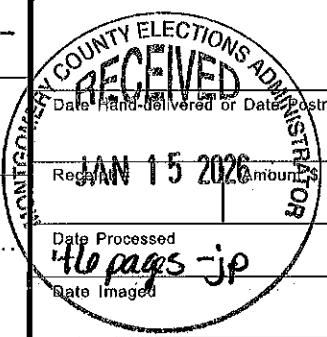


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <i>46</i>   |               |                  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <i>Mrs</i> FIRST <i>Sharlene</i> MI<br>NICKNAME LAST <i>Valdez</i> SUFFIX   |  |                                       | OFFICE USE ONLY<br>Date Received   |               |                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>Po Box 2863 Conroe TX 77305</i>  |  |                                       |   |               |                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE <i>(936)</i>  | PHONE NUMBER <i>203-4277</i>   | EXTENSION                             |  |               |                  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <i>Mr</i>   | FIRST <i>Michael</i> MI<br>NICKNAME LAST <i>Valdez</i> SUFFIX  |                                       |  |               |                  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>412 W Phillips St., Ste 119 Conroe TX 77301</i>   |  |                                       |  |               |                  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE <i>(713)</i>  | PHONE NUMBER <i>398-6857</i>   | EXTENSION                             |  |               |                  |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit  |  |                                       | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> Final Report (Attach C/OH - FR) |               |                  |
| 10 PERIOD COVERED  | Month <i>07</i>   | Day <i>101</i>   | Year <i>2025</i>                      | Month <i>12</i>  | Day <i>31</i> | Year <i>2025</i> |
| 11 ELECTION  | ELECTION DATE<br>Month <i>03</i> Day <i>03</i> Year <i>2026</i>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                       |  |               |                  |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Judge, County Court at Law No 6</i>  | 13 OFFICE SOUGHT (if known)<br><i>Judge, County Court at Law No 6</i>  |                                       |  |               |                  |
| 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. |  |                                       |  |               |                  |
| <input type="checkbox"/> Additional Pages  | COMMITTEE TYPE  | COMMITTEE NAME   |                                       |  |               |                  |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS  |                                       |  |               |                  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |                                       |  |               |                  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                       |  |               |                  |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

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

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 Charlene W Valdez, and my date of birth is 04.17.1968.  
My address is PO Box 2863, Conroe, TX, 77305, Montgomery.  
Executed in Montgomery County, State of Texas, on the 15th day of January, 2014.  
*Charlene W. Valdez*  
Signature of Candidate/Officeholder (Declarant)

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

|  |                           |  |
|--|---------------------------|--|
| 19 FILER NAME  | <i>Scharlene D Valdez</i> |  |
| 20 Filer ID (Ethics Commission Filers)   |                           |  |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>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<br>TO FILER | \$ -0-                    |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |   |   |   |   |
|---|---|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p>                        |   |   |   | 1 Total pages Schedule A1: <i>21</i>                    |
| <p><b>2 FILER NAME</b> <i>Scharlene W Valdez</i></p>                                    |   |   |   | <b>3 Filer ID (Ethics Commission Filers)</b>            |
| <b>4 Date</b><br><i>8/15/2025</i>   | <b>5 Full name of contributor</b><br><i>Yollick Law Firm PC</i>             | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |   | <b>7 Amount of contribution (\$)</b><br><i>2,500.00</i> |
|   | <b>6 Contributor address;</b><br><i>104 W. Davis St. Conroe TX 77301</i>    | City;   | State;  | Zip Code  |
| <p><b>8 Principal occupation / Job title (See Instructions)</b><br/><i>Law Firm</i></p> |   |   | <p><b>9 Employer (See Instructions)</b></p>   |   |
| <b>Date</b><br><i>8/18/2025</i>   | <b>Full name of contributor</b><br><i>Megan Rapp</i>                        | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |   | <b>Amount of contribution (\$)</b><br><i>250.00</i>     |
|   | <b>Contributor address;</b><br><i>47 Chelsea Bridge Ct. Spring TX 77382</i> | City;   | State;  | Zip Code  |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Lawyer</i></p>     |   |   | <p><b>Employer (See Instructions)</b><br/><i>Kean Miller</i></p>                                |   |
| <b>Date</b><br><i>8/18/2025</i>   | <b>Full name of contributor</b><br><i>Tamara Holland</i>                    | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |   | <b>Amount of contribution (\$)</b><br><i>50.00</i>      |
|   | <b>Contributor address;</b><br><i>9198 SilverBack Tr Conroe TX 77303</i>    | City;   | State;  | Zip Code  |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Lawyer</i></p>     |   |   | <p><b>Employer (See Instructions)</b><br/><i>Montgomery County - County Attorney Office</i></p> |   |
| <b>Date</b><br><i>8/18/2025</i>   | <b>Full name of contributor</b><br><i>Zach Mathis</i>                       | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |   | <b>Amount of contribution (\$)</b><br><i>100.00</i>     |
|   | <b>Contributor address;</b><br><i>31519 Agassi Ct Magnolia TX 77354</i>     | City;   | State;  | Zip Code  |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Lawyer</i></p>     |   |   | <p><b>Employer (See Instructions)</b><br/><i>Kean Miller</i></p>                                |   |

**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<br><i>Scharlene W. Valdez</i>                                |   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><i>8/18/2025</i>  | 5 Full name of contributor<br><i>Sheila Thomas</i>                  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | 7 Amount of contribution (\$)<br><i>25.00</i> |
| 6 Contributor address;<br><i>809 Spokane River Rd Montgomery TX 77316</i> | City;<br>State;<br>Zip Code   |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Sales</i>     | 9 Employer (See Instructions)<br><i>Consolidated Communications</i> |   |   |
| Date<br><i>8/18/2025</i>  | Full name of contributor<br><i>Deborah Graham</i>                   | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>50.00</i>   |
| Contributor address;<br><i>87 Camden Oaks Ln Montgomery TX 77356</i>      | City;<br>State;<br>Zip Code   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>     | Employer (See Instructions)   |   |   |
| Date<br><i>8/18/2025</i>  | Full name of contributor<br><i>Deborah Crespo</i>                   | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>160.00</i>  |
| Contributor address;<br><i>1996 Canyon Live Oak St Conroe TX 77304</i>    | City;<br>State;<br>Zip Code   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Realtor</i>     | Employer (See Instructions)<br><i>Connect Realty</i>                |   |   |
| Date<br><i>8/18/2025</i>  | Full name of contributor<br><i>Caroline Nataney</i>                 | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>125.00</i>  |
| Contributor address;<br><i>10301 Autumn Run Ln Conroe TX 77304</i>        | City;<br>State;<br>Zip Code   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>     | Employer (See Instructions)   |   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |   |  |   |
|--|---|--|---|
| <p>The Instruction Guide explains how to complete this form.</p>   |   |  | 1 Total pages Schedule A1:                            |
| <p><b>2 FILER NAME</b> <i>Scharlene W. Valdez</i></p>  |   |  | 3 Filer ID (Ethics Commission Filers)                 |
| <b>4 Date</b><br><i>8/18/2025</i>  | <b>5 Full name of contributor</b><br><i>David Heath</i>             | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                        | <b>7 Amount of contribution (\$)</b><br><i>125.00</i> |
| <p><b>6 Contributor address;</b><br/><i>2400 Ellis Park Ln Conroe TX 77304</i></p>   |   | City; State; Zip Code  |   |
| <p><b>8 Principal occupation / Job title (See Instructions)</b><br/><i>President</i></p>   |   | <p><b>9 Employer (See Instructions)</b><br/><i>Strategy 116</i></p>              |   |
| <b>Date</b><br><i>8/18/2025</i>  | <b>Full name of contributor</b><br><i>Madison Perry</i>             | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                        | <b>Amount of contribution (\$)</b><br><i>225.00</i>   |
| <p><b>Contributor address;</b><br/><i>13610 Stowe Rd Conroe TX 77306</i></p>   |   | City; State; Zip Code  |   |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Bookkeeper</i></p>  |   | <p><b>Employer (See Instructions)</b><br/><i>Self-Asset Office Solutions</i></p> |   |
| <b>Date</b><br><i>8/18/2025</i>  | <b>Full name of contributor</b><br><i>Raymond McDonald Campaign</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                        | <b>Amount of contribution (\$)</b><br><i>200.00</i>   |
| <p><b>Contributor address;</b><br/><i>P.O. Box 31 Conroe TX 77305</i></p>  |   | City; State; Zip Code  |   |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Pastor</i></p>  |   | <p><b>Employer (See Instructions)</b><br/><i>Vineyard Church of Conroe</i></p>   |   |
| <b>Date</b><br><i>8/18/2025</i>  | <b>Full name of contributor</b><br><i>Robert Nataway</i>            | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                        | <b>Amount of contribution (\$)</b><br><i>200.00</i>   |
| <p><b>Contributor address;</b><br/><i>10301 Autumn Run Ln Conroe TX 77304</i></p>  |   | City; State; Zip Code  |   |
| <p><b>Principal occupation / Job title (See Instructions)</b><br/><i>Retired</i></p>   |   | <p><b>Employer (See Instructions)</b></p>  |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |  |   |   |
|---|--|---|---|
| <p>The Instruction Guide explains how to complete this form.</p>  |  |   | 1 Total pages Schedule A1:                            |
| <b>2 FILER NAME</b><br><i>Scharlene W. Valdez</i>   |  |   | <b>3 Filer ID (Ethics Commission Filers)</b>          |
| <b>4 Date</b><br><i>8/18/2025</i>   | <b>5 Full name of contributor</b><br><i>Robert Walker</i>        | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>PO Box 2145 Willis TX 77378</i>       | <b>7 Amount of contribution (\$)</b><br><i>250.00</i> |
| <b>8 Principal occupation / Job title (See Instructions)</b><br><i>Commissioner 1st 1</i>   | <b>9 Employer (See Instructions)</b><br><i>Montgomery County</i> |   |   |
| <b>Date</b><br><i>8/18/2025</i>   | <b>Full name of contributor</b><br><i>Robert S Bartlett</i>      | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>1103 N 1st St Conroe TX 77301</i>     | <b>Amount of contribution (\$)</b><br><i>250.00</i>   |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Lawyer</i>   | <b>Employer (See Instructions)</b><br><i>SOLO Practitioner</i>   |   |   |
| <b>Date</b><br><i>8/18/2025</i>   | <b>Full name of contributor</b><br><i>The Bays Firm</i>          | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>1503 Hailay Conroe TX 77301</i>       | <b>Amount of contribution (\$)</b><br><i>1,000.00</i> |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Law Firm</i>   | <b>Employer (See Instructions)</b>                               |   |   |
| <b>Date</b><br><i>8/19/2025</i>   | <b>Full name of contributor</b><br><i>Brenik Nalati</i>          | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>1604 N Frazier St Conroe TX 77301</i> | <b>Amount of contribution (\$)</b><br><i>1,000.00</i> |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Business Owner</i>   | <b>Employer (See Instructions)</b><br><i>Joe's Pizza</i>         |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |   |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |   |   |        |  |
|--|---|---|--------|--|
| The Instruction Guide explains how to complete this form.  |   |   |        | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>   |   |   |        | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>8/18/2025</i>   | 5 Full name of contributor<br><i>B.D. Griffin</i>                     | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                     |        | 7 Amount of contribution (\$)<br><i>300.00</i> |
| 6 Contributor address:<br><i>140 Wade Pointe Dr Montgomery TX 77316</i>  |   | City;   | State; | Zip Code                                       |
| 8 Principal occupation / Job title (See Instructions)<br><i>County Attorney</i>  |   | 9 Employer (See Instructions)<br><i>Montgomery County</i>                     |        |  |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Philip Cash for Constable Campaign</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                     |        | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>PO Box 2099 Willis TX 77318</i>   |   | City;   | State; | Zip Code                                       |
| Principal occupation / Job title (See Instructions)<br><i>Constable Pct 1</i>  |   | Employer (See Instructions)<br><i>Montgomery County</i>                       |        |  |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Aaura Marburger PC</i>                 | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                     |        | Amount of contribution (\$)<br><i>250.00</i>   |
| Contributor address;<br><i>307 N Sandacinto St Conroe TX 77381</i>   |   | City;   | State; | Zip Code                                       |
| Principal occupation / Job title (See Instructions)<br><i>Lawyer</i>   |   | Employer (See Instructions)<br><i>Sole Practitioner</i>                       |        |  |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Stephen T Scott</i>                    | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                     |        | Amount of contribution (\$)<br><i>50.00</i>    |
| Contributor address;<br><i>11010 Blue Bell Dr Willis TX 77318</i>  |   | City;   | State; | Zip Code                                       |
| Principal occupation / Job title (See Instructions)<br><i>Business Coach</i>   |   | Employer (See Instructions)<br><i>Steve Scott, The Houston Business Coach</i> |        |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |        |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.  |   |   | 1 Total pages Schedule A1:                    |
| 2 FILER NAME <i>Scharlene D. Valdez</i>  |   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><i>8/18/2025</i>   | 5 Full name of contributor<br><i>Melissa Semmler</i>    | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | 7 Amount of contribution (\$)<br><i>50.00</i> |
| 6 Contributor address;<br><i>835 Bardsbrook Cir. The Woodlands TX 77382</i>  |   | City; State; Zip Code                                       |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>School Board Trustee - Pos 4</i>   |   | 9 Employer (See Instructions)<br><i>Conroe ISD</i>          |   |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Karen Ann Darcy</i>      | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>50.00</i>   |
| Contributor address;<br><i>577 Edgewood Dr Montgomery TX 77356</i>   |   | City; State; Zip Code                                       |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |   |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Daniel NORRIS</i>        | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>100.00</i>  |
| Contributor address;<br><i>3501 Falcon Way Conroe TX 77304</i>   |   | City; State; Zip Code                                       |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>  |   | Employer (See Instructions)                                 |   |
| Date<br><i>8/18/2025</i>   | Full name of contributor<br><i>Curt Maddox Campaign</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>100.00</i>  |
| Contributor address;<br><i>104 Timberside Dr Conroe TX 77304</i>   |   | City; State; Zip Code                                       |   |
| Principal occupation / Job title (See Instructions)<br><i>Chief Operating Officer</i>  |   | Employer (See Instructions)<br><i>Conroe Golf Cars Inc.</i> |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |   |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.                          |   |   | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>   |   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>8/18/2025</i>   | 5 Full name of contributor<br><i>William S. Masden Campaign</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br><i></i> )            | 7 Amount of contribution (\$)<br><i>150.00</i> |
| 6 Contributor address;<br><i>P.O. Box 77 Magnolia TX 77363</i>                     |   | City; State; Zip Code   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Deputy Constable</i>   |   | 9 Employer (See Instructions)<br><i>Montgomery Co Constable Pct 5</i>   |  |
| Date<br><i>8/22/2025</i>   | Full name of contributor<br><i>Ann Marie Ronsman</i>            | <input type="checkbox"/> out-of-state PAC (ID#:<br><i></i> )            | Amount of contribution (\$)<br><i>100.00</i>   |
| Contributor address;<br><i>135 Angie Lane Montgomery TX 77316</i>                  |   | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>CEO</i>                  |   | Employer (See Instructions)<br><i>Child Advocates of Montgomery Co.</i> |  |
| Date<br><i>8/27/2025</i>   | Full name of contributor<br><i>Kerry Dover</i>                  | <input type="checkbox"/> out-of-state PAC (ID#:<br><i></i> )            | Amount of contribution (\$)<br><i>50.00</i>    |
| Contributor address;<br><i>28656 Deer Run St Montgomery TX 77356</i>               |   | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>Sales</i>                |   | Employer (See Instructions)<br><i>Dover Insurance Agency PC</i>         |  |
| Date<br><i></i>  | Full name of contributor<br><i>Richard Grimes</i>               | <input type="checkbox"/> out-of-state PAC (ID#:<br><i></i> )            | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>2203 Timberloch Pkwy Ste 231 The Woodlands TX 77354</i> |   | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>             |   | Employer (See Instructions)<br><i>Grimes &amp; Rehtha PC</i>            |  |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                       |   |   | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>                                      |   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>9/2/2025</i>   | 5 Fullname of contributor<br><i>Danielle Campbell</i>                   | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                 | 7 Amount of contribution (\$)<br><i>250.00</i> |
| 6 Contributor address;<br><i>25511 Budde Rd Ste 101 The Woodlands TX 77380</i>  |   |   | City; State; Zip Code                          |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>        |   | 9 Employer (See Instructions)<br><i>Danielle Campbell Attorney at Law</i> |  |
| Date<br><i>9/5/2025</i>   | Full name of contributor<br><i>Rene Rogers</i>                          | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                 | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>138 Amulet Oaks Ct Spring TX 77382</i>               |   |   | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>          |   | Employer (See Instructions)<br><i>Wham &amp; Rogers PLLC</i>              |  |
| Date<br><i>9/8/2025</i>   | Full name of contributor<br><i>John Glutek</i>                          | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                 | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>24823 Pacific Dunes Ln Spring TX 77389</i>           |   |   | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Civil Engineer</i>    |   | Employer (See Instructions)<br><i>DTS Engineering Inc.</i>                |  |
| Date<br><i>9/8/2025</i>   | Full name of contributor<br><i>Stilwell, Earl &amp; Apostolakis LLP</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                 | Amount of contribution (\$)<br><i>1,000.00</i> |
| Contributor address;<br><i>128 Vision Park Blvd Ste 140 Shenandoah TX 77384</i> |   |   | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Law Firm</i>          |   | Employer (See Instructions)   |  |

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## MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form.   |  |   | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>  |  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>9/8/2025</i>   | 5 Full name of contributor<br><i>Lynn Esposito</i>           | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | 7 Amount of contribution (\$)<br><i>250.00</i> |
| 6 Contributor address;<br><i>P.O. Box 681</i>   | City;<br><i>Conroe</i>                                       | State;<br><i>TX</i>                                       | Zip Code<br><i>77305</i>                       |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>  | 9 Employer (See Instructions)<br><i>Lynn E Esposito</i>      |   |  |
| Date<br><i>9/8/2025</i>   | Full name of contributor<br><i>Kimberly Gassmann-Schantz</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>100.00</i>   |
| Contributor address;<br><i>225 E Summerhaze Ln</i>  | City;<br><i>The Woodlands</i>                                | State;<br><i>TX</i>                                       | Zip Code<br><i>77382</i>                       |
| Principal occupation / Job title (See Instructions)<br><i>Head hunter</i>   | Employer (See Instructions)<br><i>MPG</i>                    |   |  |
| Date<br><i>9/8/2025</i>   | Full name of contributor<br><i>Sabrina Rahiri</i>            | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>11 Maple Loft PL</i>   | City;<br><i>Conroe</i>                                       | State;<br><i>TX</i>                                       | Zip Code<br><i>77381</i>                       |
| Principal occupation / Job title (See Instructions)<br><i>Surgeon</i>   | Employer (See Instructions)<br><i>Self</i>                   |   |  |
| Date<br><i>9/8/2025</i>   | Full name of contributor<br><i>Cat Parks</i>                 | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>50.00</i>    |
| Contributor address;<br><i>444 County Rd 284</i>  | City;<br><i>Hamilton</i>                                     | State;<br><i>TX</i>                                       | Zip Code<br><i>76531</i>                       |
| Principal occupation / Job title (See Instructions)<br><i>Rancher</i>   | Employer (See Instructions)<br><i>Self</i>                   |   |  |
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## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| 2 FILER NAME<br><i>Scharlene W. Valdez</i>  |   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>9/9/2025</i>   | 5 Full name of contributor<br><i>The Blair Law Firm</i>                           | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | 7 Amount of contribution (\$)<br><i>1,000.00</i> |
| 6 Contributor address;<br><br><i>7 Grogan's Park Dr Bld #3 The Woodlands TX 77380</i> | City; State; Zip Code   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><br><i>Law Firm</i>          | 9 Employer (See Instructions)   |   |  |
| Date<br><i>9/9/2025</i>   | Full name of contributor<br><i>Melissa Miller Campaign Fund</i>                   | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>500.00</i>     |
| Contributor address;<br><br><i>18319 Grimes Rd Cleveland TX 77328</i>                 | City; State; Zip Code   |   |  |
| Principal occupation / Job title (See Instructions)<br><br><i>District Clerk</i>      | Employer (See Instructions)<br><br><i>Montgomery County</i>                       |   |  |
| Date<br><i>9/9/2025</i>   | Full name of contributor<br><i>Erica Jackson Law PLLC</i>                         | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>250.00</i>     |
| Contributor address;<br><br><i>2219 Sawdust Rd Ste 1701 The Woodlands TX 77380</i>    | City; State; Zip Code   |   |  |
| Principal occupation / Job title (See Instructions)<br><br><i>Attorney</i>            | Employer (See Instructions)<br><br><i>Self</i>                                    |   |  |
| Date<br><i>9/9/2025</i>   | Full name of contributor<br><i>Crystal Moore</i>                                  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>250.00</i>     |
| Contributor address;<br><br><i>17106 Leon Ct. Splendora TX 77372</i>                  | City; State; Zip Code   |   |  |
| Principal occupation / Job title (See Instructions)<br><br><i>business owner</i>      | Employer (See Instructions)<br><br><i>Moore Texas Air Mechanical Services LLC</i> |   |  |

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| <b>2 FILER NAME</b><br><i>Scharlene W. Valdez</i>   |  |   |                            | 3 Filer ID (Ethics Commission Filers)                                 |   |
| <b>4 Date</b><br><i>9/9/2025</i>  | <b>5 Full name of contributor</b><br><i>Tammy McRae Tax A/c Campaign</i> |   |                            | <b>6 Contributor address;</b><br><i>10 Capshaw Ct Conroe TX 77385</i> | <b>7 Amount of contribution (\$)</b><br><i>250.00</i> |
| <b>8 Principal occupation / Job title (See Instructions)</b><br><i>Tax Assessor and Collector</i> |  | <b>9 Employer (See Instructions)</b><br><i>Montgomery County</i>        |                            |   |   |
| <b>Date</b><br><i>9/9/2025</i>  | <b>Full name of contributor</b><br><i>Stacie C. Berg</i>                 |   |                            | <b>out-of-state PAC (ID#:</b><br><input type="checkbox"/>             | <b>Amount of contribution (\$)</b><br><i>250.00</i>   |
| <b>Contributor address;</b><br><i>70 N Misty Morning Trce The Woodlands TX 77381</i>              |  | <b>City;</b><br><i>The Woodlands</i>                                    | <b>State;</b><br><i>TX</i> | <b>Zip Code</b>   |   |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Administration</i>               |  | <b>Employer (See Instructions)</b><br><i>Project Beacon</i>             |                            |   |   |
| <b>Date</b><br><i>9/9/2025</i>  | <b>Full name of contributor</b><br><i>Chris Semmler</i>                  |   |                            | <b>out-of-state PAC (ID#:</b><br><input type="checkbox"/>             | <b>Amount of contribution (\$)</b><br><i>100.00</i>   |
| <b>Contributor address;</b><br><i>838. Bardsbrook Cir The Woodlands TX 77382</i>                  |  | <b>City;</b><br><i>The Woodlands</i>                                    | <b>State;</b><br><i>TX</i> | <b>Zip Code</b>   |   |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Engineer</i>                     |  | <b>Employer (See Instructions)</b><br><i>American Maritime Officers</i> |                            |   |   |
| <b>Date</b><br><i>9/9/2025</i>  | <b>Full name of contributor</b><br><i>Deborah L. Thompson</i>            |   |                            | <b>out-of-state PAC (ID#:</b><br><input type="checkbox"/>             | <b>Amount of contribution (\$)</b><br><i>75.00</i>    |
| <b>Contributor address;</b><br><i>3103 Travis St Ste 200 Houston TX 77002</i>                     |  | <b>City;</b><br><i>Houston</i>  | <b>State;</b><br><i>TX</i> | <b>Zip Code</b>   |   |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Attorney</i>                     |  | <b>Employer (See Instructions)</b><br><i>Self</i>                       |                            |   |   |

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| 2 FILER NAME<br><i>Charlene W. Valdez</i>                               |  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>09/19/2025</i>   | 5 Full name of contributor<br><i>Richard Franks</i>                      | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> ) | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address;<br><i>14 Highland Cir The Woodlands TX 77381</i> | City; State; Zip Code  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired</i> | 9 Employer (See Instructions)  |   |  |
| Date<br><i>9/11/2025</i>  | Full name of contributor<br><i>Jeremy Dishongh</i>                       | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> ) | Amount of contribution (\$)<br><i>1,000.00</i> |
| Contributor address;<br><i>332 N Main St Conroe TX 77381</i>            | City; State; Zip Code  |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>  | Employer (See Instructions)<br><i>Law Office of Jeremy Dishongh PLLC</i> |   |  |
| Date<br><i>9/11/2025</i>  | Full name of contributor<br><i>Chris Allen</i>                           | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> ) | Amount of contribution (\$)<br><i>2,390.00</i> |
| Contributor address;<br><i>430 N Main St Conroe TX 77381</i>            | City; State; Zip Code  |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>  | Employer (See Instructions)<br><i>Self</i>                               |   |  |
| Date<br><i>9/16/2025</i>  | Full name of contributor<br><i>Lawrence Tran</i>                         | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> ) | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>3842 Falconwood Dr Montgomery TX 77356</i>   | City; State; Zip Code  |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>   | Employer (See Instructions)  |   |  |

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| 2 FILER NAME<br><i>Charlene W. Valdez</i>   |  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>9/22/2025</i>  | 5 Full name of contributor<br><i>Leslie Garcia</i>     | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)     | 7 Amount of contribution (\$)<br><i>500.00</i> |
| 6 Contributor address;<br><i>148 Magnolia Reserve lp Magnolia TX 77354</i>            |  | City; State; Zip Code   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>              |  | 9 Employer (See Instructions)<br><i>Leslie A. Garcia PLLC</i> |  |
| Date<br><i>9/22/2025</i>  | Full name of contributor<br><i>Frank Hidalgo Jr</i>    | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)     | Amount of contribution (\$)<br><i>50.00</i>    |
| Contributor address;<br><i>19 Redwood Cr Newman GA 31263</i>                          |  | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>Law Enforcement Trainer</i> |  | Employer (See Instructions)<br><i>Noble LLC</i>               |  |
| Date<br><i>9/17/2025</i>  | Full name of contributor<br><i>Janis Stover</i>        | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)     | Amount of contribution (\$)<br><i>250.00</i>   |
| Contributor address;<br><i>660 S 7th St Silsbee TX 77656</i>                          |  | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                 |  | Employer (See Instructions)                                   |  |
| Date<br><i>9/22/2025</i>  | Full name of contributor<br><i>Robert J. Mensinger</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)     | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>66 E Sundance On The Woodlands TX 77382</i>                |  | City; State; Zip Code   |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>                |  | Employer (See Instructions)<br><i>Self</i>                    |  |

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| 2 FILER NAME<br><i>Scharlene W. Valdez</i>                                |   |   |        | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>9/26/2025</i>  | 5 Full name of contributor<br><i>Bennie Darryl Rush</i>       | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |        | 7 Amount of contribution (\$)<br><i>1,000.00</i> |
| 6 Contributor address;<br><i>1310 11th St Ste 380 Huntsville TX 77340</i> |   | City;   | State; | Zip Code   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>  |   | 9 Employer (See Instructions)<br><i>Self</i>              |        |  |
| Date<br><i>9/26/2025</i>  | Full name of contributor<br><i>Ray Burgess</i>                | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |        | Amount of contribution (\$)<br><i>1,500.00</i>   |
| Contributor address;<br><i>9 Rusty Ridge PL The Woodlands TX 77381</i>    |   | City;   | State; | Zip Code   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>    |   | Employer (See Instructions)<br><i>Self</i>                |        |  |
| Date<br><i>9/26/2025</i>  | Full name of contributor<br><i>Vinson &amp; Elkins TX PAC</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |        | Amount of contribution (\$)<br><i>2,500.00</i>   |
| Contributor address;<br><i>845 Texas Ave Ste 4700 Houston TX 77002</i>    |   | City;   | State; | Zip Code   |
| Principal occupation / Job title (See Instructions)<br><i>Law Firm</i>    |   | Employer (See Instructions)                               |        |  |
| Date<br><i>9/26/2025</i>  | Full name of contributor<br><i>Mary Lumrell</i>               | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) |        | Amount of contribution (\$)<br><i>50.00</i>      |
| Contributor address;<br><i>25223 Spring Ridge Dr Spring TX 77386</i>      |   | City;   | State; | Zip Code   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>     |   | Employer (See Instructions)                               |        |  |

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| <b>4 Date</b><br><i>9/29/2025</i>  | <b>5 Full name of contributor</b><br><i>Lawrence Tran</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>300.00</i>         | <b>7 Amount of contribution (\$)</b>  |
|  | <b>6 Contributor address;</b><br><i>3842 Ballwood Dr. Montgomery TX 77356</i>                        | City;      State;      Zip Code  |                                       |
| <b>8 Principal occupation / Job title (See Instructions)</b><br><i>Retired</i>                               |  | <b>9 Employer (See Instructions)</b>                                     |                                       |
| <b>Date</b><br><i>9/29/2025</i>  | <b>Full name of contributor</b><br><i>Craun, Caton &amp; James</i>                                   | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>250.00</i>         | <b>Amount of contribution (\$)</b>    |
|  | <b>Contributor address;</b><br><i>1401 McKinney St<br/>1700 Five Houston Center Houston TX 77010</i> | City;      State;      Zip Code  |                                       |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Law Firm</i>                                |  | <b>Employer (See Instructions)</b>                                       |                                       |
| <b>Date</b><br><i>10/3/2025</i>  | <b>Full name of contributor</b><br><i>Elliott &amp; Riddle</i>                                       | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>5,000.00</i>       | <b>Amount of contribution (\$)</b>    |
|  | <b>Contributor address;</b><br><i>817 N. Thompson St Conroe TX 77301</i>                             | City;      State;      Zip Code  |                                       |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Law Firm [Paula Elliott &amp; 5,000.00]</i> |  | <b>Employer (See Instructions)</b><br><i>Wayne Riddle &amp; 5,000.00</i> |                                       |
| <b>Date</b><br><i>10/27/2025</i>   | <b>Full name of contributor</b><br><i>John Zink</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>250.00</i>         | <b>Amount of contribution (\$)</b>    |
|  | <b>Contributor address;</b><br><i>322 N Main St Conroe TX 77301</i>                                  | City;      State;      Zip Code  |                                       |
| <b>Principal occupation / Job title (See Instructions)</b><br><i>Attorney</i>                                |  | <b>Employer (See Instructions)</b><br><i>Zink &amp; Gaines</i>           |                                       |

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| The Instruction Guide explains how to complete this form.                        |  |  | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Sharlene W. Valdez</i>  |  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>10/29/2025</i>  | 5 Full name of contributor<br><i>Mark Wham</i>     | <input type="checkbox"/> out-of-state PAC (ID#_____)           | 7 Amount of contribution (\$)<br><i>500.00</i> |
| 6 Contributor address;<br><i>138 Amulet Oaks Ct Spring TX 77382</i>              |  | City; State; Zip Code  |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Lawyer</i>           |  | 9 Employer (See Instructions)<br><i>Wham &amp; Rogers PLLC</i> |  |
| Date<br><i>10/28/2025</i>  | Full name of contributor<br><i>Duane T. Corley</i> | <input type="checkbox"/> out-of-state PAC (ID#_____)           | Amount of contribution (\$)<br><i>2,500.00</i> |
| Contributor address;<br><i>1111 Reendas Norton Rd Conroe TX 77304</i>            |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney - retired</i> |  | Employer (See Instructions)<br><i>Self</i>                     |  |
| Date<br><i>11/3/2025</i>   | Full name of contributor<br><i>Kymberly Crane</i>  | <input type="checkbox"/> out-of-state PAC (ID#_____)           | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>16543 Hunkers Trl Montgomery TX 77356</i>             |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)<br><i>Real Estate Broker</i> |  | Employer (See Instructions)<br><i>Self</i>                     |  |
| Date<br><i>11/3/2025</i>   | Full name of contributor<br><i>Rhynn Esposito</i>  | <input type="checkbox"/> out-of-state PAC (ID#_____)           | Amount of contribution (\$)<br><i>250.00</i>   |
| Contributor address;<br><i>PO Box 661 Conroe TX 77305</i>                        |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>           |  | Employer (See Instructions)<br><i>Rhynn E. Esposito PC</i>     |  |

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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.

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| The Instruction Guide explains how to complete this form.  |   |  | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>   |   |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>11/3/2025</i>   | 5 Full name of contributor<br><i>Wendy Ojeda Hunter</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)      | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address;<br><i>118 W Pauline St Conroe TX 77361</i>  |   |  | City; State; Zip Code                          |
| 8 Principal occupation / Job title (See Instructions)<br><i>doctor-toxicologist/pharmacologist legal assistant</i> |   | 9 Employer (See Instructions)<br><i>Hopkins Law Firm</i>       |  |
| Date<br><i>11/4/2025</i>   | Full name of contributor<br><i>Deborah L. Thompson</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)      | Amount of contribution (\$)<br><i>100.00</i>   |
| Contributor address;<br><i>27 Woodmere Pl Spring TX 77381</i>  |   |  | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |   | Employer (See Instructions)<br><i>Deborah L. Thompson PLLC</i> |  |
| Date<br><i>11/7/2025</i>   | Full name of contributor<br><i>Matthew Mussalli</i>     | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)      | Amount of contribution (\$)<br><i>1,000.00</i> |
| Contributor address;<br><i>10 Coverdell Park Pl The Woodlands TX 77382</i>   |   |  | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |   | Employer (See Instructions)<br><i>The Mussalli</i>             |  |
| Date<br><i>11/8/2025</i>   | Full name of contributor<br><i>Risa Bruce</i>           | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)      | Amount of contribution (\$)<br><i>500.00</i>   |
| Contributor address;<br><i>2219 Sawdust Rd Ste 1701 The Woodlands TX 77386</i>                                     |   |  | City; State; Zip Code                          |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |   | Employer (See Instructions)<br><i>Bruce Law Firm PLLC</i>      |  |

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## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |  |   | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br><i>Scharlene W. Valdez</i>   |  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>11/10/2025</i>  | 5 Full name of contributor<br><i>Adam W. Dietrich PC</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | 7 Amount of contribution (\$)<br><i>1,500.00</i> |
| 6 Contributor address;<br><i>215 Simonton St Conroe TX 77381</i>   |  | City; State; Zip Code                                       |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |  | 9 Employer (See Instructions)<br><i>self</i>                |  |
| Date<br><i>11/12/2025</i>  | Full name of contributor<br><i>Rene Rogers</i>           | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>500.00</i>     |
| Contributor address;<br><i>138 Amulet Oaks Ct Spring TX 77382</i>  |  | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |  | Employer (See Instructions)<br><i>Wham &amp; Rogers PLC</i> |  |
| Date<br><i>11/13/2025</i>  | Full name of contributor<br><i>Keith Gilbert</i>         | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>300.00</i>     |
| Contributor address;<br><i>570 Tall Pines Dr Magnolia TX 77354</i>   |  | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Managing Attorney</i>  |  | Employer (See Instructions)<br><i>Gilbert Group</i>         |  |
| Date<br><i>11/17/2025</i>  | Full name of contributor<br><i>Dan Michal K</i>          | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>500.00</i>     |
| Contributor address;<br><i>91 Waterway Ave Ste 500 Spring TX 77380</i>   |  | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Finance</i>  |  | Employer (See Instructions)<br><i>Waterway Wealth Mgmt</i>  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |  |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                |   |   | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br><i>Scharkene W. Valdez</i>                               |   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>11/21/2025</i>  | 5 Full name of contributor<br><i>Gaunt Koen Binney &amp; Kidd</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | 7 Amount of contribution (\$)<br><i>1,000.00</i> |
| 6 Contributor address;<br><i>25708 I 45N 87e 30 Spring TX 77386</i>      |   | City; State; Zip Code                                       |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Law Firm</i> |   | 9 Employer (See Instructions)                               |  |
| Date<br><i>11/24/2025</i>  | Full name of contributor<br><i>Olympia Sacaciu</i>                | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>100.00</i>     |
| Contributor address;<br><i>13570 Needham Pl Willis TX 77318</i>          |   | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |   | Employer (See Instructions)<br><i>Olympia Law Firm PLLC</i> |  |
| Date<br><i>11/24/2025</i>  | Full name of contributor<br><i>Robert Casey</i>                   | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>1,500.00</i>   |
| Contributor address;<br><i>1627 Woodhuldrk Spring TX 77386</i>           |   | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>    |   | Employer (See Instructions)                                 |  |
| Date<br><i>11/13/2025</i>  | Full name of contributor<br><i>J. Steven Weisinger</i>            | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)   | Amount of contribution (\$)<br><i>100.00</i>     |
| Contributor address;<br><i>3040 N Loop 336 W Ste 201 Conroe TX 77304</i> |   | City; State; Zip Code                                       |  |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |   | Employer (See Instructions)<br><i>Self</i>                  |  |

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |   |  |                                       |                               |
|--|---|--|---------------------------------------|-------------------------------|
| <p>The Instruction Guide explains how to complete this form.</p>   |   |  | 1 Total pages Schedule A1:            |                               |
| <p>2 FILER NAME</p> <p><i>Sharlene W. Valdez</i></p>   |   |  | 3 Filer ID (Ethics Commission Filers) |                               |
| 4 Date   | 5 Full name of contributor                                    | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Davis? Newsome PC</i> )                  |                                       | 7 Amount of contribution (\$) |
| <i>11/10/2025</i>  | <i>14614 Falling Creek Dr Ste 114 Houston TX 77068</i>        | City;  | State;                                | <i>500.00</i>                 |
| <p>8 Principal occupation / Job title (See Instructions)</p> <p><i>Law firm</i></p>  |   | <p>9 Employer (See Instructions)</p> <p><i>Law Offices of Michael Seiler PLLC</i></p>          |                                       |                               |
| Date   | Full name of contributor                                      | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Law Offices of Michael Seiler PLLC</i> ) |                                       | Amount of contribution (\$)   |
| <i>11/13/2025</i>  | <i>2700 Research Forest Dr Ste 101 Spring TX 77381</i>        | City;  | State;                                | <i>500.00</i>                 |
| <p>Principal occupation / Job title (See Instructions)</p> <p><i>Attorney</i></p>  |   | <p>Employer (See Instructions)</p> <p><i>Seif</i></p>  |                                       |                               |
| Date   | Full name of contributor                                      | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Amy Montgomery</i> )                     |                                       | Amount of contribution (\$)   |
| <i>11/17/2025</i>  | <i>125 Tehama Ct Montgomery TX 77316</i>                      | City;  | State;                                | <i>500.00</i>                 |
| <p>Principal occupation / Job title (See Instructions)</p> <p><i>Attorney</i></p>  |   | <p>Employer (See Instructions)</p> <p><i>Reiter Montgomery PC</i></p>                          |                                       |                               |
| Date   | Full name of contributor                                      | <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Ritch Wheeler</i> )                      |                                       | Amount of contribution (\$)   |
| <i>12/31/2025</i>  | <i>25511 Pudde Rd Baylor Bldg #302 The Woodlands TX 77380</i> | City;  | State;                                | <i>250.00</i>                 |
| <p>Principal occupation / Job title (See Instructions)</p> <p><i>Commissioner Dist 3</i></p>   |   | <p>Employer (See Instructions)</p> <p><i>Montgomery County</i></p>                             |                                       |                               |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |  |                                       |                               |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |  |  |  |
|---|--|--|--|
| The Instruction Guide explains how to complete this form.                         |  |  | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br><i>Charlene W. Valdez</i>   |  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>9/13/2025</i>  | 5 Full name of contributor<br><i>Ed Dolphin</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                  | 7 Amount of contribution (\$)<br><i>100.00</i> |
| 6 Contributor address;<br><i>15884 Koenig Ln Conroe TX 77384</i>                  |  | City; State; Zip Code  |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Arborist</i>          |  | 9 Employer (See Instructions)<br><i>Sel</i>                                |  |
| Date<br><i>9/12/2025</i>  | Full name of contributor<br><i>Jeanne Irvin</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                  | Amount of contribution (\$)<br><i>50.00</i>    |
| Contributor address;<br><i>244 Bentwood Dr Montgomery TX 77356</i>                |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>             |  | Employer (See Instructions)  |  |
| Date<br><i>3/17/2025</i>  | Full name of contributor<br><i>Michael Quinn</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                  | Amount of contribution (\$)<br><i>300.00</i>   |
| Contributor address;<br><i>89 Waterford Circle The Woodlands TX 77381</i>         |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)<br><i>Advocacy Specialist</i> |  | Employer (See Instructions)<br><i>Child Advocates of Montgomery County</i> |  |
| Date  | Full name of contributor                         | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____)                  | Amount of contribution (\$)                    |
|   | Contributor address;                             | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)                               |  | Employer (See Instructions)  |  |

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# 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: <b>5</b>   |
| 2 FILER NAME <b>Scharlene W Valdez</b>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                  |   | \$  |
| 5 Date <b>10/29/2025</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>The Blair Law Firm PC</b> )    | 8 Amount of Contribution \$ <b>350.00</b>   |
| 7 Contributor address: <b>#7 Grogan's Park Dr Red bud Bldg</b>                         | City: <b>The Woodlands</b> State: <b>TX</b> Zip Code <b>77381</b>   | 9 In-kind contribution description <b>(10) Boxes of yard stakes</b>   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |   |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>   |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>  |
| 12 Contributor's principal occupation (FOR JUDICIAL) <b>Law Firm</b>                   |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>   |
| 14 Contributor's employer/law firm (FOR JUDICIAL) <b>The Blair Law Firm PC</b>         |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>N/A</b> |   |   |
| Date <b>11/17/2025</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Stibbs &amp; Co. Attorneys</b> ) | Amount of Contribution \$ <b>2,957.27</b>   |
| Contributor address: <b>831 Crossbridge Dr</b>   | City: <b>Spring</b> State: <b>TX</b> Zip Code <b>77373</b>  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br>In-kind contribution description <b>Event, fishing food, decorations</b> |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>      |   | Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A</b>   |
| Contributor's principal occupation (FOR JUDICIAL) <b>Law Firm</b>                      |   | Contributor's job title (FOR JUDICIAL) (See Instructions) <b>N/A</b>  |
| Contributor's employer/law firm (FOR JUDICIAL) <b>Stibbs &amp; Co. Attorneys</b>       |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>N/A</b>   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)               |   |   |

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# 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<br><i>Scharlene W. Valdez</i>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                   |   | \$  |
| 5 Date<br><i>8/2025</i>   | 6 Full name of contributor<br><i>Lindsey Kasprzak</i> | 7 Contributor address<br><i>37 Grand Regency The Woodlands TX</i> <input type="checkbox"/> out-of-state PAC (ID# _____) |
|   |   | 8 Amount of Contribution \$<br><i>1,400.00</i>  |
|   |   | 9 In-kind contribution description<br><i>graphic design printing<br/>fundraising event</i>                              |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>N/A</i> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><i>N/A</i>   |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><i>CEO</i>                      |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br><i>CEO</i>  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><i>Apricity Foundation</i>         |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><i>N/A</i>   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)             |   |   |
| Date<br><i>10/2025</i>  |   | Full name of contributor<br><i>Clyde Vogel</i> <input type="checkbox"/> out-of-state PAC (ID# _____)                    |
| Contributor address<br><i>3311 N Hamilton Cr Conroe TX 77304</i>                        |   | Amount of Contribution \$<br><i>500.00</i>  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>N/A</i>    |   | Employer (FOR NON-JUDICIAL) (See Instructions)<br><i>N/A</i>  |
| Contributor's principal occupation (FOR JUDICIAL)<br><i>Law enforcement officer</i>     |   | Contributor's job title (FOR JUDICIAL) (See Instructions)<br><i>Police Officer</i>                                      |
| Contributor's employer/law firm (FOR JUDICIAL)<br><i>City of Conroe TX</i>              |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><i>N/A</i>  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                |   |   |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2:   |
| 2 FILER NAME<br><i>Charlene W. Valdez</i>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$   |
| 5 Date<br><i>10/2025</i>   | 6 Full name of contributor<br><i>Crystal Moore</i>                      | 7 Contributor address: City: State: Zip Code<br><i>17106 Leon G Splendora TX 77372</i> |
|  | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)               | 8 Amount of Contribution \$<br><i>650.08</i>   |
|  |   | 9 In-kind contribution description<br><i>fundraising event</i>                         |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><i>N/A</i>                 |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><i>N/A</i>                         |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><i>Business Owner</i>                          |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br><i>N/A</i>             |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><i>Moore Texas Air Mechanical Sys LLC</i>         |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><i>N/A</i>              |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                            |   |  |
| Date<br><i>11/2025</i>   | Full name of contributor<br><i>Hopkins Centrich Law</i>                 | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)                              |
| Contributor address: City: State: Zip Code<br><i>8701 New Trails Dr Ste 200 The Woodlands TX 77381</i> | Amount of Contribution \$<br><i>609.96</i>                              | In-kind contribution description<br><i>fundraising event</i>                           |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>N/A</i>                   | Employer (FOR NON-JUDICIAL)(See Instructions)<br><i>N/A</i>             |  |
| Contributor's principal occupation (FOR JUDICIAL)<br><i>Law Firm</i>                                   | Contributor's job title (FOR JUDICIAL) (See Instructions)<br><i>N/A</i> |  |
| Contributor's employer/law firm (FOR JUDICIAL)<br><i>HOPKINS CENTRICH LAW</i>                          | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><i>N/A</i>  |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                               |   |  |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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| 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<br>11/2025   | 6 Full name of contributor<br>Ray Burgess PLLC<br>Attorney<br>815 W Davis Ste 300 Conroe TX 77381 | 7 Contributor address: City: State: Zip Code<br>8 Amount of Contribution \$<br>809.96<br>9 In-kind contribution description<br>fundraiser event<br>10 Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> |

|   |  |
|---|--|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>N/A | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br>N/A            |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br>Attorney                | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)<br>N/A |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>Ray Burgess PLLC           | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)     |  |

|                 |   |  |
|-----------------|---|--|
| Date<br>11/2025 | Full name of contributor<br>Hope's Causey PC<br>Contributor address: City: State: Zip Code<br>815 W Davis Ste 300 Conroe TX 77381 | Amount of Contribution \$<br>809.96<br>In-kind contribution description<br>fundraiser event<br>17 Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> |
|-----------------|---|--|

|  |   |
|--|---|
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>N/A | Employer (FOR NON-JUDICIAL)(See Instructions)<br>N/A            |
| Contributor's principal occupation (FOR JUDICIAL)<br>Law Firm                | Contributor's job title (FOR JUDICIAL)(See Instructions)<br>N/A |
| Contributor's employer/law firm (FOR JUDICIAL)<br>Hope's Causey PC           | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A |
| 18 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<br>11/2025  | 6 Full name of contributor<br><i>The Bays Firm</i> | <input type="checkbox"/> out-of-state PAC (ID#_____)                | 8 Amount of Contribution \$<br>809.96 | 9 In-kind contribution description<br><i>fundraiser event</i>                   |
|  |  |   |                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>N/A |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>N/A            |                                       |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><i>Law Firm</i>          |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br>N/A |                                       |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><i>The Bays Firm</i>        |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A  |                                       |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |  |   |                                       |   |
| Date<br>9/2025   | Full name of contributor<br><i>Robert Casey</i>    | <input type="checkbox"/> out-of-state PAC (ID#_____)                | Amount of Contribution \$<br>762.00   | In-kind contribution description<br><i>fundraiser event</i>                     |
|  |  |   |                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>N/A    |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br>N/A               |                                       |   |
| Contributor's principal occupation (FOR JUDICIAL)<br><i>Retired</i>              |  | Contributor's job title (FOR JUDICIAL) (See Instructions)<br>N/A    |                                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br>N/A                            |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

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

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

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

|  |
|--|
| <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) | (b) Description |
|--------------------------|--|-----------------|

Consulting expenses Campaign advisor

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | 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) | Description |
|------------------------|--|-------------|

Event expense flowers

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | 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) | Description |
|------------------------|--|-------------|

Event expense venue

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

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

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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |                 |
|---|---|---|-----------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME  | 3 Filter ID (Ethics Commission Filers)                                    |                 |
| 4 Date  | 5 Payee name  |   |                 |
| 6 Amount (\$)   | 7 Payee address:  | City; State; Zip Code   |                 |
|   | <input type="checkbox"/> Check if individual's residence address.               |   |                 |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                | (b) Description   |                 |
|   | fees / advertising  | lunches   |                 |
|   | <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  | Payee name  |   |                 |
| 8/20/2025   | Debbie Dupree   |   |                 |
| Amount (\$)   | Payee address:  | City;   | State; Zip Code |
| 100.00  | c/o Guadalajara's 219 Simonton 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)                    | Description   |                 |
|   | Event Expenses  | food  |                 |
|   | <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  | Payee name  |   |                 |
| 8/27/2025   | Woodforest National Bank  |   |                 |
| Amount (\$)   | Payee address:  | City;   | State; Zip Code |
| 42.34   | PO Box 7889 The Woodlands TX 77387  |   |                 |
| <input type="checkbox"/> Check if individual's residence address. |   |   |                 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                    | Description   |                 |
|   | Accounting / Banking  | Check order   |                 |
|   | <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     |

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**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   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date   | 5 Payee name   |   |
| 6 Amount (\$)  | 7 Payee address;<br><input checked="" type="checkbox"/> Check if individual's residence address      | City: _____ State: _____ Zip Code: _____  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><br><i>Consulting Expenses</i>   | (b) Description<br><br><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<br><i>9/9/2025</i>                                      | Payee name<br><i>Sacred Heart Catholic School</i>  |   |
| Amount (\$)<br><i>100.00</i>                                 | Payee address;<br><input type="checkbox"/> Check if individual's residence address                   | City: _____ State: _____ Zip Code: _____<br><i>615 McDade St Conroe TX 77301</i>      |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br><i>advertising expenses</i>      | Description<br><br><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<br><i>9/9/2025</i>                                      | Payee name<br><i>The Woodlands Republican Women</i>  |   |
| Amount (\$)<br><i>143.50</i>                                 | Payee address;<br><input type="checkbox"/> Check if individual's residence address                   | City: _____ State: _____ Zip Code: _____<br><i>Po Box 7593 The Woodlands TX 77387</i> |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br><i>fees advertising expenses</i> | Description<br><br><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 _____                            |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |   |

# 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  |                               | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date  | 5 Payee name  |                               |   |
| 6 Amount (\$)   | 7 Payee address:  | City:                         | State: Zip Code   |
| <input type="checkbox"/> Check if individual's residence address. |   |                               |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                |                               | (b) Description   |
|   | Fees<br>Advertising expenses  |                               | 2025 Hope Summit<br>Supporting Sponsor                                    |
|   | <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   |
| Date  | Payee name  |                               |   |
| 9/12/2025   | Hands of Justice  |                               |   |
| Amount (\$)   | Payee address:  | City:                         | State: Zip Code   |
| 650.00  | 25700 I-45 N Ste 400  | The Woodlands                 | TX 77386  |
| <input type="checkbox"/> Check if individual's residence address. |   |                               |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                    |                               | Description   |
|   | Advertising expenses  |                               | 2025 Fundraiser<br>Accessory Sponsor                                      |
|   | <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   |
| Date  | Payee name  |                               |   |
| 9/17/2025   | Woodforest National Bank  |                               |   |
| Amount (\$)   | Payee address:  | City:                         | State: Zip Code   |
| 31.94   | PO Box 7389   | The Woodlands                 | TX 77387  |
| <input type="checkbox"/> Check if individual's residence address. |   |                               |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                    |                               | Description   |
|   | Accounting/Banking  |                               | deposit slips order   |
|   | <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  | 3 Filer ID (Ethics Commission Filers)                                     |               |             |
| 4 Date   | 5 Payee name  | 6 Amount (\$)   |               |             |
| 9/22/2025  | Montgomery County Republican Women  | 350.00  |               |             |
|  | 7 Payee address:  | City; State; Zip Code   |               |             |
|  | PO Box 1766   | Conroe TX 77305   |               |             |
| <input type="checkbox"/> Check if individual's residence address.            |   |   |               |             |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |               |             |
|  | Consulting expense  | Leadership Campaign Training  |               |             |
|  | (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   | Payee name  |   |               |             |
| 9/26/2025  | JK Graphics Inc.  |   |               |             |
| Amount (\$)  | Payee address:  | City;   | State;        | Zip Code    |
| 211.09   | 118 Cape Conroe Dr  | Montgomery TX 77356   |               |             |
| <input type="checkbox"/> Check if individual's residence address.            |   |   |               |             |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)                        | Description   |               |             |
|  | Printing Expenses   | Thank you cards   |               |             |
|  | <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   | Payee name  |   |               |             |
| 10/2/2025  | Risa Gilmore  |   |               |             |
| Amount (\$)  | Payee address:  | City;   | State;        | Zip Code    |
| 2000.00  | 46 Edgemere Pl  | The Woodlands TX 77381  |               |             |
| <input checked="" type="checkbox"/> Check if individual's residence address. |   |   |               |             |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)                        | Description   |               |             |
|  | Consulting expenses   | Campaign advisor  |               |             |
|  | <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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |   |   |               |             |

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |                                       |             |
|---|---|---------------------------------------|-------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers) |             |
| 4 Date  | 5 Payee name  |                                       |             |
| 6 Amount (\$)   | 7 Payee address;  | City; State; Zip Code                 |             |
|   | <input type="checkbox"/> Check if individual's residence address.   |                                       |             |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |             |
|   | advertising expenses  | 2025 Fundraiser                       |             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH             | Candidate / Officeholder name   | Office sought                         | Office held |
| Date  | Payee name  |                                       |             |
| 10/10/2025  | Splendora ISD Education Foundation  |                                       |             |
| Amount (\$)   | Payee address;  | City; State; Zip Code                 |             |
| 500.00  | 23419 FM 2090   | Splendora TX 77372                    |             |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|   | advertising expenses  | 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 ONLY if direct expenditure to benefit C/OH               | Candidate / Officeholder name   | Office sought                         | Office held |
| Date  | Payee name  |                                       |             |
| 10/3/2025   | Webb's Uniform Custom Apparel   |                                       |             |
| Amount (\$)   | Payee address;  | City; State; Zip Code                 |             |
| 878.80  | 25275 Budde Rd Ste 1  | Spring TX 77380                       |             |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|   | advertising expenses  | 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 ONLY if direct expenditure to benefit C/OH               | Candidate / Officeholder name   | Office sought                         | Office held |

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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |             |
|---|--|---|-------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                     |             |
| 4 Date  | 5 Payee name   |   |             |
| 6 Amount (\$)   | 7 Payee address;   | City; State; Zip Code   |             |
|   | 9102 Forest Crossing   | The Woodlands TX 77381  |             |
| <input type="checkbox"/> Check if individual's residence address.               |  |   |             |
| <b>PURPOSE OF EXPENDITURE</b>   | (a) Category (See Categories listed at the top of this schedule) | (b) Description   |             |
|   | advertising expenses   | Nutcracker Fundraiser   |             |
| <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  | Payee name   |   |             |
| 10/17/2025  | East Montgomery County Republican Women                          |   |             |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |             |
| 500.00  | P.O. Box 202 New Caney   | TX  | 77357       |
| <input type="checkbox"/> Check if individual's residence address.               |  |   |             |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)     | Description   |             |
|   | advertising expense  | 2025 Chili Cookoff 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  | Payee name   |   |             |
| 10/23/2025  | Canva  |   |             |
| Amount (\$)   | Payee address;   | City; State; Zip Code   |             |
| 400.00  | Canva.com  | tx  |             |
| <input type="checkbox"/> Check if individual's residence address.               |  |   |             |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)     | Description   |             |
|   | Advertising Expense  | Pushcards   |             |
| <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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                      |  |   |             |

# 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  | 3 Filer ID (Ethics Commission Filers) |             |
| 4 Date  | 5 Payee name  |                                       |             |
| 6 Amount (\$)   | 7 Payee address:  | City; State; Zip Code                 |             |
|   | <input type="checkbox"/> Check if individual's residence address.   |                                       |             |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |             |
|   | advertising expenses  | Back to 80s Fundraiser Purse Bingo    |             |
|   | <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  | Payee name  |                                       |             |
| 10/30/2025  | Project Beacon  |                                       |             |
| Amount (\$)   | Payee address:  | City; State; Zip Code                 |             |
| 500.00  | 27316 Spectrum Way Conroe   | TX                                    | 77355       |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|   | advertising expenses  | Fundraiser 2025                       |             |
|   | <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  | Payee name  |                                       |             |
| 10/31/2025  | Montgomery County Republican Women  |                                       |             |
| Amount (\$)   | Payee address:  | City; State; Zip Code                 |             |
| 30.00   | PO Box 1766   | Conroe                                | TX 77385    |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|   | advertising expenses  |                                       |             |
|   | <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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>        |   |                                       |             |

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |             |
|--|--|--|-------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |             |
| 4 Date   | 5 Payee name   |  |             |
| 6 Amount (\$)  | 7 Payee address;<br><input type="checkbox"/> Check if individual's residence address.        | City; State; Zip Code  |             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><br>advertising expenses | (b) Description<br><br>1 (Police Raffle) Back to 90s<br>fundraiser Purse Bingo |             |
|  | (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   | Payee name   |  |             |
| 10/31/2025   | Society of Samaritans  |  |             |
| Amount (\$)  | Payee address;<br><input type="checkbox"/> Check if individual's residence address.          | City; State; Zip Code  |             |
| 100.00   | PO Box 912   | Magnolia   | TX 77353    |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br>advertising expenses     | Description<br><br>(Fire Raffle) Back to 90s<br>fundraiser Purse Bingo         |             |
|  | <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   | Payee name   |  |             |
| 11/4/2025  | Image 360  |  |             |
| Amount (\$)  | Payee address;<br><input type="checkbox"/> Check if individual's residence address.          | City; State; Zip Code  |             |
| 703.63   | 22632 Kuykendahl Rd Ste 1  | Spring   | TX 77389    |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br>Printing Expenses        | Description<br><br>Backdrop/Campaign Signs                                     |             |
|  | <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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |             |

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |                                       |
| 11/4/2025   | 5 Payee name  | 6 Amount (\$)   |                                       |
| 15.00   | 7 Payee address;<br><input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code   |                                       |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                      | (b) Description   |                                       |
|   | Accounting/Banking  | debit card fee setup  |                                       |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH                               | Candidate / Officeholder name   | Office sought   | Office held                           |
| 11/8/2025   | Payee name  | Southwest Montgomery Co Chamber of Commerce                               |                                       |
| 643.93  | Payee address;<br><input type="checkbox"/> Check if individual's residence address.   | City; State; Zip Code   | 18423 FM 1488 Ste C Magnolia TX 77354 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                          | Description   |                                       |
|   | advertising expenses  | Magic of Christmas Chamber Parade   |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| Complete ONLY if direct expenditure to benefit C/OH                                 | Candidate / Officeholder name   | Office sought   | Office held                           |
| 11/9/2023   | Payee name  | Family Promise of Montgomery County                                       |                                       |
| 1300.00   | Payee address;<br><input type="checkbox"/> Check if individual's residence address.   | City; State; Zip Code   | PO Box 692 Conroe TX 77305            |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                          | Description   |                                       |
|   | advertising expenses  | 2025 FishFry Fundraiser   |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| Complete ONLY if direct expenditure to benefit C/OH                                 | Candidate / Officeholder name   | Office sought   | Office held                           |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                 |   |   |                                       |

# POLITICAL EXPENDITURES MADE FROM 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |             |
|---|---|---|-------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |             |
| 4 Date  | 5 Payee name  |   |             |
| 6 Amount (\$)   | 7 Payee address;  | City; State; Zip Code   |             |
|   | <input type="checkbox"/> Check if individual's residence address.               |   |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)                | (b) Description   |             |
|   | Accounting/banking  | Equipment for campaign  |             |
|   | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held |
| Date  | Payee name  |   |             |
| 11/10/2025  | Family Promise of Montgomery County   |   |             |
| Amount (\$)   | Payee address;  | City; State; Zip Code   |             |
| 300.00  | PO Box 692  | Conroe  | TX 77305    |
|   | <input type="checkbox"/> Check if individual's residence address.               |   |             |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)                    | Description   |             |
|   | Advertising expenses  | Fundraiser luncheon   |             |
|   | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   | Office held |
| Date  | Payee name  |   |             |
| 11/11/2025  | Magnolia Education Foundation   |   |             |
| Amount (\$)   | Payee address;  | City; State; Zip Code   |             |
| 1030.30   | PO Box 55   | Magnolia  | TX 77353    |
|   | <input type="checkbox"/> Check if individual's residence address.               |   |             |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)                    | Description   |             |
|   | Advertising expenses  | 2025 Breakfast with Santa   |             |
|   | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   | Office held |

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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |             |
|---|--|---|-------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)       |             |
| 4 Date  | 5 Payee name   | 6 Amount (\$)                               |             |
| 11/12/2025  | Montgomery County Republican Party                               | 1500.00                                     |             |
| 7 Payee address   | City; State; Zip Code  | 18001 Hwy 105 W Ste 101 Montgomery TX 77356 |             |
| <input type="checkbox"/> Check if individual's residence address.   |  |   |             |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                             |             |
|   | Fees   | Filing Fee Candidate                        |             |
| (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought                               | Office held |
|   | Sharlene W Valdez  | Judge County Court at Law Note "Same"       |             |
| Date  | Payee name   |   |             |
| 11/13/2025  | Thrive with Autism Foundation                                    |   |             |
| Amount (\$)   | Payee address;   | City; State; Zip Code                       |             |
| 731.01  | 32100 Dibbin Huffsmith   | Magnolia TX 77354                           |             |
| <input type="checkbox"/> Check if individual's residence address.   |  |   |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                                 |             |
|   | Advertising Expenses   | 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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought                               | Office held |
| Date  | Payee name   |   |             |
| 11/14/2022  | Little Corner Area Republican Women                              |   |             |
| Amount (\$)   | Payee address;   | City; State; Zip Code                       |             |
| 30.00   | PO Box 737   | Montgomery TX 77356                         |             |
| <input type="checkbox"/> Check if individual's residence address.   |  |   |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                                 |             |
|   | Fees   | Membership                                  |             |
| <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |   |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought                               | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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   | 3 Filer ID (Ethics Commission Filers) |             |
| 4 Date  | 5 Payee name   |                                       |             |
| 6 Amount (\$)   | 7 Payee address:   | City; State; Zip Code                 |             |
| <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) | (b) Description                       |             |
|   | Consulting expenses  | 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  | Payee name   |                                       |             |
| 11/19/2025  | East Montgomery County Fair Association                          |                                       |             |
| Amount (\$)   | Payee address:   | City; State; Zip Code                 |             |
| 2,899.44  | 21679 McCleskey Rd   | New Caney                             | TX 77357    |
| <input type="checkbox"/> Check if individual's residence address.   |  |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                           |             |
|   | Advertising expenses   | 2025 Fair                             |             |
| <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  | Payee name   |                                       |             |
| 11/20/2025  | Southwest Montgomery Co Chamber of Commerce                      |                                       |             |
| Amount (\$)   | Payee address:   | City; State; Zip Code                 |             |
| 39.80   | 18423 FM 1488 Ste C  | Magnolia                              | TX 77354    |
| <input type="checkbox"/> Check if individual's residence address.   |  |                                       |             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                           |             |
|   | Fees / advertising   | luncheon                              |             |
| <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  | 3 Filer ID (Ethics Commission Filers)                                     |             |
| 4 Date   | 5 Payee name  |   |             |
| 6 Amount (\$)  | 7 Payee address:  | City; State; Zip Code   |             |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |             |
|  | Event expense   | Table covers with logo  |             |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name   | Office sought   | Office held |
| Date   | Payee name  |   |             |
| 12/03/2025   | Lisa Gilmore  |   |             |
| Amount (\$)  | Payee address:  | City; State; Zip Code   |             |
| 1,000.00   | 44 Edgemere Place The Woodlands TX 77381  |   |             |
|  | <input checked="" type="checkbox"/> Check if individual's residence address.        |   |             |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)                        | Description   |             |
|  | Consulting expenses   | Campaign advisor  |             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate / Officeholder name   | Office sought   | Office held |
| Date   | Payee name  |   |             |
| 12/6/2025  | Liberty Belles Republican Women   |   |             |
| Amount (\$)  | Payee address:  | City; State; Zip Code   |             |
| 35.00  | PO Box 1081   | Conroe TX 77305   |             |
|  | <input type="checkbox"/> Check if individual's residence address.                   |   |             |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)                        | Description   |             |
|  | fees  | lunchen   |             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate / Officeholder name   | Office sought   | Office held |
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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |                                       |                 |
|---|---|---------------------------------------|-----------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers) |                 |
| 4 Date  | 5 Payee name  | 6 Amount (\$)                         |                 |
| 12/10/2025  | Child Advocates of Montgomery County  | 2,000.00                              |                 |
| 7 Payee address:  | City:   | State: Zip Code                       |                 |
| 505 N. Main St  | Conroe  | TX 77381                              |                 |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |                 |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |                 |
|   | Advertising expenses  | 2026 Gala                             |                 |
|   | <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  | Payee name  |                                       |                 |
| 12/19/2025  | Speed Pro Magnolia  |                                       |                 |
| Amount (\$)   | Payee address:  | City:                                 | State: Zip Code |
| 2,252.25  | 32503 Tamina Rd #1  | Magnolia                              | TX 77354        |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |                 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |                 |
|   | advertising expenses  | Signs (yard signs, 4x4/s)             |                 |
|   | <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  | Payee name  |                                       |                 |
| 12/23/2025  | Webb's Uniform Custom Apparel   |                                       |                 |
| Amount (\$)   | Payee address:  | City:                                 | State: Zip Code |
| 562.94  | 25275 Budde Rd Ste 1  | Spring                                | TX 77380        |
| <input type="checkbox"/> Check if individual's residence address. |   |                                       |                 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                           |                 |
|   | advertising expenses  | Reorder<br>+ 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     |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>        |   |                                       |                 |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

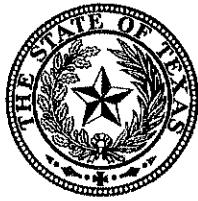
If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | 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 G:   | 2 FILER NAME:  | 3 Filer ID (Ethics Commission Filers) |
| 1   | Scharlene W. Valdez  |                                       |
| 4 Date  | 5 Payee name   |                                       |
| 8/13/2025   | Different Rubber Stamps Ltd                                      |                                       |
| 6 Amount (\$)   | 7 Payee address:   | City: State: Zip Code                 |
| 511.83<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | 915 Old Montgomery Rd  | Conroe 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) | (b) Description                       |
|   | Advertising expenses   | 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 Candidate / Officeholder name   |  | Office sought                         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  | Office held                           |
| Date  | Payee name   |                                       |
| 9/24/2025   | Different Rubber Stamps Ltd                                      |                                       |
| Amount (\$)   | Payee address:   | City: State: Zip Code                 |
| 95.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | 915 Old Montgomery Rd  | 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)     | Description                           |
|   | Advertising  | name tags                             |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |                                       |
| Candidate / Officeholder name   |  | Office sought                         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  | Office held                           |
| Date  | Payee name   |                                       |
| 7/25/2025   | Wix. com   |                                       |
| Amount (\$)   | Payee address:   | City: State: Zip Code                 |
| 202.31<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |  |                                       |
| <input type="checkbox"/> Check if individual's residence address.   |  |                                       |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                           |
|   | fees   | website domain                        |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |                                       |
| Candidate / Officeholder name   |  | Office sought                         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  | 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

*Exempt*  
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**