#### **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. 3 CANDIDATE/ MS / MRS / MR FIRST МI OFFICE USE ONLY OFFICEHOLDER MR **RICARDO** NAME Date Received NICKNAME LAST SUFFIX RICHY VALENZUELA RECEIVED 4 CANDIDATE / **OFFICEHOLDER** JAN 0 2 2025 MAILING **ADDRESS** JEANNIE ASH Elections Administrator, Hunt County, TX Date Hand-days and Date Postmarked Change of Address PHONE NUMBER CANDIDATE/ AREA CODE **EXTENSION OFFICEHOLDER PHONE** Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN DMINSTRATOR MON **TREASURER** TAMMY **MRS** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged VALENZUELA STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN **TREASURER** 1866 CR 4105 **GREENVILLE ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE 450-7860 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 31 24 7 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description Special 24 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CONSTABLE PCT 1 CONSTABLE PCT 1 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 14 NOTICE FROM POLITICAL. CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE ADDRESS

GENERAL

**SPECIFIC** 

Additional Pages

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME RICARDO J VALENZ	UELA	16 Filer ID (E	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			
. 8.3	4. TOTAL POLITICAL EXPENDITURES	\$	0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	625.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	1,000.00			
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct a	and includes all information			
required to be reported by me under Title 15, Election Code.    Color   Color     Co						
Please complete either option below:						
SIERRA MARTIN  Notary Public, State of Texas  Comm. Expires 06-21-2026  Notary ID 133821122  NOTARY STAMP/SEAL						
Sworn to and subscribed before me by Licha Valenzuela this the 2 day of Tanuary,						
20						
Signature of officer administer	ing oath Printed name of officer administering oath	Title o	of officer administering oath			
	OR					
(2) Unsworn Declaration	on					
My name is	, and my date of birth is					
My address is		1				
		state) (zip co	de) (country)			
Executed in	County, State of, on theday of(month	, , ,	, , , , , , , , , , , , , , , , , , , ,			
	Signature of Candid	late/Officeholde	r (Declarant)			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME  ICARDO J VALENZUELA  20 Filer ID (Ethics Commissi		on Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	1,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

SCHEDULE E **LOANS** If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME RICARDO J VALENZUELA \$ 1,000.00 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#: 10/13/2023 1,000.00 RICARDO J VALENZUELA 10 Interest rate Is lender 8 Lender address; State: Zip Code 0.00 a financial Institution? 11 Maturity date □ Y ■ N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) **HUNT COUNTY CONSTABLE** CONSTABLE 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION Zip Code 18 Guarantor address; City; State: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ Interest rate City; State; Zip Code is lender Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City: State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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 d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME RICARDO J VALENZUELA		3 Filer ID (Ethics	Commission Filers)	
4 Date 12/31/2024	5 Payee name RICARDO J VALENZUELA				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
675.00	1866 CR 4105	GREENVI	LLE TX	75401	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	LOAN REPAYMENT/REIMBURSEMENT	REIMBURSEN	MENT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX. officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RICARDO J VALENZUEŁA	Office sought Office held CONSTABLE PCT1			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Fin	ai Report* ••		
1 C/OH	RDO J VALENZUELA	2 Filer ID (Ethics Commission Filers)		
	NATURE			
desig	not expect any further political contributions or political expenditures in connection with report as a final report terminates my campaign treasurer appointment. I also paign contributions or make any campaign expenditures without a campaign treasurer appointment. Signatures	understand that I may not accept any		
4 FILER WHO IS NOT AN OFFICEHOLDER    → Complete A & B below <i>only</i> if you are not an officeholder.   →				
A.	CAMPAIGN FUNDS			
Ch	eck only one:			
	I do not have unexpended contributions or unexpended interest or income earned fi	rom political contributions.		
	I have unexpended contributions or unexpended interest or income earned from pol may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended politinterest or income earned on political contributions in accordance with the requirement.	ome earned on political contributions to contributions and that I may not retain tributions longer than six years after ical contributions and unexpended		
В.	ASSETS			
Ch	eck only one:			
	I do not retain assets purchased with political contributions or interest or other incor	ne from political contributions.		
	I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to		
		Signature of Candidate		
	ICEHOLDER omplete this section <i>only</i> if you are an officeholder ••			
	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions i an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as		
	S	ignature of Officeholder		