

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)

2 Total pages filed: **46**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Shariene W
Valdez

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 2863 Conroe TX 77305

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 203-4277

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

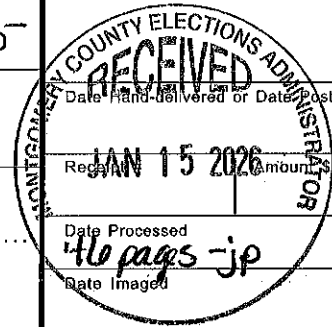
MI

NICKNAME

LAST

SUFFIX

Mr Michael M
Valdez



7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

412 W Phillips St., Ste 119 Conroe TX 77301

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 398-6857

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Judge, County Court at Law No 6

13 OFFICE SOUGHT (if known)

Judge, County Court at Law No 6

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Scharlene W Valdez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,684.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,325.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,499.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Scharlene W Valdez and my date of birth is 04.17.1968
 My address is PO Box 2863 Conroe, TX, 77305, Montgomery.
 (street) (city) (state) (zip code) (country)
 Executed in Montgomery County, State of Texas, on the 15th day of January, 2016.
 (month) (year)
Scharlene W. Valdez
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Scharlene W Valdez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,825.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,859.11
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31,325.79
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 809.19
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: 21
2 FILER NAME: Scharlene W Valdez		3 Filer ID (Ethics Commission Filers)
4 Date: 8/15/2025	5 Full name of contributor: Yollick Law Firm PC <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code: 104 W. Davis St. Conroe TX 77381	7 Amount of contribution (\$): 2,500.00
8 Principal occupation / Job title (See Instructions): Law Firm		9 Employer (See Instructions):
Date: 8/18/2025	Full name of contributor: Megan Rapp <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: 47 Chelsea Bridge Ct. Spring TX 77382	Amount of contribution (\$): 250.00
Principal occupation / Job title (See Instructions): Lawyer		Employer (See Instructions): Kean Miller
Date: 8/18/2025	Full name of contributor: Tamara Holland <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: 9198 SilverBack Tr Conroe TX 77303	Amount of contribution (\$): 50.00
Principal occupation / Job title (See Instructions): Lawyer		Employer (See Instructions): Montgomery County - County Attorney Office
Date: 8/18/2025	Full name of contributor: Zach Mathis <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: 31519 Agassi Ct Magnolia TX 77354	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions): Lawyer		Employer (See Instructions): Kean Miller
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sheela Thomas</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>609 Spokane River Rd Montgomery TX 77316</i>		
8 Principal occupation / Job title (See Instructions) <i>Sales</i>		9 Employer (See Instructions) <i>Consolidated Communications</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Deborah Graham</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>27 Camden Oaks Ln Montgomery TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Deborah Crespo</i>	Amount of contribution (\$) <i>160.00</i>
Contributor address; City; State; Zip Code <i>1996 Canyon Live Oak St Conroe TX 77384</i>		
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Connect Realty</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Caroline Hatakey</i>	Amount of contribution (\$) <i>125.00</i>
Contributor address; City; State; Zip Code <i>10301 Autumn Run Ln Conroe TX 77384</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.		

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Heath</i>	7 Amount of contribution (\$) <i>125.00</i>
6 Contributor address; City; State; Zip Code <i>2400 Ellis Park Ln Conroe TX 77304</i>		
8 Principal occupation / Job title (See Instructions) <i>President</i>		9 Employer (See Instructions) <i>Strategy 116</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Madison Perry</i>	Amount of contribution (\$) <i>225.00</i>
Contributor address; City; State; Zip Code <i>13610 Stowe Rd Conroe TX 77306</i>		
Principal occupation / Job title (See Instructions) <i>Bookkeeper</i>		Employer (See Instructions) <i>Self-Asst Office Solutions</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raymond McDonald Campaign</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>PO Box 31 Conroe TX 77305</i>		
Principal occupation / Job title (See Instructions) <i>Pastor</i>		Employer (See Instructions) <i>Vineyard Church of Conroe</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Nataray</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>10301 Autumn Run Ln Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Walker</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 2145 Willis TX 77378</i>		
8 Principal occupation / Job title (See Instructions) <i>Commissioner Pct 1</i>		9 Employer (See Instructions) <i>Montgomery County</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert S Bartlett</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1103 N 1st St Conroe TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Solo Practitioner</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>The Buys Firm</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1503 Hailly Conroe TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions)
Date <i>8/19/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Benik Nalati</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1604 N Frazier St Conroe TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Joe's Pizza</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>B.D. Griffin</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code <i>140 Wade Pointe Dr Montgomery TX 77316</i>		
8 Principal occupation / Job title (See Instructions) <i>County Attorney</i>		9 Employer (See Instructions) <i>Montgomery County</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Philip Cash for Constable Campaign</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>PO Box 2099 Willis TX 77378</i>		
Principal occupation / Job title (See Instructions) <i>Constable Pct 1</i>		Employer (See Instructions) <i>Montgomery County</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raura Marburger PC</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>307N Sandacinto St Conroe TX 77381</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Sole Practitioner</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stephen T Scott</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>11010 Blue Bell Dr Willis TX 77318</i>		
Principal occupation / Job title (See Instructions) <i>Business Coach</i>		Employer (See Instructions) <i>Steve Scott, The Houston Business Coach</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Semmler</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>835 Bardsbrook Cir. The Woodlands TX 77382</i>		
8 Principal occupation / Job title (See Instructions) <i>School Board Trustee - Pos 4</i>		9 Employer (See Instructions) <i>Conroe ISD</i>
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Ann Darcy</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>577 Edgewood Dr Montgomery TX 77356</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Norris</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3501 Falcon Way Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/18/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Curt Maddox Campaign</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>104 Timberside Dr Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Chief Operating Officer</i>		Employer (See Instructions) <i>Conroe Golf Cars Inc.</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/18/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William S Masden Campaign</i>	7 Amount of contribution (\$) <i>150.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 77 Magnolia TX 77363</i>		
8 Principal occupation / Job title (See Instructions) <i>Deputy Constable</i>		9 Employer (See Instructions) <i>Montgomery Co Constable Pct 5</i>
Date <i>8/22/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ann Marie Ronsman</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>135 Angie Lane Montgomery TX 77316</i>		
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Child Advocates of Montgomery Co.</i>
Date <i>8/27/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kerry Dover</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>28656 Deer Run St Montgomery TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Dover Insurance Agency PC</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Grimes</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2203 Timberloch Pl Ste 231 The Woodlands TX 77354</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Grimes & Keetha PC</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/2/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Danielle Campbell</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>25511 Budde Rd Ste 101 The Woodlands TX 77380</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Danielle McCampbell Attorney at Law</i>
Date <i>9/5/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rene Rogers</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>138 Amulet Oaks Ct Spring TX 77382</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Wham & Rogers PLLC</i>
Date <i>9/8/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Glutek</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>24823 Pacific Dunes Ln Spring TX 77389</i>		
Principal occupation / Job title (See Instructions) <i>Civil Engineer</i>		Employer (See Instructions) <i>DTS Engineering Inc.</i>
Date <i>9/8/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stilwell, Earl & Apostolakis LLP</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>128 Vision Park Blvd Ste 140 Shenandoah TX 77384</i>		
Principal occupation / Job title (See Instructions) <i>Raw Film</i>		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.

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/8/2005</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rynn Esposito</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 681 Conroe TX 77305</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Rynn E Esposito</i>
Date <i>9/8/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kimberly Gassmann-Schantz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>225 E Summerhaze Cir The Woodlands TX 77382</i>		
Principal occupation / Job title (See Instructions) <i>Headhunter</i>		Employer (See Instructions) <i>MPG</i>
Date <i>9/8/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sabrina Rahiri</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>11 Maplecroft PL Conroe TX 77381</i>		
Principal occupation / Job title (See Instructions) <i>Surgeon</i>		Employer (See Instructions) <i>Self</i>
Date <i>9/8/2005</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cat Parks</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>444 County Rd 204 Hamilton TX 76531</i>		
Principal occupation / Job title (See Instructions) <i>Rancher</i>		Employer (See Instructions) <i>Self</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/9/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>The Blair Law Firm</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>7 Grogan's Park Dr Bld #3 The Woodlands TX 77380</i>		
8 Principal occupation / Job title (See Instructions) <i>Law Firm</i>		9 Employer (See Instructions)
Date <i>9/9/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melise Miller Campaign Fund</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>18319 Grimes Rd Cleveland TX 77328</i>		
Principal occupation / Job title (See Instructions) <i>District Clerk</i>		Employer (See Instructions) <i>Montgomery County</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Erica Jackson Law PLLC</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2219 Sawdust Rd Ste 1701 The Woodlands TX 77380</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>9/9/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Crystal Moore</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>17106 Leon Ct. Splendora TX 77372</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions) <i>Moore Texas Air Mechanical Serv LLC</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/9/2025</i>	5 Full name of contributor <i>Tammy McKee Tax A/c Campaign</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; <i>10 Capshaw Ct Conroe TX 77385</i>	7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions) <i>Tax Assessor and Collector</i>		9 Employer (See Instructions) <i>Montgomery County</i>
Date <i>9/9/2025</i>	Full name of contributor <i>Stacie C. Berg</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>70 N Misty Morning Trce The Woodlands TX 77381</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>Administration</i>		Employer (See Instructions) <i>Project Beacon</i>
Date <i>9/9/2025</i>	Full name of contributor <i>Chris Semmler</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>83 S. Bardsbrook Cir The Woodlands TX 77382</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>American Maritime Officers</i>
Date <i>9/9/2025</i>	Full name of contributor <i>Deborah L. Thompson</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>2102 Travis St Ste 280 Houston TX 77002</i>	Amount of contribution (\$) <i>75.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>

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 FILER NAME

Scharlene W. Valdez

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/2025

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard Franks

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

14 Highland Cir The Woodlands TX 77381

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

-

Date

9/11/2025

Full name of contributor

☐ out-of-state PAC (ID#:

Jeremy Dishongh

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

332 N main St Conroe TX 77381

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of Jeremy Dishongh PLLC

Date

9/11/2025

Full name of contributor

☐ out-of-state PAC (ID#:

Chris Allen

Amount of contribution (\$)

2,390.00

Contributor address;

City;

State;

Zip Code

430 N main St Conroe TX 77381

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

9/16/2025

Full name of contributor

☐ out-of-state PAC (ID#:

Lawrence Traw

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

3842 Ralwood Dr Montgomery TX 77356

Principal occupation / Job title (See Instructions)

Retired

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.

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Reslie Garcia</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>148 Magnolia Reserve Ln Magnolia TX 77354</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Reslie A. Garcia PLLC</i>
Date <i>9/22/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frank Hidalgo Jr</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>19 Redwood Cir Newman GA 30263</i>		
Principal occupation / Job title (See Instructions) <i>Law Enforcement Trainer</i>		Employer (See Instructions) <i>Noble LLC</i>
Date <i>9/17/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Janis Stover</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>660 S. 7th St Silsbee TX 77656</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/22/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert J. Mensinger</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>66 E Sundance Cir The Woodlands TX 77382</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/26/2025</i>	5 Full name of contributor <i>Bennie Darryl Rush</i> <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) <i>1,500.00</i>
6 Contributor address; City; State; Zip Code <i>1310 11th St Ste 300 Huntsville TX 77340</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9/26/2025</i>	Full name of contributor <i>Ray Burgess</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>1,500.00</i>
Contributor address; City; State; Zip Code <i>9 Rusty Ridge Pl The Woodlands TX 77381</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>9/26/2025</i>	Full name of contributor <i>Vinson & Elkins TX PAC</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>845 Texas Ave Ste 4700 Houston TX 77002</i>		
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions)
Date <i>9/26/2025</i>	Full name of contributor <i>Mary Lummell</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>25223 Spring Ridge Dr Spring TX 77386</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lawrence Traw</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code <i>3842 Hallwood Dr. Montgomery TX 77356</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/29/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Crain, Caton & James</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1401 McKinney St 1700 Five Houston Center Houston TX 77010</i>		
Principal occupation / Job title (See Instructions) <i>Law firm</i>		Employer (See Instructions)
Date <i>10/3/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elliott & Rittle</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>817 N. Thompson St Conroe TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Law firm</i>		Employer (See Instructions) <i>[Paula Elliott * 5,000.00] & Wayne Rittle * 5,000.00]</i>
Date <i>10/27/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. Rinzer</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>322 N Main St Conroe TX 77301</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Rinzer & Gaines</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/29/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark Wham</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>138 Amulet Oaks Ct Spring TX 77382</i>		
8 Principal occupation / Job title (See Instructions) <i>Lawyer</i>		9 Employer (See Instructions) <i>Wham + Rogers PLLC</i>
Date <i>10/23/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Duane T. Corley</i>	Amount of contribution (\$) <i>2,500.00</i>
Contributor address; City; State; Zip Code <i>11111 Leonidas Horton Rd Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Attorney - Retired</i>		Employer (See Instructions) <i>Self</i>
Date <i>11/3/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kymberly Crane</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>16543 Hunters Trl Montgomery TX 77356</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		Employer (See Instructions) <i>Self</i>
Date <i>11/3/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rynn Esposito</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>PO Box 681 Conroe TX 77305</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Rynn E. Esposito PC</i>

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 FILER NAME Scharlene W. Valdez		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/2025	5 Full name of contributor Wendy Ojeda Hunter <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 118 W Pauline St Conroe TX 77301		
8 Principal occupation / Job title (See Instructions) doctor-toxicologist/pharmacologist legal assistant		9 Employer (See Instructions) Hopkins Law Firm
Date 11/4/2025	Full name of contributor Deborah L. Thompson <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 27 Woodmere Pl Spring TX 77381		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deborah L. Thompson PLLC
Date 11/7/2025	Full name of contributor Matthew Mussalli <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 2 Coverdell Park Pl The Woodlands TX 77382		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Mussalli
Date 11/8/2025	Full name of contributor Risa Bruce <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2219 Sawdust Rd Ste 1701 The Woodlands TX 77386		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bruce Law Firm PLLC

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/10/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Adam W. Dietrich PC</i>	7 Amount of contribution (\$) <i>1,500.00</i>
6 Contributor address; City; State; Zip Code <i>215 Simonton St Conroe TX 77381</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>11/12/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lene Rogers</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>138 Amulet Oaks Ct Spring TX 77382</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Wham & Rogers PLLC</i>
Date <i>11/13/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Keith Gilbert</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>570 Tall Pines Dr Magnolia TX 77354</i>		
Principal occupation / Job title (See Instructions) <i>Managing Attorney</i>		Employer (See Instructions) <i>Gilbert Group</i>
Date <i>11/17/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan Michalk</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>21 Waterway Ave Ste 500 Spring TX 77380</i>		
Principal occupation / Job title (See Instructions) <i>Finance</i>		Employer (See Instructions) <i>Waterway Wealth Mgmt</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/21/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gauntt Koen Binney & Kidd</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>25708 I 45N Ste 130 Spring TX 77386</i>		
8 Principal occupation / Job title (See Instructions) <i>Law Firm</i>		9 Employer (See Instructions)
Date <i>11/24/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Olympia Sacaciu</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>13570 Needham Pl Willis TX 77318</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Olympia Law Firm PLLC</i>
Date <i>11/24/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Casey</i>	Amount of contribution (\$) <i>1,500.00</i>
Contributor address; City; State; Zip Code <i>1627 Woodhewer Dr Spring TX 77386</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11/13/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. Steven Weisinger</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2040 N Loop 336 W Ste 201 Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/10/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Davis Newsome PC</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>14614 Falling Creek Dr Ste 114 Houston TX 77068</i>		
8 Principal occupation / Job title (See Instructions) <i>Law firm</i>		9 Employer (See Instructions)
Date <i>11/13/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Offices of Michael Seiler PLLC</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>8700 Research Forest Dr Ste 101 Spring TX 77381</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>11/17/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Amy Montgomery</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>125 Tehama Ct Montgomery TX 77316</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Reiter Montgomery PC</i>
Date <i>12/31/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ritch Wheeler</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>25511 Budde Rd Baylor Bldg #302 The Woodlands TX 77380</i>		
Principal occupation / Job title (See Instructions) <i>Commissioner Pot 3</i>		Employer (See Instructions) <i>Montgomery County</i>

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 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/13/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ed Dolphin</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>15884 Koenig Ln Conroe TX 77384</i>		
8 Principal occupation / Job title (See Instructions) <i>Arborist</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>9/12/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jeane Truie</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>244 Bentwood Dr Montgomery TX 77354</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/17/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Quinn</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>27 Waterford Circle The Woodlands TX 77381</i>		
Principal occupation / Job title (See Instructions) <i>Advocacy specialist</i>		Employer (See Instructions) <i>Child Advocates of Montgomery County</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>5</u>	
2 FILER NAME <u>Scharlene W Valdez</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <u>10/29/2025</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>The Blair Law Firm PC</u>			8 Amount of Contribution \$ <u>350.00</u>	9 In-kind contribution description <u>(10) Boxes of yard stakes</u>
7 Contributor address; City; State; Zip Code <u>#17 Grogan's Park Dr Red bud Bldg The Woodlands TX 77380</u>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>				11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>Law Firm</u>				13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>N/A</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>The Blair Law Firm PC</u>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>N/A</u>					

Date <u>11/17/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Stibbs & Co. Attorneys</u>			Amount of Contribution \$ <u>2,957.27</u>	In-kind contribution description <u>Event Hosting food, decorations</u>
Contributor address; City; State; Zip Code <u>831 Crossbridge Dr Spring TX 77373</u>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>				Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
Contributor's principal occupation (FOR JUDICIAL) <u>Law Firm</u>				Contributor's job title (FOR JUDICIAL) (See Instructions) <u>N/A</u>	
Contributor's employer/law firm (FOR JUDICIAL) <u>Stibbs & Co. Attorneys</u>				Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/2025</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rundsey Kasprzak</i>	8 Amount of Contribution \$ <i>1,400.00</i>	9 In-kind contribution description: <i>graphic design printing fundraising event</i>
7 Contributor address: City; State; Zip Code <i>27 Grand Regency The Woodlands TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>CEO</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>CEO</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Apricity Foundation</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Clyde Vogel</i>	Amount of Contribution \$ <i>500.00</i>	In-kind contribution description: <i>Fundraiser event</i>
Contributor address: City; State; Zip Code <i>3311 Hamilton Ave Conroe TX 77304</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
Contributor's principal occupation (FOR JUDICIAL) <i>Law enforcement officer</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Police Officer</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>City of Conroe TX</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/2025</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Crystal Moore</i>	8 Amount of Contribution \$ <i>650.08</i>	9 In-kind contribution description <i>Fundraiser event</i>
7 Contributor address; City; State; Zip Code <i>17106 Reon Ct Splendora TX 77372</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>Business Owner</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Moore Texas Air Mechanical Svc LLC</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>11/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hopkins Centrich Law</i>	Amount of Contribution \$ <i>809.96</i>	In-kind contribution description <i>Fundraiser event</i>
Contributor address; City; State; Zip Code <i>8701 New Trails Dr Ste 200 The Woodlands TX 77381</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>N/A</i>	
Contributor's principal occupation (FOR JUDICIAL) <i>Law Firm</i>		Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>Hopkins Centrich Law</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Burgess PLLC Mediation Services	8 Amount of Contribution \$ 809.96	9 In-kind contribution description fundraiser event
7 Contributor address; City; State; Zip Code 815 W DAVIS Ste 300 Carroll TX 77301		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) Ray Burgess PLLC		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hope : Causey PC	Amount of Contribution \$ 809.96	In-kind contribution description fundraiser event
Contributor address; City; State; Zip Code 815 W DAVIS Ste 300 Carroll TX 77301		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) Law Firm		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) Hope : Causey PC		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Bays Firm</i>	8 Amount of Contribution \$ 809.96	9 In-kind contribution description fundraiser event
7 Contributor address; City; State; Zip Code 1503 Hailey St Conroe TX 77381		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) Law Firm		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) The Bays Firm		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Casey	Amount of Contribution \$ 762.00	In-kind contribution description fundraiser event
Contributor address; City; State; Zip Code 1627 Woodhue Dr Spring TX 77386		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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	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: 15	2 FILER NAME Scharlene W Valdez	3 Filer ID (Ethics Commission Filers)
4 Date 7/29/2025	5 Payee name IZORO Consulting	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 46 Edgemore Place The Woodlands TX 77381 <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expenses	(b) Description Campaign advisor
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 8/8/2025	Payee name Piney Rose Flowers : Decor	
Amount (\$) 240.08	Payee address; City; State; Zip Code 2417 Research Forest Dr Unit b The Woodlands TX 77381 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description flowers
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 8/20/2025	Payee name Guadaluparr's	
Amount (\$) 818.19	Payee address; City; State; Zip Code 219 Simon ton St Conroe TX 77301 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description Venue
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 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:		2 FILER NAME <i>Scharlene W. Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/20/2025</i>		5 Payee name <i>Liberty Beller Republican Women</i>			
6 Amount (\$) <i>20.08</i>		7 Payee address; City; State; Zip Code <i>PO Box 1081 Conroe TX 77305</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>fees /advertising</i>		(b) Description <i>lunches</i>	
		(c) <input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <i>8/25/2025</i>		Payee name <i>Debbie Dupree</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>c/o Guadalupe's 219 Simonton St Conroe TX 77301</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>		Description <i>food</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <i>8/27/2025</i>		Payee name <i>Woodforest National Bank</i>			
Amount (\$) <i>42.34</i>		Payee address; City; State; Zip Code <i>PO Box 7889 The Woodlands TX 77387</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>		Description <i>Check order</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 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:	2 FILER NAME <i>Scharlene W. Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/3/2025</i>	5 Payee name <i>Risa Gilmore</i>	
6 Amount (\$) <i>2,000.00</i>	7 Payee address; City; State; Zip Code <i>46 Edgemire Pl The Woodlands TX 77381</i> <input checked="" type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expenses</i>	(b) Description <i>Campaign advisor</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>9/9/2025</i>	Payee name <i>Sacred Heart Catholic School</i>		
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>4615 McDade St Conroe TX 77301</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	Description <i>fundraiser sponsor</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <i>9/9/2025</i>	Payee name <i>The Woodlands Republican Women</i>		
Amount (\$) <i>143.50</i>	Payee address; City; State; Zip Code <i>PO Box 7593 The Woodlands TX 77387</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees advertising expenses</i>	Description <i>luncheon</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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:		2 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/12/2025</i>		5 Payee name <i>Child Advocates of Montgomery County</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>505 N. Main St Comroe TX 77301</i> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees Advertising expenses</i>		(b) Description <i>0825 Hope Summit Supporting Sponsor</i>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>9/12/2025</i>		Payee name <i>Hands of Justice</i>			
Amount (\$) <i>650.00</i>		Payee address; City; State; Zip Code <i>25700 I-45 N Ste 400 The Woodlands TX 77386</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expenses</i>		Description <i>0925 Fundraiser Accessibility Sponsor</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>9/17/2025</i>		Payee name <i>Woodforest National Bank</i>			
Amount (\$) <i>31.94</i>		Payee address; City; State; Zip Code <i>PO Box 7389 The Woodlands TX 77387</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description <i>Deposit slips order</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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:	2 FILER NAME <i>Scharlene W. Valdez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>9/22/2025</i>	5 Payee name <i>Montgomery County Republican Women</i>
6 Amount (\$) <i>350.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 1766 Conroe TX 77305</i>
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting expense</i>	(b) Description <i>Readership Campaign Training</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>9/26/2025</i>	Payee name <i>JK Graphics Inc.</i>
Amount (\$) <i>211.09</i>	Payee address; City; State; Zip Code <i>118 Cape Conroe Dr Montgomery TX 77356</i>
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Thank you cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>10/2/2025</i>	Payee name <i>Risa Gilmore</i>
Amount (\$) <i>2000.00</i>	Payee address; City; State; Zip Code <i>46 Edgemire Pl The Woodlands TX 77381</i>
<input checked="" type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting expenses</i>	Description <i>Campaign advisor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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 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 FILER NAME Scharlene W Valdez	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 10/7/2025	5 Payee name The Woodlands Republican Women
-------------------------	--

6 Amount (\$) 333.88	7 Payee address; City; State; Zip Code PO Box 7593 The Woodlands TX 77387
-----------------------------	---

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expenses	(b) Description 2025 Fundraiser
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/10/2025	Payee name Splendora ISD Educational Foundation
Amount (\$) 500.00	Payee address; City; State; Zip Code 23419 Fm 2090 Splendora TX 77372

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expenses	Description 2025 Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/3/2025	Payee name Webb's Uniform Custom Apparel
Amount (\$) 878.80	Payee address; City; State; Zip Code 25275 Budde Rd Ste 1 Spring TX 77380

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expenses	Description t-shirts Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> 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 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:		2 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/16/2025</i>		5 Payee name <i>Boni's Woodlands Dance Co</i>			
6 Amount (\$) <i>832.48</i>		7 Payee address; City; State; Zip Code <i>9102 Forest Crossing The Woodlands TX 77381</i> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		(b) Description <i>Nutcracker Fundraiser</i>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/17/2025</i>		Payee name <i>East Montgomery County Republican Women</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 202 New Caney TX 77357</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>2025 Chili Cookoff Fundraiser</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/23/2025</i>		Payee name <i>Canva</i>			
Amount (\$) <i>400.00</i>		Payee address; City; State; Zip Code <i>Canva.com online</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>Pushcards</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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:	2 FILER NAME <i>Scharlene W. Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/2025</i>	5 Payee name <i>Society of Samaritans</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 912 Magnolia TX 77353</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expenses</i>	(b) Description <i>Back to 80s Fundraiser Purse Bingo</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/30/2025</i>	Payee name <i>Project Beacon</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>27316 Spectrum way Conroe TX 77385</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expenses</i>	Description <i>Fundraiser 2025</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/31/2025</i>	Payee name <i>Montgomery County Republican Women</i>	
Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>PO Box 1766 Conroe TX 77385</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expenses</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 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:	2 FILER NAME <i>Scharlene W Valdez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/31/2025</i>	5 Payee name <i>Society of Samaritans</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 912 Magnolia TX 77353</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	(b) Description <i>(Police Raffle) Back to 80s fundraiser Purse Bingo</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/31/2025</i>	Payee name <i>Society of Samaritans</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>PO Box 912 Magnolia TX 77353</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	Description <i>(Fire Raffle) Back to 80s fundraiser Purse Bingo</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/4/2025</i>	Payee name <i>Image 360</i>	
Amount (\$) <i>703.63</i>	Payee address; City; State; Zip Code <i>22632 Kuykendahl Rd Ste 1 Spring TX 77389</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Backdrop/campaign slogan</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 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:		2 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/4/2025</i>		5 Payee name <i>Woodforest National Bank</i>			
6 Amount (\$) <i>15.00</i>		7 Payee address; City; State; Zip Code <i>PO Box 7889 The Woodlands TX 77387</i> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		(b) Description <i>debit card fee setup</i>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>11/8/2025</i>		Payee name <i>Southwest Montgomery Co Chamber of Commerce</i>			
Amount (\$) <i>643.93</i>		Payee address; City; State; Zip Code <i>18423 FM 1488 Ste C Magnolia TX 77354</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		Description <i>Magic of Christmas Chamber Parade</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>11/9/2023</i>		Payee name <i>Family Promise of Montgomery County</i>			
Amount (\$) <i>1200.00</i>		Payee address; City; State; Zip Code <i>PO Box 692 Comroe TX 77305</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		Description <i>2025 Fish Fry Fundraiser</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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 FILER NAME <i>Scharlene W. Valdez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>11/10/2025</i>	5 Payee name <i>Best Buy Conroe</i>
--------------------------	-------------------------------------

6 Amount (\$) <i>1,098.39</i>	7 Payee address; <i>501 I-45 S</i> City; <i>Conroe</i> State; <i>TX</i> Zip Code <i>77304</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>accounting/banking</i>	(b) Description <i>equipment for campaign</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>11/10/2025</i>	Payee name <i>Family Promise of Montgomery County</i>
Amount (\$) <i>300.00</i>	Payee address; <i>PO Box 692</i> City; <i>Conroe</i> State; <i>TX</i> Zip Code <i>77305</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	Description <i>fundraiser luncheon</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>11/11/2025</i>	Payee name <i>Magnolia Education Foundation</i>
Amount (\$) <i>1030.30</i>	Payee address; <i>PO Box 55</i> City; <i>Magnolia</i> State; <i>TX</i> Zip Code <i>77353</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	Description <i>2025 Breakfast with Santa</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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 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 FILER NAME <u>Scharlene W Valdez</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/12/2025</u>		5 Payee name <u>Montgomery County Republican Party</u>			
6 Amount (\$) <u>1500.80</u>		7 Payee address: <u>18001 Hwy 105 W Ste 101 Montgomery TX 77356</u> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Filing Fee Candidate</u>	
		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Scharlene W Valdez</u> Office sought <u>Judge County Court at Law No 10</u> Office held <u>"SAME"</u>			
Date <u>11/13/2025</u>		Payee name <u>Thrive with Autism Foundation</u>			
Amount (\$) <u>731.01</u>		Payee address: <u>32100 Dribbin Huffsmith Magnolia TX 77354</u> City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expenses</u>		Description <u>2025 Fundraiser</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <u>11/14/2022</u>		Payee name <u>Alle Conner Area Republican Women</u>			
Amount (\$) <u>30.80</u>		Payee address: <u>PO Box 737 Montgomery TX 77356</u> City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>lunch</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 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 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/17/2025</i>		5 Payee name <i>Lisa Gilmore</i>			
6 Amount (\$) <i>1,000.00</i>		7 Payee address; City; State; Zip Code <i>46 Edgemire Pl The Woodlands TX 77381</i> <input checked="" type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting expenses</i>		(b) Description <i>Campaign advisor</i>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>11/19/2025</i>		Payee name <i>East Montgomery County Fair Association</i>			
Amount (\$) <i>2,899.44</i>		Payee address; City; State; Zip Code <i>21679 McCleskey Rd New Caney TX 77357</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		Description <i>2025 Fair</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>11/20/2025</i>		Payee name <i>Southwest Montgomery Co Chamber of Commerce</i>			
Amount (\$) <i>39.00</i>		Payee address; City; State; Zip Code <i>18423 FM 1488 Ste C Magnolia TX 77354</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees / advertising</i>		Description <i>lunches</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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:	2 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/23/2025</i>	5 Payee name <i>Table Covers Now</i>		
6 Amount (\$) <i>518.75</i>	7 Payee address; City; State; Zip Code <i>4000 Greenbriar Dr Ste 200 Stafford TX 77477</i> <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>		(b) Description <i>table covers with logo</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>12/03/2025</i>	Payee name <i>Risa Gilmore</i>		
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>440 Edgemore Place The Woodlands TX 77381</i> <input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expenses</i>		Description <i>Campaign advisor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>12/6/2025</i>	Payee name <i>Liberty Belles Republican Women</i>		
Amount (\$) <i>35.00</i>	Payee address; City; State; Zip Code <i>PO Box 1081 Comroe TX 77305</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>		Description <i>luncheon</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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		2 FILER NAME <i>Scharlene W Valdez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/10/2025</i>		5 Payee name <i>Child Advocates of Montgomery County</i>			
6 Amount (\$) <i>\$2,000.00</i>		7 Payee address; City; State; Zip Code <i>505 N. Main St Conroe TX 77301</i> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		(b) Description <i>2026 Gala</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>12/19/2025</i>		Payee name <i>Speed Pro Magnolia</i>			
Amount (\$) <i>\$2,252.25</i>		Payee address; City; State; Zip Code <i>32503 Tamina Rd #1 Magnolia TX 77354</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		Description <i>Signs (yard signs, 4x4s)</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>12/23/2025</i>		Payee name <i>Webb's Uniform Custom Apparel</i>			
Amount (\$) <i>562.94</i>		Payee address; City; State; Zip Code <i>25275 Budde Rd Ste 1 Spring TX 77380</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>		Description <i>Rebrder t-Shirts Campaign</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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
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 G: 1	2 FILER NAME Scharlene W. Valdez	3 Filer ID (Ethics Commission Filers)
4 Date 8/13/2025	5 Payee name Differ Rubber Stamps Ltd	
6 Amount (\$) 511.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 915 Old Montgomery Rd Carroll TX 77301 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expenses	(b) Description car magnets, name tags
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/24/2025	Payee name Differ Rubber Stamps Ltd	
Amount (\$) 95.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 915 Old Montgomery Rd Carroll TX 77301 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description name tags
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/25/2025	Payee name Wix.com	
Amount (\$) 202.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description website domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

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 administering 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 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

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

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**