

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	MRS	Susan	
NICKNAME		LAST	SUFFIX
		Kershaw	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX,	APT / SUITE #,	CITY; STATE; ZIP CODE
	11250 Casa Grande Trail		Frisco TX 75033
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	632-8851	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MRS.	Neeta	
NICKNAME		LAST	SUFFIX
		Samani.	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #,	CITY; STATE; ZIP CODE
	11222 Casa Grande Trail		Frisco TX 75033
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	567-6999	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	3	28	23
	THROUGH		Month Day Year
			4 26 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	23
	Primary	Runoff	<input checked="" type="checkbox"/> Other Description
	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FISD Board of Trustees, Place 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

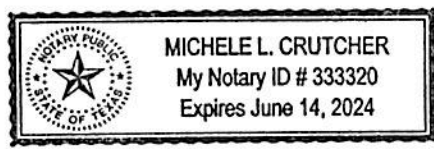
15 C/OH NAME Susan Kershaw		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 820.12
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,947.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,813.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan Kershaw
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Susan Kershaw this the 5TH day of MAY, 2023 to verify which, witness my hand and seal of office.

Michele L. Crutcher MICHELE L. CRUTCHER NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Susan Kershaw		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,877.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 70.12
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,813.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Terry D Gooch 6 Contributor address; City; State; Zip Code 1636 Lake Way Dr Little Elm TX 75068	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Melinda E Preston Contributor address; City; State; Zip Code 13370 Bayfield DR Frisco TX 75034	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) David Kemp Contributor address; City; State; Zip Code 7714 Element Ave Plano TX 75024	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) James Smith Contributor address; City; State; Zip Code 2535 Loch Haven Ct Frisco TX 75036	Amount of contribution (\$) 100.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Joseph Boduch <hr/> 6 Contributor address; City; State; Zip Code 11125 Corsicana Drive, Frisco TX 75035	7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">100.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrea Robertson <hr/> Contributor address; City; State; Zip Code 5403 Golden Sunset Ct, Frisco TX 75036	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Diane Richartz <hr/> Contributor address; City; State; Zip Code 11156 Apple Valley Drive, Frisco TX 75033	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill Remington <hr/> Contributor address; City; State; Zip Code 1040 Harvest Hill Dr Prosper TX 75078	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) William Langley 6 Contributor address; City; State; Zip Code 7218 Waterlily Ln , Frisco TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Chuck Morgan Contributor address; City; State; Zip Code 2968 Horseshoe Trl Frisco TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Michele Nelson Contributor address; City; State; Zip Code 5935 Shy Dr Frisco TX 75034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Lennea Hartonian Contributor address; City; State; Zip Code 11043 Ruidosa Lane Frisco TX 75033	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Stricklin 6 Contributor address; City; State; Zip Code 856 Crystal lake Drive, Frisco TX 75036	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Patrick Rydzewski Contributor address; City; State; Zip Code 1134 Timber Lane Frisco TX 75036	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Paul Weissgarber Contributor address; City; State; Zip Code 2025 Creekridge Drive, Frisco TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol Adams Contributor address; City; State; Zip Code 6125 Luther LN, STE 245 Dallas TX 75036	Amount of contribution (\$) 750.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Scott Brooke 6 Contributor address; City; State; Zip Code 15581 Crown Cove Lane, Frisco TX 75035	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: _____) David Malechek Contributor address; City; State; Zip Code 8112 ravenclidd Drive, Mckinney, TX 75070	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 70.12	
5 Date 04/08/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jena Masquelier 7 Contributor address; City; State; Zip Code 3071 Cape Buffalo Trail Frisco TX 75034	8 Amount of Contribution \$ 70.12	9 In-kind contribution description Food For Event 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 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)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Payee name Michaels	
6 Amount (\$) 10.81	7 Payee address; City; State; Zip Code 5755 Eldorado PKWY Frisco TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp	(b) Description Stationery
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/10/2023	Payee name First Graphics	
Amount (\$) 810.97	Payee address; City; State; Zip Code 229 Garvon St Garland TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Marketing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/17/2022	Payee name First Graphics	
Amount (\$) 1,779.63	Payee address; City; State; Zip Code 229 Garvon St Garland TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Marketing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/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 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)	
4 Date 04/21/2023		5 Payee name Star Local Media			
6 Amount (\$) 250.00		7 Payee address; 3501 E Plano PKWY #200		City; Plano	State; TX Zip Code 75074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp		(b) Description Marketing		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/22/2023		Payee name Geeky Beth			
Amount (\$) 100.00		Payee address; 961 Traders Ave		City; Fall River	State; KS Zip Code 67047
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Web Design		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/24/2022		Payee name YT Adservice			
Amount (\$) 500.00		Payee address; 2340 E Trinity Mills Rd Suite 300		City; Carrollton	State; TX Zip Code 75006
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp		Description YouTube		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Payee name Strategic Political Management	
6 Amount (\$) 1,500.00	7 Payee address; 2355 Thomas Avenue Apt 1711	City; State; Zip Code Dallas TX 75201
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/26/2023	Payee name First Graphics	
Amount (\$) 2,277.58	Payee address; 229 Garvon St	City; State; Zip Code Garland TX 75040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/26/2023	Payee name Maurice Lambert	
Amount (\$) 195.85	Payee address; 6 Fairway Drive	City; State; Zip Code Frisco TX 75034
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/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 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Payee name Anedot	
6 Amount (\$) 389.92	7 Payee address; 1340 Poydras St Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 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
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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