# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

			T	2. Tatal pages filed:		
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR	FIRST	₩ <del>X</del>	OFFICE USE ONLY		
NAME	NICKNAME	Deski	SUFFIX	ato Receive FILED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P. O. BO	. 1 . 1 - 0	city; state; zip code aldwell TX 77836	JAN 1,2 2024 NAME COUNTY CLERK PURESON CO., TEX		
	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	830-153	30	Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS (MR	FIRST	MI	Neceipt #		
TREASURER		Samue	1	Date Processed		
NAME	NICKNAME	LAST	SUFFIX	Date Imaged		
		John	Date images			
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	PO box	952 Cal	darell	TK 77836		
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(979) 200 - 7451					
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
*	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED		/ /	THROUGH			
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E		
II ELECTION	Month Day	Year				
			Description  Special			
	03/05/	244				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	vn)		
	County	AHOINEY	County.	Attorney		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
, (60)(10)(10)	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
		20.10	DACE 2			
1		GOTO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCEREI OITT			
5 C/OH NAME	san R. Deski		O (Ethics Comm	nission Filers)
7 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	.N	\$	0
	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS         (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</li> </ol>	5)	\$ (	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			,50
	4. TOTAL POLITICAL EXPENDITURES		\$ 120	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY	\$ (	5
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS A LAST DAY OF THE REPORTING PERIOD	OF THE	\$	0
	Signature of C	Candidate of	or Officeholder	
	Please complete either option belo	ow:		
(1) Affidavit	STEPHANIE SEE  My Notary ID # 125588345  Expires May 30, 2025			
NOTARY STAMP/SEA	Sucan P Dack	he 124	day of _	anuary.
4	y which, witness my hand and seal of office.  Stephanie See		Nota	administering oat
Signature of officer administ			Title of officer	administering oat
	OR	red by Santa		Mary State of the State of
(2) Unsworn Declarat		CA.		
My name is	, and my date of birth	h is		
		· · _		(country)
-	(street) (city)		(zip code)	(Country)
Executed in	County, State of , on the day of	onth)	, 20 (year)	
	Signature of Ca	andidate/Offi	ceholder (Decl	arant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	20 Filer ID (Ethics Commission Filers)
19 FILER NAME	
5usan R. Deski 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ons \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL PROPERTY OF THE PR	TICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	\$ 1323,50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	TRIBUTIONS RETURNED \$

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

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

EXPENDITURE	CATEGORIES FOR BOX 8(a)
nt Expense	Loan Repayment/Reimburseme

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

Eve Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		2%
1 Total pages Schedule G:	SUSAN R. De	LSKI	3 Filer ID (Ethics	Commission Filers)
4 Date 1/10/2023	5 Payee name Burleson County Ref	sublican ?		
6 Amount (\$)    QOO . OO   Reimbursement from political contributions intended	7 Payee address; Po Box 170	Caldwell	State;	77836
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Hing fees	palloI	to be on	Page
id.	(c) Check if travel outside of Texas. Complete Schedule T.		1, 1X, dilicendider living 6.	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Susan R Deski (	Office sought	orney con	untz attorrer
Date 10 3 2023	Burkson County	rubune		
Amount (\$)  23,50  Reimbursement from political contributions intended	Payee address; 306 W Highway		M T	zip Code 77834
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ,	()	m Re-electro
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			3
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	•			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	