

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | | | |
|--|--|---|---|---|---------------------|-----|------|-------------|
| 1 Filer ID 00089785 | | 2 Total pages filed: 18 | | OFFICE USE ONLY | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | FIRST Ms. Susan | | Date Received ELECTRONICALLY FILED 01/15/2026 | | | | |
| | | NICKNAME Valliant | | Date Hand-delivered or Date Postmarked | | | | |
| 4 ORIGINAL REPORT TYPE | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) _____ | | | | |
| | | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | Receipt # _____ | | | | |
| | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | Amount _____ | | | | |
| | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | Date Processed | | | | |
| 5 ORIGINAL PERIOD COVERED | | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year | Date Imaged |
| 6 EXPLANATION OF CORRECTION The only corrections made were to reclass some contributions and expenditures from Itemized to Unitemized. These specific items were small donations and expenditures that were each less than the minimum amount required to be reported as itemized. I apologize that these errors were not found prior to submission of the original report. | | | | | | | | |

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Susan Valliant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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) 00089785 | 2 Total pages filed: 18 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Susan | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Valliant | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 1910 Leighton Dr. Arlington, TX 76015 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Teresa | MI | | | |
| | NICKNAME TK | LAST Campbell | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6901 Windswept Cir. Fort Worth, TX 76135 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 414-2381 | | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 94 | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

3 of 18

| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Valliant, Susan (Ms.) | | 14 Filer ID (Ethics Commission Filers) 00089785 |
| 15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 1,769.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 9,771.25 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 241.67 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 14,514.70 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 13,145.77 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

17 AFFIDAVIT

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.

Ms. Susan Valliant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

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

4 of 18

| | | |
|---|--|--|
| 18 FILER NAME Valliant, Susan (Ms.) | | 19 Filer ID (Ethics Commission Filers) 00089785 |
| 20 SCHEDULE SUBTOTALS | | |
| NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 7,543.39 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 2,227.86 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ 20,000.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ 14,514.70 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 10/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Stephen | 7 Amount of Contribution (\$) \$52.40 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Elizabeth | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Huntsville, AL 35803 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belew, Beverly | Amount of Contribution (\$) \$26.35 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76116 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brand, Jan | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76013 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Georgina (Ms.) | Amount of Contribution (\$) \$23.70 |
| | Contributor address; City; State; Zip Code Hurst, TX 76053 | |
| Principal occupation / Job title (See Instructions) Payroll Specialist | | Employer (See Instructions) Insperity |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 12/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Georgina (Ms.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Hurst, TX 76053 | |
| 8 Principal occupation / Job title (See Instructions) Payroll Specialist | | 9 Employer (See Instructions) Insperity |
| Date 09/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Georgina (Ms.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Hurst, TX 76053 | |
| Principal occupation / Job title (See Instructions) Payroll Specialist | | Employer (See Instructions) Insperity |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Georgina (Ms.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Hurst, TX 76053 | |
| Principal occupation / Job title (See Instructions) Payroll Specialist | | Employer (See Instructions) Insperity |
| Date 11/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Georgina (Ms.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Hurst, TX 76053 | |
| Principal occupation / Job title (See Instructions) Payroll Specialist | | Employer (See Instructions) Insperity |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Teresa | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76135 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 07/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Teresa | 7 Amount of Contribution (\$) \$95.70 | |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76135 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) Retired | |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Anne (Mrs.) | Amount of Contribution (\$) \$200.00 | |
| | Contributor address; City; State; Zip Code The Villages, FL 32163 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired | |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Jay | Amount of Contribution (\$) \$500.00 | |
| | Contributor address; City; State; Zip Code Arlington , TX 76016 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) | |
| Date 08/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damman, Suellen (Mrs.) | Amount of Contribution (\$) \$500.00 | |
| | Contributor address; City; State; Zip Code Cross Plains, TX 76443 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Jean | Amount of Contribution (\$) \$50.00 | |
| | Contributor address; City; State; Zip Code Arlington, TX 76018 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 07/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Kimberly (Ms.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Colleyville , TX 76034 | |
| 8 Principal occupation / Job title (See Instructions) adm | | 9 Employer (See Instructions) State of Texas |
| Date 08/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Mark (Mr.) | Amount of Contribution (\$) \$95.70 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Lynn (Ms.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code TX | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Richard (Mr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Richard (Mr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133 | |
| Principal occupation / Job title (See Instructions) CFO | | Employer (See Instructions) Stout Heart Fitness |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Richard (Mr.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133 | |
| 8 Principal occupation / Job title (See Instructions) CFO | | 9 Employer (See Instructions) Stout Heart Fitness |
| Date 11/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Richard (Mr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133 | |
| Principal occupation / Job title (See Instructions) CFO | | Employer (See Instructions) Stout Heart Fitness |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmink, Richard (Mr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133 | |
| Principal occupation / Job title (See Instructions) CFO | | Employer (See Instructions) Stout Heart Fitness |
| Date 08/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Debbie | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Joshua, TX 76058 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasher, Cynthia | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76001 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 10/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasher, Cynthia | 7 Amount of Contribution (\$) \$50.40 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76001 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 09/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehman, Tammy and Mat | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Crowley, TX 76036 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Sherry | Amount of Contribution (\$) \$95.70 |
| | Contributor address; City; State; Zip Code Benbrook , TX 76126 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosby, David | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76015 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osicka, Pam | Amount of Contribution (\$) \$52.40 |
| | Contributor address; City; State; Zip Code Kingwood, TX 77345 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 12/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Sandra | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Sugarland, TX 77479 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peel, Delores | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76016 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Long (Mr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Arlington , TX 76002 | |
| Principal occupation / Job title (See Instructions) City Council member | | Employer (See Instructions) City of Arlington |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillow/Agnos, Dawn | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Navarre, FL 32566 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 08/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popp , Jay (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 07/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popp , Jay (Mr.) | 7 Amount of Contribution (\$) \$18.60 |
| | 6 Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lakeside , TX 76108 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lakeside , TX 76108 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.) | Amount of Contribution (\$) \$104.48 |
| | Contributor address; City; State; Zip Code Lakeside , TX 76108 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.) | Amount of Contribution (\$) \$104.48 |
| | Contributor address; City; State; Zip Code Lakeside , TX 76108 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 11/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.) | 7 Amount of Contribution (\$) \$104.48 |
| | 6 Contributor address; City; State; Zip Code Lakeside , TX 76108 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Vera (Ms.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) Retired | | Amount of Contribution (\$) \$500.00 |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Vera (Ms.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) Retired | | Amount of Contribution (\$) \$100.00 |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Sherry Kubala | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76135 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) Retired | | Amount of Contribution (\$) \$100.00 |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Sherry Kubala | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76135 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) Retired | | Amount of Contribution (\$) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | |
|--|--|---|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/18</p> |
| <p>2 FILER NAME Valliant, Susan (Ms.)</p> | | | | <p>3 Filer ID (Ethics Commission Filers) 00089785</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | | | \$ |
| <p>5 Date 10/02/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Teresa</p> | | | <p>8 Amount of contribution (\$) \$327.86</p> <p>9 In-kind contribution description T-shirts for campaign</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>7 Contributor address; City; State; Zip Code Fort Worth, TX 76135</p> | | | |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions) Retired</p> | | |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 12/12/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike, Larry</p> | | | <p>Amount of contribution (\$) \$500.00</p> <p>In-kind contribution description campaign assistance including videos</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>Contributor address; City; State; Zip Code Arlington, TX 76013</p> | | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) School Board Trustee</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions) Arlington ISD</p> | | |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date 10/02/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, John (Mr.)</p> | | | <p>Amount of contribution (\$) \$200.00</p> <p>In-kind contribution description Distribution of signs, food, gas</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| | <p>Contributor address; City; State; Zip Code Lakeside , TX 76108</p> | | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions)</p> | | |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> | | |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ |
| 5 Date 12/09/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Voice Broadcasting 7 Contributor address; City; State; Zip Code Arlington, TX 76010 | 8 Amount of contribution (\$) 9 In-kind contribution description \$1,200.00 Town Hall Services <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |

LOANS

SCHEDULE E

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 16/18 |
| 2 FILER NAME Valliant, Susan (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 07/03/2025 | 7 Name of lender Valliant, Susan | <input type="checkbox"/> out-of-state PAC (ID#: 9 Loan Amount (\$) \$20,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; Arlington, TX 76015 | 10 Interest Rate |
| | | 11 Maturity Date 12/31/2030 |
| 12 Principal occupation / Job title (See Instructions) Registered Nurse | | 13 Employer (See Instructions) JPS Health Network |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 17/18 | 2 FILER NAME Valliant, Susan (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 08/06/2025 | 5 Payee name DistrictWin Merchandise | |
| 6 Amount (\$) \$7,370.25 | 7 Payee address; City; 3816 Bay Ct Fort Worth, TX 76179 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 20 Signs, 500 push cards, 1000 door hangers, 1000 business cards, Digital services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/18/2025 | Payee name DistrictWin Merchandise | |
| Amount (\$) \$1,864.07 | Payee address; City; 3816 Bay Ct Fort Worth, TX 76179 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 60 shirts, 30 caps |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/25/2025 | Payee name DistrictWin Merchandise | |
| Amount (\$) \$1,571.95 | Payee address; City; 3816 Bay Ct Fort Worth, TX 76179 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Misc push cards, printed material |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 18/18 | 2 FILER NAME Valliant, Susan (Ms.) | 3 Filer ID (Ethics Commission Filers) 00089785 |
| 4 Date 12/02/2025 | 5 Payee name Mulhollands | |
| 6 Amount (\$) \$1,655.14 | 7 Payee address; City; 1200 W Berry Fort Worth , TX 76110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4 x 4 signs and 4 x 8 banners |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/16/2025 | Payee name Red Brand Media | |
| Amount (\$) \$861.00 | Payee address; City; 3816 Bay Ct Fort Worth, TX 76179 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1000 yard signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/02/2025 | Payee name Red Brand Media | |
| Amount (\$) \$950.62 | Payee address; City; 3816 Bay Ct Fort Worth, TX 76179 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards and door hangers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |