

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input type="checkbox"/> FIRST SUSAN MI <input checked="" type="checkbox"/> NICKNAME _____ LAST SAMPLE SUFFIX _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE _____ HOUSTON, TX 77005	Date Received 7/2/2025 3:46pm og.	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="checkbox"/> FIRST JOHN MI <input type="checkbox"/> NICKNAME _____ LAST CUTRER SUFFIX _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE _____ HOUSTON, TX 77005		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (_____)		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 2025 THROUGH 7 / 15 / 2025		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) MAYOR	13 OFFICE SOUGHT (if known) MAYOR	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

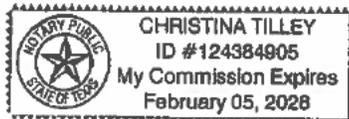
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,435.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,187.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,014.77

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.

Susan V Sample
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Susan V. Sample this the 2nd day of July, 2025, to certify which, witness my hand and seal of office.

Christina Tilley Signature of officer administering oath
Christina Tilley Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

Susan Sample

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/25

5 Full name of contributor out-of-state PAC (ID#: _____)

Kherther Garcia

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City: State: Zip Code

[Redacted] Houston TX 77048

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

3/28/25

Full name of contributor out-of-state PAC (ID#: _____)

Jennifer Sickler

Amount of contribution (\$)

60.00

Contributor address; City: State: Zip Code

[Redacted] Houston TX 77005

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/28/25

Full name of contributor out-of-state PAC (ID#: _____)

mark Lee

Amount of contribution (\$)

500.00

Contributor address; City: State: Zip Code

[Redacted] Houston TX 77096

Principal occupation / Job title (See Instructions)

Attorney / CPA

Employer (See Instructions)

Date

3/28/25

Full name of contributor out-of-state PAC (ID#: _____)

David Furlow

Amount of contribution (\$)

100.00

Contributor address; City: State: Zip Code

[Redacted] Houston TX

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Susan Sample

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/25

5 Full name of contributor

Edna Kelly

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

Houston TX 77005

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/28/25

Full name of contributor

Jim Stokes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

Sugar Land TX 77478

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

4/4/25

Full name of contributor

EMILY LEE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Bellcare TX 77401

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

HCHD

Date

4/6/25

Full name of contributor

Roger Gregory

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

Houston

Principal occupation / Job title (See Instructions)

Real Estate

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

1 Total pages Schedule F1: _____	2 FILER NAME SUSAN SAMPÉ	3 Filer ID (Ethics Commission Filers) _____
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4 Date 4/2/2025	5 Payee name TEXAS CAMPAIGNS
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6 Amount (\$) 600.00	7 Payee address: 9600 GLENFIELD CT, STE 148 HOUSTON TX 77096	City: _____	State: _____	Zip Code: _____
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought _____	Office held _____
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Date 5/2/25	Payee name Neumann and Company
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Amount (\$) 3,287.20	Payee address: 5417 Pine Street Bellaine TX 77401	City: _____	State: _____	Zip Code: _____
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description mailor
	<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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Date 5/16/2025	Payee name TEXAS CAMPAIGNS
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Amount (\$) 300.00	Payee address: 9600 GLENFIELD CT STE 148, HOUSTON TX 77096	City: _____	State: _____	Zip Code: _____
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 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 _____
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED