PURPOSE OF	CONSULTING F	WENKE	4
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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)

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£	The Instruction Guide explains how to co		isa Commission Filors)
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W 4/1-1-3	· · · · · · · · · · · · · · · · · · ·		Zin Code
Amount (\$)	VARIOUS	City, - State,	Zip Code
PURPOSE OF STREET	TRAVEL INDISTRICT	_	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
3133733 Amount (8)	Payee address;	State;	Zip Code
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
3124123 Am	Pavee address:	City: State;	BBQ FUNDK! N
*		Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SOLIC ITING	23760
La	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

