

# 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: <div style="font-size: 1.5em; margin-top: 5px;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"><span>Ms. SUSAN</span><span>G</span></div>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; margin-top: 10px;">4/25/2025</div> <div style="font-size: 1.5em; margin-top: 10px;">DM</div>	
	NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;"><span>MOORE - FONTENOT</span><span></span></div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="font-size: 0.8em; margin-top: 5px;">Change of Address</div>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="font-size: 1.2em;">BAYTOWN, TX 77521</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between;"><span>(832)</span><span>597-4951</span><span></span></div>		Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; margin-top: 10px;">4-25-2025</div>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"><span>MR DAVID</span><span>R</span></div> <div style="display: flex; justify-content: space-between;"><span>NICKNAME LAST SUFFIX</span><span></span></div> <div style="display: flex; justify-content: space-between;"><span></span><span>SMITH</span><span></span></div>		
7 CAMPAIGN TREASURER ADDRESS <div style="font-size: 0.8em; margin-top: 5px;">(Residence or Business)</div>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="font-size: 1.2em;">BAYTOWN, TX 77521</div>		
	8 CAMPAIGN TREASURER PHONE <div style="display: flex; justify-content: space-between;"><span>AREA CODE</span><span>PHONE NUMBER</span><span>EXTENSION</span></div> <div style="display: flex; justify-content: space-between;"><span>(281)</span><span>638-7004</span><span></span></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <div style="font-size: 1.2em;">01 / 15 / 25</div></div> <div>THROUGH</div> <div>Month Day Year <div style="font-size: 1.2em;">04 / 25 / 25</div></div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE <div style="display: flex; justify-content: space-between;"><span>Month Day Year</span><span></span></div><div style="font-size: 1.2em;">05 / 03 / 25</div></div> <div>ELECTION TYPE <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</div><div><input type="checkbox"/> Runoff <input type="checkbox"/> Special</div><div><input type="checkbox"/> Other Description</div></div></div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) <div style="font-size: 1.2em;">LEE COLLEGE BOARD OF REGENTS</div></div> <div>13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">POSITION 5</div></div> </div>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 0.8em; margin-top: 20px;">Additional Pages</div>	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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 <u>SUSAN G. MOORE-FONTENOT</u>		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)	\$ <u>3,690.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,690.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>12,565.51</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,565.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,690.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>12,565.51</u>

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 \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

My name is SUSAN G. MOORE-FONTENOT, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, BAYTOWN, TX, 77521, USA.  
(street) (city) (state) (zip code) (country)

Executed in HARRIS County, State of TEXAS, on the 25th day of APRIL, 2025.  
(month) (year)

Susan Moore-Fontenot  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

SUSAN MOORE-FONTENOT

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,690.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 12,565.51
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. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 12,565.51
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	\$



# 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: <u>4</u>
2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/10/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dr. KEITH CORBURN</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>03/09/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>VIRGINIA PAYNE RICHARDS</u>	Amount of contribution (\$) <u>40.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>02/10/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMES JACKSON</u>	Amount of contribution (\$) <u>300.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/09/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DWIGHT WATKINS</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/12/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BERNARD CANNARIATO</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>03/12/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK HIMSEL</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/07/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>THERESA LAVIGNE</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/09/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr. JEROME WASHINGTON</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 this form.

1 Total pages Schedule A1:

2 FILER NAME

SUSAN G. MOORE-FONTENOT

3 Filer ID (Ethics Commission Filers)

4 Date

03/10/25

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARY YORK

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/25

Full name of contributor

☐ out-of-state PAC (ID#)

JOE ELLIOTT

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/12/25

Full name of contributor

☐ out-of-state PAC (ID#)

CHRIS WOOLLEY

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/12/25

Full name of contributor

☐ out-of-state PAC (ID#)

FREDRIC SANTIAGO

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: <u>5</u>
2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/10/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LUX BEAUTY SUPPLY</u> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <u>25.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>03/20/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUSAN URBAN</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>D CAROLYN LIGHTFOOT</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>300.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>03/30/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHON JACKSON</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>\$ 200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>SUSAN G. MOORE - FONTENOT</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>REID, STRICKLAND, GILLETTE</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/11/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>REID, STRICKLAND, GILLETTE</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**LOANS****SCHEDULE E**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 E: <b>2</b>
2 FILER NAME <b>SUSAN G. MOORE-FONTENOT</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		<b>\$ 12,565.51</b>
5 Date of loan <b>04/25/25</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SUSAN G. MOORE-FONTENOT</b>	9 Loan Amount (\$) <b>8,423.53</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>BAYTOWN TX 77521</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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.

# LOANS

## SCHEDULE E

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 E: <u>2</u>	
2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan <u>03/30/25</u>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUSAN G. MOORE-FONTENOT</u>		9 Loan Amount (\$) <u>4,141.98</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code <u>BAYTOWN, TX 77521</u>		10 Interest rate <u>0.00</u>	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)		
14 Description of Collateral <input type="checkbox"/> none			15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

  

Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (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.

# 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  
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 G <i>* 6</i>	<b>2</b> FILER NAME <i>SUSAN G. MOORE-FONTENOT</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>01/29/25</i>	<b>5</b> Payee name <i>OFFICE DEPOT</i>	
<b>6</b> Amount (\$) <i>60.08</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<b>(b)</b> Description <i>PUSH CARDS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>02/12/25</i>	Payee name <i>VISTA PRINT</i>	
Amount (\$) <i>103.90</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <i>PUSH CARDS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>02/10/25</i>	Payee name <i>AMAZON</i>	
Amount (\$) <i>87.95</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>OFFICE SUPPLIES</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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  
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 G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<u>4</u> 6	<u>SUSAN G. MOORE-FONTENOT</u>		
<b>4</b> Date	<b>5</b> Payee name		
<u>02/13/25</u>	<u>TEXAS DEMOCRATIC PARTY</u>		
<b>6</b> Amount (\$)	<b>7</b> Payee address;		City; State; Zip Code
<u>395.00</u>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<u>POLLING EXPENSE</u>		<u>VAN ACCOUNT</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
<u>03/10/25</u>	<u>SECURE UPLINK LLC</u>		
Amount (\$)	Payee address;		City; State; Zip Code
<u>275.00</u>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<u>ADVERTISING EXPENSE</u>		<u>T-SHIRTS</u>
	<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		
<u>03/20/25</u>	<u>SECURE UPLINK LLC</u>		
Amount (\$)	Payee address;		City; State; Zip Code
<u>322.00</u>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<u>ADVERTISING EXPENSE</u>		<u>T-SHIRTS</u>
	<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

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# 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  
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 G: * 6	<b>2</b> FILER NAME SUSAN G. MOORE-FOUNTENOT	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/22/25	<b>5</b> Payee name VISTA PRINT	
<b>6</b> Amount (\$) 259.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description PUSH CARDS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

<b>Date</b> 03/27/25	<b>Payee name</b> SPRINT2PRINT		
<b>Amount (\$)</b> \$1,399.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>Description</b> YARD SIGNS	
	<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			

<b>Date</b> 02/22/25	<b>Payee name</b> THE BAYTOWN SUN		
<b>Amount (\$)</b> 1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> NEWSPAPER POLITICAL AD	
	<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			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 G	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
46	SUSAN G. MOORE-FONTENOT		
<b>4</b> Date	<b>5</b> Payee name		
03/30/25	SAM'S CLUB		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
38.93			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	OTHER		OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
04/08/25 SHIPLEY			
Amount (\$) Payee address; City; State; Zip Code			
47.96			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>
	FOOD/BEVERAGE		FOOD
	<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			
Date Payee name			
04/08/25 SPRINTZPRINT			
Amount (\$) Payee address; City; State; Zip Code			
930.95			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>
	PRINTING EXPENSE		YARD SIGNS
	<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			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 G: <b>6</b>	<b>2</b> FILER NAME <b>SUSAN G. MOORE-FONTENOT</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/05/25</b>	<b>5</b> Payee name <b>KWWJ RADIO</b>		
<b>6</b> Amount (\$) <b>\$ 500.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>(b)</b> Description <b>RADIO AD</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>04/11/25</b>	Payee name <b>TRACTOR SUPPLY CO.</b>		
Amount (\$) <b>\$142.66</b> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>SIGN SUPPLIES</b>
	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 Candidate / Officeholder name Office sought Office held			
Date <b>04/12/25</b>	Payee name <b>HOME DEPOT</b>		
Amount (\$) <b>\$ 47.96</b> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>CAMPAIGN SUPPLIES</b>
	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 Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 G: 6		<b>2</b> FILER NAME SUSAN G. MOORE-FONTENOT		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/13/25		<b>5</b> Payee name SECURE UPLINK LLC			
<b>6</b> Amount (\$) \$154.00 X Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code			
<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 T-SHIRTS	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/25/25		Payee name ROBERT JARA			
Amount (\$) \$6,600.00 X Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description COMMUNICATION CONSULTANT	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
Reimbursement from political contributions intended					
<b>PURPOSE OF EXPENDITURE</b>		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 expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.*

Filer name <u>SUSAN G. MOORE-FONTENOT</u>	Filer ID #
--	------------

OFFICE USE ONLY	
Date Received <u>4/25/2025</u> <u>bm</u>	
Date <u>Hand-delivered</u> or Date Postmarked <u>4-25-2025</u>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

\_\_\_\_\_  
Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is SUSAN G. MOORE-FONTENOT, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, BAFTOWN (city), TX (state), 77521 (zip code), USA (country).

Executed in HARRIS County, State of TEXAS, on the 25 day of APRIL, 20 25.

Susan Moore-Fontenot  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**