## 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 F	Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LE - FONTEN	SUFFIX	Date Received 4/25/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	BAYTO	WN, TX 77	CITY; STATE; ZIP COD	= 4/25/2025 Sm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST DAVID LAST SMITH		Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / :	SCHOOL COMPANY	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER	EXTENSION	5.5
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /15 / 25	Me	onth Day Year 14 / 25 / 25
11 ELECTION	ELECTION DA Month Day 05/03	Year Primary	Descrip	
12 OFFICE	OFFICE HELD (if any)	GE BOARD of 1	13 OFFICE SOUGHT (# REGEATS ROSITIO	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE	RES MADE BY POLITICAL COMMITTEES TO SUPPORT E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ILY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	
Forms provided by Texas E	thics Com F	leset Form	Reset Page	Revised 1/1/2025

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		
SUSAN G	MOORE-FONTENOT	6 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)	\$ 3,690.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,690,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 12,568.51
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,565.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 3,690.00
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD</li> </ol>	HE \$ 12,565.51
18 SIGNATURE I ST	wear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	ind correct and includes all information
ieq	direa to be reported by me under fille 15, Election Code.	
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
(1) Affidavit		
	а. С	
NOTARY STAMP/SEAL		
Sworn to and subscribed I	before me by this the	day of,
20, to certify w	vhich, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is	I.G. MOORE-FONTENOT, and my date of birth is	
My address is	BAYTONN . TX	. 77521, CASA .
Executed in	(street) (city) (state	e) (zip code) (country)
Executed inNAUKIS	County, State of TEXAS, on the 25th day of APPI	, 20 2 5. (year)
	Signature of Candidate	Officeholder (Declarant)
	organization of california	Silisenoluer (Declaranty

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
	SUSAN MOORG-FONTENOT					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	· X SCHEDULE A1: MONETARY POLITICAL CONTR	BUTIONS \$ 3,690,00				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	X SCHEDULE E: LOANS	\$ 12,5 65.5				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIO	NS \$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENT	MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES M	DE FROM PERSONAL FUNDS \$ 12,565.51				
10.	0. 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						

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
			<u>K</u> 5
2 FILER NAME	N G. MOORE-FONTENOT		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	7 Amount of contribution (\$)	
03/10/25	©Y.K€ITH COBURN 6 Contributor address; City;	State; Zip Code	100,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/09/25	Contributor address; City;	<u>)                                    </u>	40.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/10/25	Contributor address; City;	State; Zip Code	300,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
03/09/25	OWIGHT WATKINS Contributor address; City;	State; Zip Code	100,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
SUSA	N G. MOORE-FONTENOT	en in annound a fairtean an annound annound annound a statemer a	
	5 Full name of contributor Out-of-state PAC	7 Amount of contribution (\$)	
	RERNARD CANNARIAT	0	
03/12/25	<b>BERVARD</b> CANVARIAT	State; Zip Code	100,00
	Los in the Los	(1997) 1997 - Li Carlo Martin, Santa Sa	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tione)
		a Employer (See Instat	
	Full name of contributor		
Date		; (ID#:)	Amount of contribution (\$)
621.1.	MARK HIMSEL		
03/01/25	Contributor address; City;	State; Zip Code	250,00
			197
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	THERESA LAVIGNE		
03/07/25	Contributor address; City;	State; Zip Code	250,00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
, molpar cooup			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
00 hat	Dr. JEROME WASHINGTON		C
03/09/25	Contributor address; City;	State; Zip Code	500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	G. MOORE-FONTENDI		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
03/10/25	G Contributor address; City;	00,00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	12-12-million (Second	(ID#:)	Amount of contribution (\$)
03/08/25	Contributor address; City;	State; Zip Code	1,000,00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/12/25	CHRIS WOODLEY Contributor address; City;	State; Zip Code	00,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/12/25	Contributor address; City;	State; Zip Code	125.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		
rmo provido d hu T	xas Ethics Commission www.ethics.st		Revised 1/1/2025

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SUSAN G. MODRE-FONTENET	
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
03/10/25 6 Contributor address; City; State; Zip Cod	le 25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
SUSAN URBAN	
03/20/25 Contributor address; City; State; Zip Cod	le 100,00
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
3/25/25 D- CARDLYN LIGHTFOOT Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	e <u>30200</u>
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributorout-of-state PAC (ID#:	) Amount of contribution (\$)
03/30/25 STEPHON JACKSON Contributor address; City; State; Zip Code	
03/30/23 Contributor address; City; State; Zip Code	\$ 200.00
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	÷
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see Instruction guide for add	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	USAN G. MOORE-FONTENOT	• • • • • • • • • • • • • • • • • • •				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
4/11/25	<b>6</b> Contributor address; City; State; Zip Code	\$ 100.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
	for the second sec					
	Contributor address; City; State; Zip Code					
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions) .				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
	. Contributor address; City; State; Zip Code					
Principal occuj	Dation / Job title (See Instructions) Employer (See Instruct	tions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
Forms provided by 1	Texas Ethics Commentary Reset Form	Revised 1/1/2025				

If the requested	information is not applicable, DO NC	OT include this page in the re	SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME	G. MOORE-FONTE	ฟิริา	3 Filer ID (Ethics Commission File
TOTAL OF UN	NITEMIZED LOANS		\$ 12,565.51
Date of loan	7 Name of lender out-of-state	• PAC (ID#:)	9 Loan Amount (\$)
14/25/25	SUSAN G. MODRE-F		8,423.53
ls lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00
Institution?	BRITOW	N TX 77521	11 Maturity date
2 Principal occupati	I on / Job title (See Instructions)	13 Employer (See Instructions)	· ·
4 Description of Coll	lateral	15 Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
Principal Occupa			
	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	tion (See Instructions)		Loan Amount (\$)
Date of loan Is lender a financial			Loan Amount (\$) Interest rate
Date of loan	Name of lender 🔲 out-of-state	∋ PAC (ID#:)	
Date of loan Is lender a financial Institution? Y N	Name of lender 🔲 out-of-state	∋ PAC (ID#:)	Interest rate
Date of loan Is lender a financial Institution? Y N	Name of lender Lender address; City; on / Job title (See Instructions)	PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun	Interest rate Maturity date ds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupatio	Name of lender Lender address; City; on / Job title (See Instructions)	PAC (ID#) State; Zip Code Employer (See Instructions)	Interest rate Maturity date ds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupation Description of Coll	Name of lender Lender address; City; on / Job title (See Instructions)	PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun	Interest rate Maturity date ds were deposited into political
Date of Ioan Is lender a financial Institution? Y N Principal occupate Description of Coll none GUARANTOR INFORMATION	Name of lender Lender address; City; on / Job title (See Instructions) ateral	PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun	Interest rate Maturity date ds were deposited into political tions)
Date of Ioan Is lender a financial Institution? Y N Principal occupation Description of Coll none GUARANTOR INFORMATION not applicable	Name of lender       out-of-state         Lender address;       City;         on / Job title (See Instructions)         ateral         Name of guarantor         Guarantor address;       City;	PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal fun account (See Instruc State; Zip Code	Interest rate Maturity date ds were deposited into political tions)
Date of Ioan Is lender a financial Institution? Y N Principal occupation Description of Coll none GUARANTOR INFORMATION not applicable	Name of lender     out-of-state       Lender address;     City;       on / Job title (See Instructions)       ateral       Name of guarantor	PAC (ID#) State; Zip Code Employer (See Instructions) Check if personal fun account (See Instruc	Interest rate Maturity date ds were deposited into political tions)

