CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Arthur NAME Date Received NICKNAME LAST SUFFIX Valdez RECEIVED 10:46a.m. 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE CITY: **OFFICEHOLDER** APR 04 2025 MAILING 402 Taft Blvd San Antonio Tx 78225 **ADDRESS** Superintendent's Office Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210)473-0056 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** Lavonne Mrs R Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Gonzalez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY: CAMPAIGN TREASURER 78225 410 Taft Blvd San Antonio Tx **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 24 /2025 2025 THROUGH ELECTION TYPE FLECTION DATE 11 ELECTION Primary Runoff Other Day Description -General Special 25 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Saisd Board Trustee District 4 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 3,412	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00	
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.			
Certher V. Valda			
	Signature of Candidate or Officeborder		
	Signature of Carr	didate of Officereder	
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.			
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath	
OR			
(2) Unsworn Declaration			
My name is, and my date of birth is			
My address is,,,			
	, , ,	ate) (zip code) (country)	
Executed in	County, State of , on the day of(month)	, 20	
	(month)	(year)	
	Signature of Candida	te/Officeholder (Declarant)	