

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Susan Strawn

15 Filer ID (Ethics Commission Filers)

16 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12566.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9832.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7761.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

18 AFFIDAVIT

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.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Strawn, this the 4th day of April, 2025, 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

SUBTOTALS - COH

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

19 FILER NAME Susan Strawn		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12197.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 369.75
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 500.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8488.95
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1344.00
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
2/27/2025

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

7 Amount of contribution (\$)
400.00

6 Contributor address; City; State; Zip Code
**607 River Road
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Retired

Date
3/1/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1815 Macarthur Drive
McLean, VA 22101**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Mayer Brown

Date
3/1/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1815 Macarthur Drive
McLean, VA 22101**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
US Government

Date
3/3/2025

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**733 E Woodlawn Ave
San Antonio, TX 78212-3136**

Principal occupation / Job title (See instructions)
Philanthropist

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 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/3/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**60 Pineapple St #5G
Brooklyn, NY 11201**

8 Principal occupation / Job title (See instructions)
Shopper path impact

9 Employer (See instructions)
Self-employed

Date
3/3/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**31 W 93rd Apt 1B
New York, NY 10025**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Outten & Golden LLP

Date
3/4/2025

Full name of contributor out-of-state PAC (ID# _____)
Toni M Van Buren

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**115 Schreiner Pl
San Antonio, TX 78212-5227**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/5/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1823 Swann St NW
Washington, DC 20009**

Principal occupation / Job title (See instructions)
Project Manager

Employer (See instructions)
DCS Corporation

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:
3 of 12

2 FILER NAME

Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Irene T Quintanilla

7 Amount of contribution (\$)
207.00

6 Contributor address; City; State; Zip Code
**150 Ostorm Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Museum consultant

9 Employer (See instructions)
Quintanilla Schmidt Consulting

Date
3/9/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 91011
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Retired

Date
3/9/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**509 River Road
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/9/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**206 E Locust St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self-employed

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:
4 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**130 Magnolia Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/9/2025

Full name of contributor out-of-state PAC (ID# _____)
Morgan Family LP1

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**703 River Road
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/9/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**842 E Magnolia Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/10/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**149 E Rosewood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self Employed

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:
5 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/11/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**331 Box Oak
Shavano Park, TX 78230-5632**

8 Principal occupation / Job title (See instructions)
Lecturer

9 Employer (See instructions)
UTSA

Date
3/12/2025

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**4722 Dorset Ave
Chevy Chase, MD 20185**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kramer Levin Naftalis & Frankel

Date
3/12/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**717 E Woodlawn
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Real estate appraiser

Employer (See instructions)
Retired

Date
3/12/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**95 Old Lyme Rd
Chappaqua, NY 10514-3805**

Principal occupation / Job title (See instructions)
Business

Employer (See instructions)
Master Card

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/12/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**414 Madison
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Artist

9 Employer (See instructions)
Self-employed

Date
3/12/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**206 E Locust St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self-employed

Date
3/12/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**151 E Elsmere Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/13/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1102 Haltown Dr
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Musician

Employer (See instructions)
Self Employed

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:
7 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/13/2025

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

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**303 Adams St
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Retired

Date
3/14/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**125 Anastacia Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Marine Assurance & Risk Director

Employer (See instructions)
Marthon Petroleum Co.

Date
3/14/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**113 Armour Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Insurance agent

Employer (See instructions)
Self Employed

Date
3/15/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**724 E Woodlawn Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

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:
8 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/15/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**615 River Road
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Clinical psychologist

9 Employer (See instructions)
Self-employed

Date
3/15/2025

Full name of contributor out-of-state PAC (ID# _____)
Hector J Cardenas

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**539 W Elsmere
San Antonio, TX 78212-2648**

Principal occupation / Job title (See instructions)
SAFD Firefighter/paramedic

Employer (See instructions)
Retired

Date
3/17/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**253 W 16th St
New York, NY 10011**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
US Government

Date
3/18/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**340 E 80th St #12G
New York, NY 10075**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ernst & Young US LLP

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:
9 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/19/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3103 Hawthorne St
Washington, DC 20008**

8 Principal occupation / Job title (See instructions)
Law Professor

9 Employer (See instructions)
Georgetown Law School

Date
3/19/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**120 Lamont Ave
Alamo Heights, TX 78209**

Principal occupation / Job title (See instructions)
Unknown

Employer (See instructions)
Self-employed

Date
3/20/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1958 N. Vista Del Mar Ave
Los Angeles, CA 90068-4005**

Principal occupation / Job title (See instructions)
Filmworker

Employer (See instructions)
Self Employed

Date
3/22/2025

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**210 Geneseo Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
ETC Management LLC

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:
10 of 12

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2025

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

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**321 E 43rd St
New York, NY 10017**

8 Principal occupation / Job title (See instructions)
Vice President

9 Employer (See instructions)
Segal Benz

Date
3/23/2025

Full name of contributor out-of-state PAC (ID# _____)
Robert T Buchanan

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**133 Armor Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Kangaroo Courts Restaurants of Texas

Date
3/24/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**28 Peacock Path
E Quogue, NY 11942**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/24/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1928 Biltmore St NW
Washington, DC 20009**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Retired

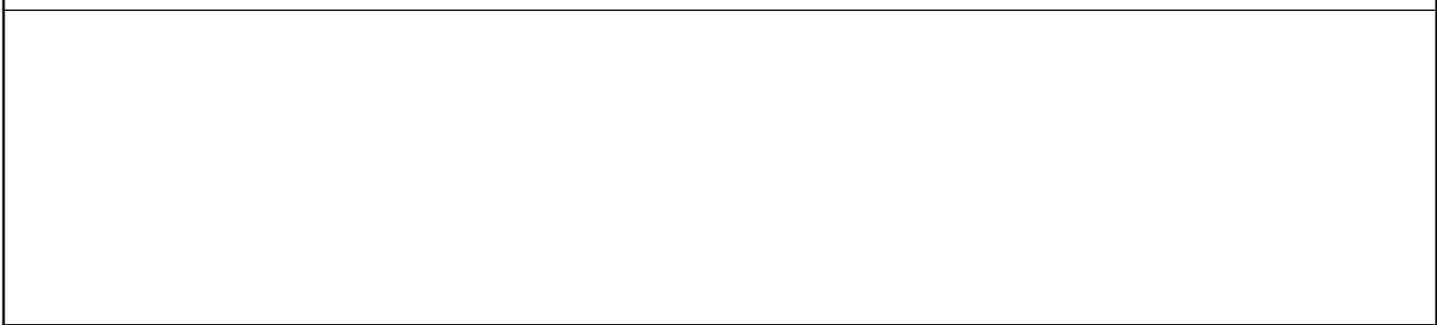
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 11 of 12
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oni Szeto	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2810 Franklin St #25 San Francisco, CA 94123		
8 Principal occupation / Job title (See instructions) Paralegal Manager		9 Employer (See instructions) Sher Edling LLP
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tevia McClaren	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3618 Overbrook Ln Houston, TX 78027		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theron McLaren	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3618 Overbrook Ln Houston, TX 78027		
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) RCP
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Kaser	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2812 University Terrace Washington, DC 20016		
Principal occupation / Job title (See instructions) Retired		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: 12 of 12
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonnie Crater	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 172 Wayside Rd Portola Valley, CA 94028		
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Self Employed
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory Everts	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4109 Iroquois Dr Madison, WI 53711		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 3/20/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Mauser	8 Amount of Contribution \$ 369.75
	7 Contributor address; City; State; Zip Code PO Box 91011 San Antonio, TX 78209	9 In-kind contribution description Food & drinks for meet & greet
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Geologist		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date 3/24/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) George Spencer, Jr. 7 Pledgor address; City; State; Zip Code 202 W Summit San Antonio, TX 78212	8 Amount of Pledge \$ 500.00 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions) Attorney		11 Employer (See instructions) Langley & Banack, Inc.
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 3/5/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Strawn	9 Loan Amount (\$) 10000.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 607 River Road San Antonio TX 78212	10 Interest rate 0.000000
		11 Maturity date 12/31/2025
12 Principal occupation / Job title (See instructions) Attorney/Candidate		13 Employer (See instructions) Retired
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	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?	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	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 3	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
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4 Date 3/1/2025	5 Payee name WIX
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6 Amount (\$) 46.54	7 Payee address; City; State; Zip Code 100 Gansevoort St. New York, NY 10014
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website hosting
	(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 3/3/2025	Payee name Staples
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Amount (\$) 32.46	Payee address; City; State; Zip Code 18203 Rim Drive 101 San Antonio, TX 78257
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Business cards
	<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 3/6/2025	Payee name Bexar County Installers Henry Avila
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Amount (\$) 1250.00	Payee address; City; State; Zip Code 3126 Anna Rose Lane San Antonio, TX 78211
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign sign installation
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2025	5 Payee name City of San Antonio	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Notary fee for financial disclosure
	(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

Date 3/12/2025	Payee name 3-D Signs	
Amount (\$) 709.04	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Pushcards & door hangers
	<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 3/14/2025	Payee name 3-D Signs	
Amount (\$) 4505.91	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Signs 18x24 & 4x8
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) 935.00	7 Payee address; City; State; Zip Code 1311 E 6th Street ##B Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Voter database account
	(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

Date 3/20/2025	Payee name Rollin Bloom Desacco Creatives		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 115 Camargo St San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Consulting and development of materials for marketing/advertising	
	<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		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
 Fees
 Food/Beverage Expense
 Gifts/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

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 G: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2025	5 Payee Name City of San Antonio	
6 Amount (\$) 110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Filing Fee & Notary
	(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

Date 3/11/2025	Payee name Bexar County Installers Henry Avila		
Amount (\$) 1234.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3126 Anna Rose Lane San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign sign installation	
	<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		
Amount (\$) <input 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)	Description	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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)
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The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME
Susan Strawn

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder