CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr first Mrs. Susan	I OFFICE USE ON			
NAME	NICKNAME LAST Allen	SUFFIX	Pate Received RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 8481 Horseshoe Bay, 7	X 7.8657	JAN 1 BURNET CO	6 2024 ELECTIONS	
5 CANDIDATE/ OFFICEHOLDER PHONE	(830) Q20-0264	EXTENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Maridit NICKNAME LAST	h G SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		state: $20 \frac{7x}{1}$	ZIP CODE	
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	1313 Chamboard AREA CODE PHONE NUMBER (512) 694-1	EXTENSION 7014	<u> </u>	7 7018	
9 REPORT TYPE	July 15 30th day before ele	Supported Modified	treasurer ap (Officeholder		
10 PERIOD COVERED	Month Day Year $07/27/23$	THROUGH / A	Day Year / 31 / 23	3	
11 ELECTION	ELECTION DATE Month Day Year Primary O3/05/24 General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	Burnet Count	y Tax Asse	ssor Collecto	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME			
	COMMITTEE CAMPAIGN TR	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	M Allen	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 145000
EXPENDITURE TOTALS	\$ ()	
	4. TOTAL POLITICAL EXPENDITURES	\$ 3867.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	* \$ 418. 37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
100	pared to be reported by the under this 15, Election Code.	
	Susan M. a	llen
	Signature of Candida	te or Officeholder
	Please complete either option below:	
(1) Affidavit	AMI WISDOM Notary Public STATE OF TEXAS ID# 13025300-9 My Comm. Exp. June 8, 2027	
NOTARY STAMP/SEAL		1
Sworn to and subscribed	before me by <u>Susan M. Allan</u> this the <u>16</u>	day of January,
20 24 , to certify	which, witness my hand and seal of office.	
1 Ami Wir	dom Ami Wisdom	Votary Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
iviy address is	,,	
	(street) (city) (state)	3 2 2 3 22
Executed in	County, State of , on the day of (month)	, 20 (year)
	(month)	(year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor							
	Sus							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1450°0				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>O</i>				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0				
4.		SCHEDULE E: LOANS		\$ O				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1031.63				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ O				
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$1038.39				
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 1797.07				
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ O				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ O				

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	s form.	1 Total pages Schedule A1:					
2 FILER NAME	an M. Allen		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)					
11 Jaolas	Highland Lakes Auto Exc. 6 Contributor address; City;		\$30000					
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
	<i>Jwner</i>	Adrian A	quirre					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occu	pation / Job title (See Instructions)	ions)						
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
	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 thi	s form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Susan M. Allen		
4 Date 5 Full name of contributor out-of-state PA	C (ID#-)	7 Amount of contribution (\$)
out of state 17	•	. ,
O'Connor Trailer	Dales	
6 Contributor address; City;	State; Zip Code	\$.
alulas Euro Nucli soim)- 11 F11 X	1000.00
8/4/23 5411 N. US Hwy 281 M	Parbletalls 7865	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructi	
Manager	Nancy O'	Connor
Date Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
11 . 0		Amount of contribution (\$)
Heidi Braun	State: Zin Code	A 5000
Contributor address; City;	State; Zip Code	\$50,00
11/1/20 11/20 (10)	1 1 1 -	
11/6/23 450 St. AndrewsMed		
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ions)
Retired		
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Ω . Ω .		Amount of contribution (4)
Patricia Burton)	A
Contributor address; City;	State; Zip Code	45000
ulle was CIM II	CI T TO	0 0 .
11/6/23 118 Main St. Marble	-alls 1x 78654	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	^ /
Realtor	Thelen +	Hssociates
Date Full name of contributor ☐ out-of-state PA	AC (ID#:)	Amount of contribution (\$)
0 11 7		Amount of contribution (¢)
Robben I homps	son	# _
Contributor address; City;	State; Zip Code	5000
Walada Wa D. I IM I.	L. K. Tumas -	
11/20/23/40 Pinehurst Meadow		•
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Retired		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Service The Instru		Salari explains how	es/Wages/Co to complete		Other (e	nter a catego	ory not listed above)	
1 Total pages Schedule F1:	C .	AME	n. A	llen			3 Filer	ID (Ethics	s Commission Filers)	
4 Date 8/7/23	5 Payee na	Penne	\wedge	traits	5					
6 Amount (\$) \$ 81.17	7 Payee ad	ddress; Plakel)			city; er Park	ć.	State;	Zip Code 786/3	
8 PURPOSE	(a) Categor	y (See Categori	es listed at the	top of this schedule		escription ampai	gn			
OF EXPENDITURE	Adver	tising	Experitside of Texas. C	ense Complete Schedule T	Pa	Check if Aust	100 (0.00)	0.0000	rtising	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeh	older name		Of	ffice sought			Office held	
Date	Payee na	ame								
8/21/23+8/28/2	3	Vist	a pr	int		0:1		01-1	7:- 0: 1:	
Amount (\$)	Payee a	ddress;	,			City;		State;	Zip Code	
537.20		Wymo		t. L	Valt	ham		MA	02451	i i
PURPOSE	Category	/ (See Categorie	s listed at the to	op of this schedule		escription OOZ i ES				
OF EXPENDITURE	Adver	tising	Exp	ense	Bu	siness	Can	ds+	Bags	
				Complete Schedule 1		Check if Aust	tin, TX, offic	eholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeh	older name		Of	ffice sought			Office held	
Date	Payee n	ame								
8/23/23	Cus	tom	Tatto	o Nou	J. Co.			- · ·		
Amount (\$)	Payee a	ddress;				City;		State;	Zip Code	
#77.51	1610		Singt		S	ugarlo	2nd	Tx	77479	
PURPOSE	Category	/ (See Categorie	s listed at the to	op of this schedule)		reseription 15tom f	Print	had		
OF EXPENDITURE	Adver	tising	Expe	nse	Ba	lloons	for	Parac	k Decor	
		J	itside of Texas. C	Complete Schedule T	r. [Check if Aust	tin, TX, offic	eholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeh	older name	9	0	office sought			Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

LOANS SCHEDULE E

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

	3/4/10 H 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/10 10/4/	* *** **** **** **** **** **** **** ****					
	The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UN	IITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
	Y N			Maturity date			
	Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral none			Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	not applicable	Guarantor address; City;	State; Zip Code				
		on (See Instructions)	Employer (See Instructions)				
	Timopai Occupant	און (ספט וווטנונטנוט)	Employer (See Instructions)				
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages_Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Susan M. Allen	
4 Date	5 Payee name	
8/28/23	Quikcolor	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$335.75	1102 FM 1431 Ste A Marble	Falls Tx 78654
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF	O has been to a	Banners + Push Cards
EXPENDITURE	Holvertising Expense	Cognicio : I donoce -
	(c) 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	
Date	d. per de	
Amount (\$)	Payee address;	City; State; Zip Code
7 tillodint (4)		
	Onto any (One Colonia linted at the ten of this schodule)	Description
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	н	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		10
OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Н	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

_	ii tile requestet	a information is not applic	able, DO N	or include this page in the re	eport.	
	The	Instruction Guide explains	how to comp	plete this form.	1 Total pages Schedule E:	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	NITEMIZED LOANS			\$	
5	Date of loan	7 Name of lender	out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate	
	Y N				11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	atoral		15		
	none	aterai		Check if personal fun account (See Instruc	ds were deposited into political tions)	
16	GUARANTOR INFORMATION 17 Name of guarantor				19 Amount Guaranteed (\$)	
		18 Guarantor address;	City;	State; Zip Code		
	_	re caaramer address,	Oity,	State, Zip Code		
	not applicable					
20	Principal Occupat	ion (See Instructions)		21 Employer (See Instructions)		
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate	
I	Y N				Maturity date	
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)		
	Description of Colla	ateral		— Check if personal fund	ds were deposited into political	
none				account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
		Guarantor address;	City;	State; Zip Code		
	not applicable					
	Principal Occupation	on (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			se Transportation Equipment & Related Ex Travel In District Travel Out Of District		
		The Instruction	n Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME USAN 1	M. AI	len		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACR	EDIT CARD	\$ 1038	39
5 Date	6 Payee	name					
10/12/23	Dir	t Ched	20 Si	ans			
7 Amount (\$)	8 Payee	address;	<i>F</i> .	J.	City;	State;	Zip Code
\$841!0	670	6 Lohr	nan Fo	rd Ro	I hagoV	ista Tx	78645
9 TYPE OF EXPENDITURE	-	Political	[Non-Pol	9		
10	(a) Categor	y (See Categories lis	sted at the top of this	s schedule)	(b) Description		
PURPOSE						Magnetic S	•
OF EXPENDITURE	Adver	tisingE	EXPENS	e	18×24	Yard Sigi	18
	(c)	Check if travel outsid			Check if A	ustin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeh	older name	Of	ffice sought	Office I	neld
Data	Payee	name					
10/20/23	Dir	+ Che	20 Si	ans			
Amount (\$)	Payee	address;	9	9110	City;	State;	Zip Code
\$19729	6700	Lohma	an Ford	Rd L	ago Vista	a TX	78645
TYPE OF EXPENDITURE		Political	[Non-Po	_		
	Catego	ry (See Categories I	isted at the top of th	is schedule)	Description		
PURPOSE OF Expenditure	Adver	tisina	Expens	se	Wire HS	Stakes for	Signs
		_	de of Texas. Complet		Check if A	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate / Officeh	older name	0	ffice sought	Office	held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Froiling Expense Travel In District
Printing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	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)				
4 Date	5 Payee name	-						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
	(c) Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living exp	pense					
9 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				
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description						
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living ex	pense					
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	C	Office held				
Date	Payee name							
Amount (\$)	Payee address;	City;	State;	Zip Code				
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	-				

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 Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date Payee name Payee address: Amount (\$) City; State: Zip Code Reimbursement from political contributions intended (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payer address; Amount (\$) City; State; Zip Code 36,52 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) State: Zip Code 5000 Reimbursement from political contributions intended **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Exper Legal Services		pense ages/Contract Labor		ut Of District	ry not listed above)
		The Instruction Guide 6	explains how to co	omplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer II	O (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	PENDITURES CHAR	GEDTOACR	EDIT CARD	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;	8	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top	p of this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, office	eholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate / Officeholder nam	ne Of	ffice sought		Office he	eld
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the to	p of this schedule)	Description			
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, office	eholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ndidate / Officeholder nam	ne Of	ffice sought		Office he	eld
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic			ravel Out Of District ther (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)
2	Susan M. Allen		
4 Date	5 Payee name		
1218123	Victory Media	The second secon	
6 Amount (\$) \$ ↓↓↓ ○ ○ ○	7 Payee address;	City;	State; Zip Code
Reimbursement from		—	
political contributions intended	1007 Ave K Marble Fo	115 7x 786	054
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Ad for Jar	
OF	Odio Licia- Expanse		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
12/26/23	Effective Sign Solu	tions	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 500.58			
Reimbursement from political contributions intended	400 W. Whitestone Blud St	e A Cedar Par	KTX 78613
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense	48"x32" 5	Sians
LAFENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	ОН		
Date	Payee name		
12/27/23	Source Space		
Amount (\$)	Payed address;	City;	State; Zip Code
\$ 2452			
Reimbursement from political contributions intended	123 Demo St. Mank	nattan No	12345
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Fx mase	Webs	ite
EX. ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instruction Guide	explains how to co	emplete this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAR	GEDTOACR	EDIT CARD	\$		
5 Date	6 Payee n	name					
7 Amount (\$)	8 Payee a	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	F	Political	Non-Pol	litical			
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories listed at the to	p of this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, officeholder living	g expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	didate / Officeholder nan	ne Of	ffice sought	Office h	eld	
Date	Payee r	name					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	P	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the to	p of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	didate / Officeholder nan	ne Of	ffice sought	Office h	eld	
	ATTAC	H ADDITIONAL COPI	IES OF THIS SC	CHEDULE AS NE	EDED		