

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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) 93-3172832	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
Donald Vallier			
Date Received OCT 11 2023 PM 1:18			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
4103 Bear Creek Trace Baytown, TX. 77521 Change of Address		OCT 11 2023 PM 1:18	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$	
(409) 791-0237		OCT 11 2023 PM 1:18	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI	Date Processed	Date Imaged
	NICKNAME LAST SUFFIX	10/11/23	
Donald Vallier		10/11/23	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
4103 Bear Creek Trace Baytown, TX. 77521			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(409) 791-0237			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
8 / 09 / 23 THROUGH 10 / 10 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	Primary Runoff Other Description	Special
11 / 07 / 23 <u>General</u>			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Baytown City Council District 4	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Donald Vallier 16 Filer ID (Ethics Commission Filers) 93-3172832

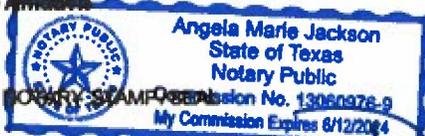
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,279.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,279.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	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.

Donald Vallier
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affirm



Sworn to and subscribed before me by Donald Vallier this the 16th day of October

20 23 to certify which, witness my hand and seal of office.

Angela Jackson Angela Jackson Notary/City Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Donald Vallier</i>		20 Filer ID (Ethics Commission Filers) <i>93-3172832</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,279.29</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>725.⁰⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>554.29</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1 of 3
2 FILER NAME Donald Vallier		3 Filer ID (Ethics Commission Filers) 93-3172832
4 Date 10-1-23	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Teems	7 Amount of contribution (\$) 50.⁰⁰
	6 Contributor address; City; State; Zip Code [REDACTED] Gadsden, AL 35904	
8 Principal occupation / Job title (See Instructions) Construction / Mechanic Operator		9 Employer (See Instructions) Valfair Construction
Date 9-30-23	Full name of contributor out-of-state PAC (ID#: _____) Jamar Zenn	Amount of contribution (\$) 50.⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521	
Principal occupation / Job title (See Instructions) operator		Employer (See Instructions) Motiva Enterprises
Date 9-20-23	Full name of contributor out-of-state PAC (ID#: _____) Crispina Powell	Amount of contribution (\$) 150.⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-15-23	Full name of contributor out-of-state PAC (ID#: _____) Darrell Rideaux	Amount of contribution (\$) 150.-
	Contributor address; City; State; Zip Code [REDACTED] LAKE ELMORE, CA 92532	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 2 of 3
2 FILER NAME Donald Vallier		3 Filer ID (Ethics Commission Filers) 93-3172832
4 Date 9-7-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delwyn Mitchell	7 Amount of contribution (\$) 100.⁰⁰
	6 Contributor address; City; State; Zip Code [Redacted] Houston, TX. 77021	
8 Principal occupation / Job title (See Instructions) Environmental Manager		9 Employer (See Instructions) Shell Oil
Date 9-6-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham Vallier	Amount of contribution (\$) 100.⁰⁰
	Contributor address; City; State; Zip Code [Redacted] Beaumont, TX. 77708	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 9-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherryl Vallier	Amount of contribution (\$) 75.⁰⁰
	Contributor address; City; State; Zip Code [Redacted] Baytown, TX. 77521	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 9-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Gill	Amount of contribution (\$) 50.⁰⁰
	Contributor address; City; State; Zip Code [Redacted] Baytown, TX. 77521	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME Donald Vallier		3 Filer ID (Ethics Commission Filers) 93-3172832
4 Date 9-9-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Vallier	7 Amount of contribution (\$) 554.29
6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521		
8 Principal occupation / Job title (See Instructions) Environmental Specialist		9 Employer (See Instructions) All Points Environmental
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1 of 2		2 FILER NAME Donald Vallier		3 Filer ID (Ethics Commission Filers) 93-3172832	
4 Date 9-7-23		5 Payee name Signs on the Cheap			
6 Amount (\$) 241.34		7 Payee address; 11525 Stonehollow Dr. B220 Ste.		City; State; Zip Code Austin, TX. 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement		(b) Description Political Signs		
	(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 Donald Vallier		Office sought Office held Baytown City Council District 4	
Date 9-24-23		Payee name Signs on the Cheap			
Amount (\$) 241.34		Payee address; 11525 Stonehollow Dr B220 Ste.		City; State; Zip Code Austin, TX. 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Political Signs		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Donald Vallier		Office sought Office held Baytown City Council District 4	
Date 9-24-23		Payee name Vista Print			
Amount (\$) 157.62		Payee address; 275 Wyman St.		City; State; Zip Code Waltham, MA. 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement		Description Political cards/Door Hangers		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Donald Vallier		Office sought Office held Baytown City Council District 4	

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Donald Vallier	3 Filer ID (Ethics Commission Filers) 93-3172832
4 Date 9-9-23	5 Payee name Signs on the Cheap	
6 Amount (\$) 84.70	7 Payee address; City; State; Zip Code 11525 Stonehollow Ln Austin, TX. 78758 Box 20 etc	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Political Sign Holders
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Donald Vallier Baytown City Council District 4	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Donald Vallier	3 Filer ID (Ethics Commission Filers) 93-3172832
4 Date 9-8-23	5 Payee name Vista Print	
6 Amount (\$) 396.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 275 Wyman St.	City; State; Zip Code Waltham, MA. 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Political signs/Apparel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Donald Vallier	Office sought Baytown City Council District 4
Date 8-28-23	Payee name Vista Print	
Amount (\$) 82.77 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 Wyman St.	City; State; Zip Code Waltham, MA. 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Political cards/Door Hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Donald Vallier	Office sought Baytown City Council District 4
Date 9-9-23	Payee name Signs on the Cheap	
Amount (\$) 75.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1525 Stonehollow Dr. B220 Ste.	City; State; Zip Code Austin, TX. 78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Political Sign Holders
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Donald Vallier	Office sought Baytown City Council District 4

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