LOANS				SCHEDULE E
If the requeste	d information is not appl	icable, DO N	OT include this page in the r	eport.
The	Instruction Guide explain	s how to com	plete this form.	1 Total pages Schedule E:
FILER NAME		3 Filer ID (Ethics Commission File		
SUSAN	IG, MOORE-F	ONTENG	Ĩ.	
TOTAL OF U	NITEMIZED LOANS			\$
Date of loan	7 Name of lender	out-of-stat	e PAC (ID#:)	9 Loan Amount (\$)
03/30/25	SUSAN G.	Moort.	FONTENOT	4,141,98
ls lender a financial	8 Lender address;	City;	State; Zip Code	10 Interest rate
Institution?		BAYTI	WWN, TX 77521	11 Maturity date
YN				
Principal occupat	ion / Job title (See Instruction	ns)	13 Employer (See Instructions)	
Description of Co	lateral		15 Check if portrand fu	nds were deposited into political
none 🗌			account (See Instru	
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupa	tion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-stat	e PAC (ID#)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupati	I on / Job title (See Instruction	ns)	Employer (See Instructions)	
Description of Col	ateral		Check if personal fu account (See Instru	nds were deposited into political ctions)
GUARANTOR	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable	and the second second	(340) <b>*</b> *		
Principal Occupat	ion (See Instructions)		Employer (See Instructions)	-

SCHEDULE G

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

	52000	EXPENDITURE CATE	GORIES	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 The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G		2 FILER NAME SUSAN G. MOORE-FONTENOT			3 Filer ID (Ethics	Commission Filers)
4 Date 01/29/25	6 Payee nar OFF	re CE DEPOT			_1	
6 Amount (\$) 60.08 Reimbursement from political contributions intended	7 Payee add	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	PRINT	(See Categories listed at the top of this s		(b) Description PUSH CAR	US tin, TX, officeholder living et	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 02/12/25	Payee nam	PRINT				
Amount (\$) 103.90 Reimbursement from political contributions intended	Payee add	lress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	PRI	(See Categories listed at the top of this so MTING EXPENSE Check if travel outside of Texas. Complete Sci			ARDS tin, TX, officeholder living ex	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name	94 <sup>1</sup>	Office sought		Office held
Date 62/10/25	Payee nam					
Amount (\$) §7.95 Reimbursement from political contributions intended	Payee add	ress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category OTHE	(See Categories listed at the top of this so	hedule)	Description OFFICE	Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		heck if travel outside of Texas. Complete Sch tte / Office holder name	edule T.	Check if Austi Office sought	in, TX, officeholder living ex	pense Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SO	CHEDULE AS NEEL	DED	

Forms provided by Texas Ethics Commission

SCHEDULE G

		EXPENDITURE CAT	EGORIES	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 The Instruction Guide expla	Office O Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
\$6		N G. MOORE-FON	TENDI			
4 Date	5 Payee nan	ne	101-11			
02/13/25	TEXAS	DEMOCRATIC F	ARTY			
6 Amount (\$) 395,50 Reimbursement from political contributions intended	7 Payee add	iress;	1	City:	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
OF	POLLI	NG EXPENSE		VAN Accou	TN	
	(c) 🗌 d	heck if travel outside of Texas. Complete S	Schedule T.	Check if Austin	TX, officeholder living exp	ense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	(	Office held
Date	Payee nan	10				
03/10/25 Amount (\$)	SECU	RE UPLINK LL	C			
Amount (\$) 275.00 Reimbursement from political contributions intended	Payee add	Iress;		City;	State;	Zip Code
DUDDOOD	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF	ADVERTISING EXPENSE			T-SHIRTS		
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.		TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	10.00	ate / Officeholder name		Office sought	(	Office held
Date	Payee nam	ie				
03/20/25	SECU	RE WILINK LL	C			
Amount (\$) 322.60 Reimbursement from political contributions intended	Payee add			City;	State;	Zip Code
DUDDOSE	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		T-SHINDS		
	c	heck if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	c	office held
	ATTA	CH ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Concuting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
*6	SUSAN G. MOORE -FONT	ENOT		
4 Date 03/22/25	6 Payee name VISTA PRINT			
6 Amount (\$) 259,99 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched PRINTING EXPENSE	PUSH CA	PUSH CAROS	
	(C) Check if travel outside of Texas. Complete Schedul		, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/27/25	SPRINTZPRINT			
Amount (\$) \$1,399.13 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this sched	ule) Description	8	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	YARD SI	GNS	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/22/25	THE BATTOWN SUN			
Amount (\$) 1,200,00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
DUDDOSE	Category (See Categories listed at the top of this schedu	AN ONE AND AN		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEWS PAPER	POLITICAL AD	
	Check if travel outside of Texas. Complete Schedul	eT. 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 TH	HIS SCHEDULE AS NEED	ED	

