CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs.	sirst Susan	1	MI	OFFIC	E USE ONLY
INCIVIL	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BO	DX: APT / SUITE #: C	CITY: STA	ATE: ZIP CODE	RECE	IVED
OFFICEHOLDER MAILING ADDRESS	P.O. E	Box 8481		211 0002	FEB 0	
Change of Address	Hors	eshoe Bay	Tx 7	8657	BURNET CO	ELECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	220-021	EXT	FENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	Maridi		Ğ	Receipt #	Amount \$
at sakstateletenete	NICKNAME	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	To the same of the	CITY:	STATE	ZIP CODE
TREASURER ADDRESS			,	1		
(Residence or Business)		hamboard	Ln H	ouston	/ X	78018
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
	(57a)	694-701	14			
9 REPORT TYPE	January 15	30th day before ele	ection	Runoff		ifter campaign appointment er Only)
	July 15	8th day before elect		Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
44 51 50 510 11	01,	101/2024	THROUGH	01/	31/20	024
11 ELECTION	ELECTION DA	Year X Primary	Runoff	Other		
	03/05		Special	Description		
12 OFFICE	OFFICE HELD (if any))	13 OFFIC	CE SOUGHT (if known)	v Occasi	0.11.1.
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES A S AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITIC	CAL EXPENDITURES MA	DE BY POLITICAL CON	MMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	- TO REPORT THIS II	NFORMATION ONLY IF TH	EY RECEIVE NOTICE O	F SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
		GO TO P	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

SUSAN	M. Allen		16 Filer ID (Ethics Commission F	ilers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		s C	
*** * * * *** * * * * * * * * * * * * *	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS PANS, OR GUARANTEES OF LOAN	(s) \$ 100.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEN	DITURES	\$ /858.	7
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE L	AST DAY \$ 14731	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTII	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE \$	
18 SIGNATURE I su	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,	that the accompanying report is to Election Code.	rue and correct and includes all info	rmation
		Sugar M.	Allen	
		Signature of C	Candidate or Officeholder	
			o o mocholaci	
	Please comp	olete either option belo	w:	
	AMI WISDOM	~		
(1) Affidavit	Notary Public STATE OF TEXA ID# 13025300-8 My Comm. Exp. June 8	AS		
NOTARY STAMP/SEAL				
Swom to and subscribed to		Allen this the	day of Felo	
20 to certify w	which, witness my hand and seal of office.			
Ami Wr	odom Amily	Visdom	Notary Public	
Signature of officer administeri	ng oath Printed name of off	ficer administering oath	Title of officer administerin	g oath
		OR		
(2) Unsworn Declaratio	n ,			
My name is		and my date of hirth in		
			<u> </u>	
	(street)	2000-000-000-000-000-000-000-000-000-00	(ctoto) (zin sede)	
Executed in	County, State of	(city) (, on the day of	(state) (zip code) (country) , 20	
		-	idate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)	
	Susan M. Allen					
	SCHEDL	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT	
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10000	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.		SCHEDULE E: LOANS		\$	0	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	12145	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$	0	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ /	736.72	
10.		SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	0	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	0	

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	1 Total pages Schedule A1:			
2 FILER NAME	san M. Allen		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor □ out-of-state PAC MrS, Nona Fox	C (ID#) State; Zip Code	7 Amount of contribution (\$)		
	1402 Bluebonnet Marble pation / Job title (See Instructions)	9 Employer (See Instruc			
P	ealtor	Sel-	\Box		
Date			Amount of contribution (\$)		
	Contributor address; City;				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#)	Amount of contribution (\$)		
	Contributor address; City;	1			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
ATTACH ADDITIONAL CODIES OF THE COLLED IN EACH TERM					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awardisense

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)

Candidate/Officeholder/Politica		Legal Services	als Expense	Printing Expension Salaries/Wage	ense ges/Contract Labor	Travel Out Of Dist Other (enter a cate	rict gory not listed above)
Credit Card Payment		The Instruction	Guide explains	s how to com	nplete this form.		gory not noted above,
1 Total pages Schedule F1:	2 FILER NA	AME				3 Filer ID (Eth	ics Commission Filers)
	Su	san	M. H	llen		E □ 100-200, accord •	ar and an area of the second and the second of
4 Date	5 Payee na	me					
1123124	Vis	taprir	7+				
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
\$ 10.83	275	Wyma	in 5t.	Wa	Itham	MA	02451
8	(a) Category	(See Categories lister	d at the top of this so	chedule) (I	b) Description		
PURPOSE OF	_	000			Proof F	OR	
EXPENDITURE	Print	ina Ex	(Dense	,	Puch (2006	
	(c)	Check if travel outside of	1 -1		Check if Aust	tin, TX, officeholder livir	ng evnense
9 Complete ONLY if direct	Candida	ate / Officeholder i	name	Section 100	Office sought		Office held
expenditure to benefit C/OF					Omoo Sung		Office field
Date	Payee nar	ne					
1105/211	1/10	L 2 2	L				
Amount (\$)	Payee add	Taprin	T		City;	Ctata:	
- 40	i dyoc	11635, 1			City,	State;	Zip Code
\$110.60	275	Wyma	in St	: Wa	altham	MA	02451
	Category	(See Categories listed	at the top of this sch	edule)	Description		
PURPOSE OF	\wedge	w			^ .	^	
EXPENDITURE	Print	ing Ex	Dense		Push	(nords	
		Check if travel outside of T	Texas Complete Sche	edule T	Check if Austin	n. TX, officeholder living	a avnanca
Complete ONLY if direct		te / Officeholder n	ıame		Office sought		Office held
expenditure to benefit C/OH					U ,		Office field
Data	Payoe par						
Date	Payee nan	ne					
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
					,	otato,	Zip Code
	Category (See Categories listed a	t the top of this sche	edule)	Description		
PURPOSE					- 1005 Tel. F. 200000		
OF EXPENDITURE							
2		neck if travel outside of Te		dule T		n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder r			Office sought ASSES	2500	Office held
	Susa	in M. A.	llen Bu	irnet Co	Tax Collec	etor	1010344 S \$0.000 S. 100
				F THIS SCH	HEDULE AS NEE	DED	
							1

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

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

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)

Candidate/Officeholder/Poli Credit Card Payment	itical Committee Legal Services S	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
**************************************	The Instruction Guide explains h	how to complete this form.			
1 Total pages Schedule G:	$G = \Omega \Omega \Omega \Omega \Omega$		3 Filer ID (Ethics Commission Filers)		
1 0-1-	Susan M. Aller)			
4 Date	5 Payee name				
1/19/24 6 Amount (\$)	Victory Media				
\$ 44000	7 Payee address	City;	State; Zip Code		
Reimbursement from political contributions intended	1007 Avek Mark	ble Falls 7	X 78654		
8	(a) Category (See Categories listed at the top of this sched		1 10034		
PURPOSE OF		Ad FOR 1	February		
EXPENDITURE	Advertising Expense		20		
	(C) Check if travel outside of Texas. Complete Schedu		TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	l .		onice neig		
Date	Payee name				
1/18/24	Chase				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	P.O. Box 6294 Ca	rol Stream	II 60197-6294		
DUBBOSE	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Credit CardiPayment	Signs +	Wire H Stakes		
	Check if travel outside of Texas Complete Schedul		TX, officeholder living expense		
	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/C		Office sough	Office held		
Date	Payee name				
1/29/24	Vista print				
Amount (\$) #262a2	Payee address;	City;	State: Zip Code		
Reimbursement from political contributions intended	275 Williams St	11/0/1400	MA 021/-1		
	Category (See Caegories listed at the top of this schedu	ule) Description	11111 00451		
PURPOSE OF	Adva tois - Fre	0			
EXPENDITURE	Hovertising Expense Check if travel outside of Texas. Complete Schedule	Koozies to	R FORUM X. officeholder living expense		
Complete Citizens	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/OH	Susan M. Allen Ru	coet Co Calk oto	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					