

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: 32	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Susan	MI	OFFICE USE ONLY Date Received 4/25/2025 1:11:53PM	
	NICKNAME	LAST Strawn	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 607 River Road San Antonio TX 78212				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 253-9112	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Laurie	MI	Receipt #	Amount \$
	NICKNAME	LAST Weiss	SUFFIX	Date Processed 4/25/2025 1:11:53PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 91011 San Antonio TX 78209				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 859-0252	EXTENSION		
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year 3/25/2025 THROUGH 4/23/2025				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Council District 1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Susan Strawn	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>
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<input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

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)	\$ 11820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10873.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14480.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

18 AFFIDAVIT		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Susan Strawn , this the 25th 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	\$ 11820.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10873.66
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	\$ 0
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 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

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

7 Amount of contribution (\$)
100.00

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

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert S Tinkler

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**954 Ellene Ave
Chico, CA 95926-1320**

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
California State Univ at Chico, CA

Date
3/25/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**616 Lee St
Alexandria, VA 22314**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Terrence Sadowski

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**829 Norma Dr
Pismo Beach, CA 93449**

Principal occupation / Job title (See instructions)
Instructor

Employer (See instructions)
Pragmatic Institute

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 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Diane Kirstein

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**119 E Mandalay
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self Employed

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bartholemew Nichols

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**107 Primera Drive
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Dentist

Employer (See instructions)
Retired

Date
3/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kathleen Rogers

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6221 Winnebago
Bethesda, MD 20816**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
EarthDay Network

Date
3/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
James E Smith, Jr.

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**103 Armour Pl
San Antonio, TX 78212-3102**

Principal occupation / Job title (See instructions)
Designer

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:
3 of 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
David L Stokes

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
118 E Craig Pl Ap 8
San Antonio, TX 78212-3406

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
David T Brogan

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
126 Magnolia Dr
San Antonio, TX 78212-3115

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barrie D Cogburn

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
529 E Craig Pl
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
William Sibley

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 169
Christine, TX 78212

Principal occupation / Job title (See instructions)
Author

Employer (See instructions)
Self Employed

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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 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
3/28/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
George Spencer, Jr.

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**202 W Summit
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Langley & Banack, Inc.

Date
3/29/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Adrian Snead

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5136 Nebraska NW
Washington , DC 20008**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
Porter, Wright, Morris & Arthur LLP

Date
3/30/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arthur Yee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**470 West End Ave Apt 7E
Manhattan, NY 10024**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Hospital for Special Surgery

Date
3/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matty G Jones

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1714 Windmill Hill Ln
De Soto, TX 75115**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Coats Rose, P.C.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert L Sawyer Jr.

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**832 W Mistletoe Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Insurance Executive

9 Employer (See instructions)
Retired

Date
4/1/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Huiju Jeon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**PO Box 120396
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
US Dept of Justice

Date
4/2/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Victoria Haynes

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1810 W Mulberry
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Flight Attendant

Employer (See instructions)
American Airlines

Date
4/2/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nora Peterson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**227 Adams St
San Antonio, TX 78210-1104**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
None

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: 6 of 14
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Micki Chen 6 Contributor address; City; State; Zip Code 4935 47th St NW Washington, DC 20016	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Verizon
Date 4/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Sherrill Contributor address; City; State; Zip Code 2132 Peckham Houston, TX 77019	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 4/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victoria King Contributor address; City; State; Zip Code 5101 Brookeway Dr Bethesda, MD 20816	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Civil Servant		Employer (See instructions) Dept of State
Date 4/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Russell Sherrill Contributor address; City; State; Zip Code 2132 Peckham St Houston, TX 77109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Clearfork Capital
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Laura F McDonald

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**4001 30th St N
Arlington, VA 22207-4172**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Levine, Blasnak, Block & Boothby, LLP

Date
4/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Raleigh Wood

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9845 Tower View
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Forensic Psychologist

Employer (See instructions)
Self Employed

Date
4/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bernice I Corman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1309 P. St NW Apt 5
Washington, DC 20005-3750**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self Employed

Date
4/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gerald C Kell

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1309 P. St NW Apt 5
Washington, DC 20005-3750**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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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:
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2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephanie H Chapman

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**114 Sweet
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bert Pfiester

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**144 E French Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Non Profit Advocate

Employer (See instructions)
None

Date
4/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hilda Baker

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**111 Sweet
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
4/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Amy L Scheinman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1520 44th St NW
Washington, DC 20007**

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: 9 of 14
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christina Wright 6 Contributor address; City; State; Zip Code 634 Huisache Ave San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Resource Management		9 Employer (See instructions) US Army
Date 4/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley B Kayser Contributor address; City; State; Zip Code 509 River Road San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Pasteur Medical Associates
Date 4/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine S Heidrick Contributor address; City; State; Zip Code 3702 Eastledge Dr Austin, TX 78731-5851	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 4/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evie Norwinski Contributor address; City; State; Zip Code 3619 37th St. NW Washington, DC 20016	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Arnold & Porter
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert Tinkler

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
954 Ellene Ave
Chico, CA 95929-0735

8 Principal occupation / Job title (See instructions)
Professor

9 Employer (See instructions)
California State Univ at Chico, CA

Date
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Katherine Bravo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1554 W Mulberry
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
None

Date
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jennifer Espronceda

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
1202 S Alamo
San Antonio, TX 78210

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Espronceda Law PLLC

Date
4/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Neel Lane

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
626 Mission St
San Antonio, TX 78210

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Norton Rose Fulbright 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:
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2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Edwina M Scinta

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**113 E Norwood Ct
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Julie Abad

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**222 E Guenther
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
None

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shelley Galbraith

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**432 King William
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Writer

Employer (See instructions)
Self Employed

Date
4/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Amy Van Pelt

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**119 W Huisache
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Phyllis Browning

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 14

2 FILER NAME
Susan Strawn

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Terresa F Gorler

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**715 River Road
San Antonio, TX 78212-3124**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
4/19/2025

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**126 Vassar
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
None

Date
4/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelly McGill

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11310 Spicewood Club Dr. #17
Austin, TX 78750**

Principal occupation / Job title (See instructions)
RN

Employer (See instructions)
Navenhealth

Date
4/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dana Wills

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3701 Bridle Path
Austin, TX 78703**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
None

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: 13 of 14
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Leal M.D. 6 Contributor address; City; State; Zip Code 2420 McCullough #117 San Antonio, TX 78212	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) Retired
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David J Leal Contributor address; City; State; Zip Code 330 E Huisache Ave San Antonio, TX 78212-3004	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Nash Contributor address; City; State; Zip Code 842 E Magnolia Ave San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander Polsky Contributor address; City; State; Zip Code 1111 Eyrie Court White Salmon, WA 98672	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) None
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 14
2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elaine Cummins 6 Contributor address; City; State; Zip Code 104 El Monte Blvd San Antonio, TX 78212-1246	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) None
Date 4/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elaine Cummins Contributor address; City; State; Zip Code 104 El Monte Blvd San Antonio, TX 78212-1246	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) None
Date 4/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David D Garza Contributor address; City; State; Zip Code 439 W Gramercy Pl San Antonio, TX 78212-2800	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Unknown		Employer (See instructions) Unknown
Date 4/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David J Leal Contributor address; City; State; Zip Code 330 E Huisache Ave San Antonio, TX 78212-3004	Amount of contribution (\$) 495.00
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		

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	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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			

PLEDGED 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	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 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)
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

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ 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
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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)
4 Date 3/27/2025	5 Payee name WIX	
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) Fees	(b) Description Website hosting fee
	(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 3/31/2025	Payee name WIX	
Amount (\$) 168.66	Payee address; City; State; Zip Code 100 Gansevoort St. New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Service fees
	<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 4/8/2025	Payee name Rollin Bloom Desacco Creatives	
Amount (\$) 2000.00	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) Consulting 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		

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	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: 2 of 3	2 FILER NAME Susan Strawn		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2025	5 Payee name 3-D Signs		
6 Amount (\$) 6616.24	7 Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Mailers
	(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 4/20/2025	Payee name 3-D Signs		
Amount (\$) 253.30	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 Print Shirts
	<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 4/23/2025	Payee name ActBlue		
Amount (\$) 61.51	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Service fees
	<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	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: 3 of 3	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)			
4 Date 4/23/2025	5 Payee name Rollin Bloom Desacco Creatives				
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 115 Camargo St San Antonio, TX 78210				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting and development of materials for marketing/advertising			
	(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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 4/23/2025	Payee name 3-D Signs				
Amount (\$) 227.41	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 Yard signs			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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)
----------------------------------------------------	--------------------------------------------	----------------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
----------------------------------------------------------	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	-----------------------------------------------

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
----------------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

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
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 F4: 1 of 1	2 FILER NAME Susan Strawn	3 Filer ID (Ethics Commission Filers)
----------------------------------------------------	--------------------------------------------	----------------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--------------------------------------------------------------------	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	-----------------------------------------------

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
----------------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---------------------------------------------------------------------------

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

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	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> 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 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	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
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	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 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

☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
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	Departure city or name of departure location	
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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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder