CA D DATE / OFF CEHOLDER CAMPA G FI ANCE 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: 11

3 CANDIDATE / OFFICEHOLDER NAME

PREFIX	FIRST	MI	LAST	SUFFIX
Ms	Valeria		[redacted]	
Val			Nevárez	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

3744 Griggs Ave Fort Worth, TX 76119

4/6/2023

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

NICKNAME	LAST	SUFFIX	Date Received

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
(682) 2039462				

6 CAMPAIGN TREASURER NAME

PREFIX	FIRST	MI	LAST	SUFFIX
Ms.	Jennifer		Crossland	

AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
			26

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	Receipt #	Amount $
4417 Tamworth Rd. Fort Worth, TX 76116				

8 CAMPAIGN TREASURER PHONE

MS / MRS / MR	NICKNAME	LAST	EXTENSION	Date Processed

AREA CODE	PHONE NUMBER	Date Imaged	STATE;	ZIP CODE
(310)	9802930			

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded Modified Reporting Limit
- 15th day after campaign treasurer appointment
- Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	2	16	23	THROUGH	4	6	23

11 ELECTION

[redacted]

5 / 6 / 23

Month Day

12 OFFICE

FWISD School Board Trustee D. 3

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.

ELECTION DATE

Month	Day	Year

ELECTION TYPE

Primary	Runoff	Other Description
General	Special	

Additional Pages

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CAND'DATE / OFF'CE-OLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

	2. **TOTAL POLITICAL CONTRIBUTIONS** (CONTRIBUTIONS MADE ELECTRONICALLY) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	2,094.22
EXPENDITURE TOTALS			0.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	$	
	4. **TOTAL POLITICAL EXPENDITURES**	$	2,056.41
CONTRIBUTION BALANCE	5	$	637.81
OUTSTANDING LOAN TOTALS	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by this the _____ day of

20 _____ to certify which, witness my hand and seal of office

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Valeria Nevárez

20 Filer ID (Ethics Commission Filers)

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
	[redacted]	0.00

[redacted]

TO FILER

[redacted]

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: 4

2 FILER NAME: Valeria Nevárez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	out-of-state PAC (ID#:)	**7** Amount of contribution ($)
02/18/2023	Valeria Nevárez		

6 Contributor address; City; State; Zip Code: 3744 Griggs Ave Fort Worth, TX 76119

8 Principal occupation / Job title (See Instructions): Property Management

9 Employer (See Instructions): Ramos Renovation LLC

Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution ($)
02/18/2023	Edward Perkins		

Contributor address; State; Zip Code: 16524 Cowboy Trl Fort Worth, TX 76247

Principal occupation / Job title (See Instructions): Automotive Technician

Employer (See Instructions): ark Place

Date	Full name of contributor	out-of-state PAC (	Amount of contribution ($)
02/21/2023	Heady Peña		

Contributor address; City; State; Zip Code: 4101 Alva Dr. Fort Worth, TX 76133

Date

out-of-state PAC

Principal occupation / Job title (See Instructions): Insurance Agent

Employer (See Instructions): Texas Insurance

City; State; Zip Code

[redacted]

Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution ($)
02/23/2023	Jennifer Crossland		

Contributor address;

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

[redacted] DO NOT include this page in the report

1 Total pages Schedule A1

4

3 Filer ID (Ethics Commission Filers)

4 Date

out-of-state PAC (I

7 Amount of contribution ($)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Graphic Designer

Self

[redacted]

Full name of contributor

out of state PAC (I

out of state PAC (ID#:

The Instruction Guide explains how to complete this form

2 FILER NAME

Contributor address; State; Zip Code

Valeria Nevárez

5 Full name of contributor

Principal occupation / Job title (See Instructions)

Daniela Barrientos

Employer (See Instructions)

out-of-state PAC

02/23/2023

Date

Full name of contributor

[redacted]

Amount of contribution ($)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Date

Full name of contributor

Amount of contribution ($)

Leti González

[redacted]

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 Nevárez

3 Filer ID (Eth Commission Filers)

5 Full name of contributor out-of-state PAC (ID#)
Elaine Hays

03/06/2023

[redacted]

out-of-state PAC (ID#:)

[redacted]

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

03/06/2023

Date Full name of contributor 4129 Inwood Rd. Fort Worth, TX 76109 Amount of contribution ($)

out-of-state PAC (ID#)

Contributor address; Employer (See Instructions)
If Employed

State; Zip Code

Donna Collins

03/07/2023

Contributor address; City; State; Zip Code
3701 Shelby Dr. Fort Worth, TX 76107

out-of-state PAC (I

[redacted]

Tiffany Bone

03/10/2023

701 Monticello Fort Worth, TX 76107

Marketing

Date Full name of contributor Amount of contribution ($)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

[redacted] DO NOT include this page in the report

[redacted] 1 Total pages [redacted] edule A1

3 Filer ID (Eth Commission Filers)

4 Date [redacted] 7 Amount of contribution ($)

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

CRS

Date Full name of contributor Amount of contribution ($)

out-of-state PAC (

Contributor address; City; State; Zip Code

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

Acct Manager State Farm

Date Full name of contributor Amount of contribution ($)

out-of-state PAC

City: State: Zip Code

[redacted]

FILER NAME

Valeria Nevárez

5 Full name of contributor

Gabriela Cedillo

03/13/2023

6 Contributor address; City; State; Zip Code

6704 Victoria Ave North Richland Hills, TX 76180

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)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement

The Instruction Guide explains how to complete this form

2 FILER NAME

Accounting/Banking | Fees | Office Overhead/Rental Expense
Consulting Expense | Food/Beverage Expense | Polling Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense
Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor

4 Date 8/1 1123 | 5 Paye ERAN 2A'S

7 Payee address; City; State; Zip Code

11350 11601 PARK VISTA BLVD AUSTIN 78759

8 PURPOSE FOOD/BEV EXP LAUNCH PARTY

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

1 Total pages Schedule F1 | 3 Filer ID (Ethics Commission Filers)

EXPENDITURE

(c)

6 Amount ($)

(b) Description

City

Check if travel outside of Texas Complete Schedule T.

Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

Office held

Category (See Categories listed at the top of this schedule)

1

Check if travel outside of Texas Complete Schedule T.

Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form

2 FILER NAME

4 Date 2/17/23 5 Payee name ASHER GILLASPIE

8 PURPOSE OF EXPENDITURE CONSULTING EXPENSE

6 Amount ($) (c) 7 Payee address; City; State; Zip Code

Date (b) Description

3/11/23 FORT WORTH HI TECH SIGNS CO.

$433 3120 BONNIE DR FWTX 76116

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Contribution/Donation Made By — Food/Beverage Expense — Polling Expense — Travel In District

Gift/Awards/Memorials Expense — Printing Expense — Travel Out Of District

Legal Services — Salaries/Wages/Contract Labor — Other (enter a category not listed above)

PURPOSE OF EXPENDITURE — Payee name

Amount ($) — Payee address; — City — State; — Zip Code — Office held

Date — Description

3/13/23 ASHER GILLASPIE

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought

Payee name

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers)

5

4/1/23

6 Amount ($) | 7 Payee address; | City; | State; | Zip Code

$ 109 VARIOUS

8 (b) Description

PURPOSE OF EXPENDITURE: TRAVEL IN DISTRICT

9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Payee name

3/23/23 FWRW

Amount ($) | Payee address; | State; | Zip Code

$35

Description

PURPOSE OF EXPENDITURE: MONTHLY LUNCHEON

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Date | Payee name

3/24/23 FOR LIBERTY + JUSTICE HOG HUNT + BBQ FUNDR ISEL

Am | Payee address; | City; | State; | Zip Code

$

Description

PURPOSE OF EXPENDITURE: EVENT EXPENSE SOLICITING VOTES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers)

8

EXPENDITURE

(c)

Date