

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers) 00089785		<b>2</b> Total pages filed: 18		<b>OFFICE USE ONLY</b>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Susan	MI MI		
	NICKNAME		LAST Valliant	SUFFIX		
<b>4</b> 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			
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2025		THROUGH	12/31/2025	
<b>6</b> 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	
	NICKNAME		LAST Valliant	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1910 Leighton Dr.  Arlington, TX 76015		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2026			
		Date Hand-delivered or Date Postmarked			
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 Day Year    THROUGH    Month Day Year 07/01/2025    12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 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

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13 C / OH NAME	Valliant, Susan (Ms.)	14 Filer ID	(Ethics Commission Filers)
		00089785	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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**

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<b>18 FILER NAME</b> Valliant, Susan (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089785
<b>20 SCHEDULE SUBTOTALS</b> 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**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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

# 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	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description Town Hall Services
	7 Contributor address; City; State; Zip Code  Arlington, TX 76010	<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

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 17/18	<b>2</b> FILER NAME Valliant, Susan (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089785
<b>4</b> Date 08/06/2025	<b>5</b> Payee name DistrictWin Merchandise	
<b>6</b> Amount (\$) \$7,370.25	<b>7</b> Payee address; City; State; Zip Code 3816 Bay Ct  Fort Worth, TX 76179	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 3816 Bay Ct  Fort Worth, TX 76179	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 3816 Bay Ct  Fort Worth, TX 76179	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 <u>ONLY</u> 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 18/18	<b>2</b> FILER NAME Valliant, Susan (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00089785
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Mulhollands	
<b>6</b> Amount (\$) \$1,655.14	<b>7</b> Payee address; City; State; Zip Code 1200 W Berry  Fort Worth , TX 76110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 3816 Bay Ct  Fort Worth, TX 76179	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 3816 Bay Ct  Fort Worth, TX 76179	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held