Forms provided by Texas Ethics Commission

SCHEDULE G

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

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement te Overhead/Rental Expense ing Expense iries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
* 6	SUSAN G. MOORE-FON	ICUNT	
4 Date	5 Payee name	101001	
03/30/25	SAM'S CLUB		
6 Amount (\$) 38,93 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	) (b) Description	
OF	URE OTHER OFFICE SUPPLIES		PPINC
EXPENDITURE			
9	(c) Check if travel outside of Texas. Complete Schedule T Candidate / Office holder name	Office sought	, TX, officeholder living expense Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Onice Sought	
Date	Payee name		
04/08/25	SHIPLEY OUM		
Amount (\$) 47,96 Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code
DUDDOGE	Category (See Categories listed at the top of this schedule	) Description	
PURPOSE OF	FOOD/BEVERAGE	FOOD	
EXPENDITURE			starter bits a second starter
	Check if travel outside of Texas. Complete Schedule T		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/08/25	SPRINTZPRINT		
Amount (\$) 930,95 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	PRINTING EXPENSE	YARD SIG	SNS
	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
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEED	ED

Forms provided by Texas Ethics Commission

SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement to Overhead/Rental Expense ing Expense ting Expense tries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)	
6	SUSAN G. MOORE-FOR	TENOT		
4 Date	6 Payee name			
04/05/25	KWWJ RADIO			
6 Amount (\$) 5 00.00 X Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD		
-	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 04/11/25	Payee name TRACTOR SUPPLY CO	、		
Amount (\$) <b>FI42.66</b> Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule	e) Description		
OF EXPENDITURE	OTHER	SIGN SU	PPLIES	
	Check if travel outside of Texas. Complete Schedule	Check if Austin	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date /	Payee name			
04/12/25	HOME DEPOT			
Amount (\$) 4 47.96 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule	) Description		
OF	OTHER	CAMPAIGN	Supplies	
EAFENDITORE	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	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEED	ED	
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#### SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling           By         Gift/Awards/Memorials Expense         Printing	payment/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		i complete this form.	
1 Total pages Schedule G:	2 FILER NAME SUSAN G. MOORE-F.	NTENDI	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	6 Payee name		
04/13/25	SECURE UPLINK LLC		
6 Amount (\$) 5 / 5 4.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSE	1-SHIRTS	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	10 <u></u>	
04/25/25 Amount (\$)	ROBERT JARA		
Arnount (\$) # 6,600.00 Reinbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	CONSULTING EXPENSE	COMMUNIC	ATION CONSULTANT
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	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	
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDI	Ð
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		OFFICE	USE ONLY
	AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION	Date Received 4/25	-12025 5m
Beginning on January	An exemption affidavit must be submitted with each paper report. 1, 2025, a candidate or officeholder who has accepted more than		ed or Date Postmarked -2025
\$33,910 in political co	ntributions or made more than \$33,910 in political expenditures must file all subsequent reports electronically.	Receipt #	Amount \$
		Date Processed	
Filer name SWAN G	Filer 10 #	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.
- 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.
- 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.
- 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

this the	day of,
nd and seal of office.	
Printed name of officer administering oath	Title of officer administering oath
OR	
	x 77521 USA
Susan nic	ve- Junlenot

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