

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST VALERIE	MI	OFFICE USE ONLY FILED FOR RECORD		
	NICKNAME	LAST REYES	SUFFIX	Date Received	JAN 05 2026	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1206 S 14TH ST LAMESA, TX 79331			ASHLEY RODRIGUEZ DAWSON COUNTY ELECTION ADMINISTRATOR		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 200-2921	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST VALERIE	MI	Receipt #	Amount \$	
	NICKNAME	LAST REYES	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1206 S 14TH ST LAMESA, TX 79331			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 200-2921	EXTENSION			
9 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)	
10 PERIOD COVERED	Month NOVEMBER	Day 24	Year 2025	Month DECEMBER	Day 31	
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) COUNTY TREASURER		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

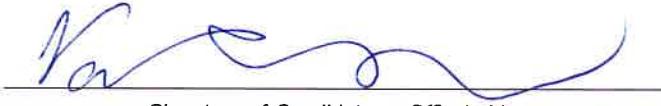
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME VALERIE REYES	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 135.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 835.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 15.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 896.21
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 VALERIE REYES this the 5th day of JANUARY, 20 2016, 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 Candidate/Officeholder (Declarant)

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

19 FILER NAME VALERIE REYES	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 750.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 60.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 75.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 750.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 131.21
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME VALERIE REYES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor VALERIE REYES	6 Contributor address; City; State; Zip Code 1206 S 14TH ST LAMESA, TX 79331
8 Principal occupation / Job title (See Instructions) WAITRESS		7 Amount of contribution (\$) 750.00
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:
<p>2 FILER NAME VALERIE REYES</p>				3 Filer ID (Ethics Commission Filers)
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>				\$ 75.00
5 Date	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>7 Pledgor address; City; State; Zip Code</p>			<p>8 Amount of Pledge \$</p> <p>9 In-kind contribution description</p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (See Instructions)</p>			<p>11 Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Pledgor address; City; State; Zip Code</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Pledgor address; City; State; Zip Code</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Pledgor address; City; State; Zip Code</p>			<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
				<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

LOANS

SCHEDULE E

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>			<p>1 Total pages Schedule E: 1</p>
<p>2 FILER NAME VALERIE REYES</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>			<p>\$</p>
<p>5 Date of loan 11/26/25</p>	<p>7 Name of lender VALERIE REYES</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p>9 Loan Amount (\$) 750.00</p>
<p>6 Is lender a financial institution? Y [N]</p>	<p>8 Lender address; City; State; Zip Code 1206 S 14TH ST, LAMESA, TX 79331</p>		<p>10 Interest rate N/A</p>
<p>12 Principal occupation / Job title (See Instructions) WAITRESS</p>		<p>13 Employer (See Instructions) PEDROZA'S</p>	
<p>14 Description of Collateral <input checked="" type="checkbox"/> none</p>		<p>15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>17 Name of guarantor 18 Guarantor address; City; State; Zip Code</p>		<p>19 Amount Guaranteed (\$)</p>
<p>20 Principal Occupation (See Instructions)</p>	<p>21 Employer (See Instructions)</p>		
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Loan Amount (\$)</p>
<p>Is lender a financial institution? Y N</p>	<p>Lender address; City; State; Zip Code</p>		<p>Interest rate</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Description of Collateral <input type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>GUARANTOR INFORMATION <input type="checkbox"/> not applicable</p>	<p>Name of guarantor Guarantor address; City; State; Zip Code</p>		<p>Amount Guaranteed (\$)</p>
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 1	2 FILER NAME VALERIE REYES	3 Filer ID (Ethics Commission Filers)	
4 Date 12/01/25	5 Payee name DAWSON COUNTY REPUBLICAN PRIMARY		
6 Amount (\$) 750.00	7 Payee address; N/A	City; State; Zip Code LAMESA, TX 79331	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description REPUBLICAN PARTY PRIMARY FILING FEE	
	(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 VALERIE REYES	Office sought COUNTY TREASURER Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: 1	2 FILER NAME VALERIE REYES	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/25	5 Payee name OFFICE DEPOT STORE #2785	
6 Amount (\$) 56.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 6044 MARSHA SHARP FREEWAY, LUBBOCK, TX 79407	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POP UP M&G AND YARD BANNER
	(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 VALERIE REYES	Office sought COUNTY TREASURER
Date 12/5/25	Payee name COSTCO WHOLESALE LUBBOCK #1163	Office held
Amount (\$) 74.93 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 6020 34TH ST, LUBBOCK, TX 79407	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE	Description POP UP M&G AND CANVASSING COOKIES & WATER
	<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 VALERIE REYES	Office sought Office held COUNTY TREASURER
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED