CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	FIRST	MI Carr	OFFICE USE ONLY
NAME	NICKNAME	E - FONTEN	SUFFIX	Date Received 4/25/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	BAYTO	WN, TX 775	STATE; ZIP CODE	4/25/2025 Sm
5 CANDIDATE/ OFFICEHOLDER PHONE	(%3Z)	397- 4951	EXTENSION	Date Hand-delivered or Date Postmarked 4-25-2025 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	DAVID LAST SMITH	MI R SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE); APT / SI		STATE: ZIP CODE YTOWN, TX 77531
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 638-7004	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Day Year / 15 / 25	THROUGH 04	th Day Year 4/25/25
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	GE GOARD OF R	13 OFFICE SOUGHT (# K	lown)
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CORE TO REPORT THIS INFORMATION ONLY	S MADE BY POLITICAL COMMITTEES TO SUPPORT :ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		40 Files ID (Ethias Commission Filess)
SUSAN G		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 3,690.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,690,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 12,568.51
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,565.51
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 	FDAY \$ 3,690.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 12,565.51
18 SIGNATURE I st	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Cap	didate or Officeholder
	orginate of Galle	didate of Officeriolder
	Please complete either option below:	
(1) Affidavit		
, ,		
NOTARY STAMP/SEAL		
Sworn to and subscribed it	pefore me by this the	day of
20, to certify w	rhich, witness my hand and seal of office.	
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name isSusA N	G. MOORE-FONTENOT , and my date of birth is	1.000
My address is _	BAYTOWN . TX	C. 775ZI, WSA.
11000	(street) (city) (state	te) (zip code) (country)
Executed in HALKIS	County, State of TEXAS, on the 25th day of 100 (month)	10 - Fame not
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	SUSAN MOORG-FONTENOT	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,690.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	UTIONS \$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 12,5 65.51
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLI	TICAL CONTRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	DLITICAL CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	onal funds \$ 12,565.51
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	ONS TO A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLI	ITICAL CONTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	ONTRIBUTIONS RETURNED \$

SCHEDULE A1

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

	in the requested another to the applicable, be the randiade tine page in the report.					
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:			
2 FILER NAME	W G. MOORE-FONTENOT	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)			
03/10/25	Or KEITH CORURN 6 Contributor address; City; S	tate; Zip Code	100,00			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date			Amount of contribution (\$)			
03/09/25	VIRGINIA PAYNE RICHARDS Contributor address; City; s	tate; Zip Code	40.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor		Amount of contribution (\$)			
02/10/25	Contributor address; City; St	tate; Zip Code	300'00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state_PAC (ID#.		Amount of contribution (\$)			
03/09/25	OWIGHT WATKINS Contributor address; City; s	tate; Zip Code	100.00			
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE A1

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

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			3 Filer ID (Ethics Commission Filers)			
SUSA	N. G. MOORE-FONTENOT					
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
27/	RERVARD CANNARIATO	N				
03/12/25	BERNARD CANNARIATO 6 Contributor address; City:	State; Zip Code	100,00			
			•			
8 Principal occu	pation / Job title (See Instructions)	6 Employer (See Instrue	tione)			
• Timospar occa	Sallott 7 GDD tille (Gee Itisal dollotts)	9 Employer (See Instruc	tions)			
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)			
	MARK HIMSEL					
03/01/25		State; Zip Code	250.00			
, ,						
Principal acque	ation / Job title (See Instructions)	Employer (See Instruct	Sana)			
- ппораг оссир	auon 7 Job litte (See Instructions)	Employer (See Instruct	uoris)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	THERESA LANGUE		, under the contribution (c)			
03/07/2	THERESA LAVIGNE Contributor address; City;	State: Zin Code	250,00			
21 .7-3	Strandard address, Stry,	Suite, 2.p 5500	230,00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Dr. JEROME WASHINGTON					
03/09/25	Contributor address; City;	State; Zip Code	500.00			
, ,,-5		2000 (1000 100 100 100 100 100 100 100 10	500.			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
			-			
			_			
			**			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE A1

If the requested information is not applicable. DO NOT include this p

ii aio roquo	seed information is not applicable, DO NOT In	clude this page in the	report.				
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME SUSAN	G. MOORE-FONTENOT	3 Filer ID (Ethics Commission Filers)					
4 Date		C (ID#:)	7 Amount of contribution (\$)				
03/10/25	MARY YORK 6 Contributor address; City;	State; Zip Code	00,00				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date		C (ID#:)	Amount of contribution (\$)				
03/08/25	Contributor address; City;	State; Zip Code	1,000.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date		(ID#:)	Amount of contribution (\$)				
03/12/25	CHRIS Woonley Contributor address; City;	State; Zip Code	100,00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
03/12/22	FREDRIC SANTIAGO Contributór address; City;	State; Zip Code	125,00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)				
2.000							
	ATTACH ADDITIONAL COPIES O						

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	USAN G. MOORE-FONTENET		3 Filer ID (Ethics Commission Filers)			
4 Date		C (ID#:)	7 Amount of contribution (\$)			
03/10/25	6 Contributor address; City;	State; Zip Code	25.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	CM DO A COURT D	\$ (ID#:)	Amount of contribution (\$)			
03/20/25	S USAN URBAN Contributor address; City;	State; Zip Code	100.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date		(ID#:)	Amount of contribution (\$)			
8/25/25	Or CAROUN LIGHTFOC Contributor address; City:	State; Zip Code	30000			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		(ID#:)	Amount of contribution (\$)			
03/30/25	STEPHON JACKSON Contributor address; City;	State; Zip Code	\$ 200.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED			
	If contributor is out-of-state PAC, please see Instru	iction guide for additional r	eporting requirements.			

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	USAN G. MOORE-FONTE	Tou	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4/11/25	REID, STRICKLAND, GILLE 6 Contributor address; City;	TTE State; Zip Code	\$ 100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)	
4/10/15	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	ons) .		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Comm

Reset Form S. State Reset Page

Revised 1/1/2025

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
MAZUZ	G. MOORE-FONTER	151			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 12,565.51		
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)		
04/25/25	SUSAN G. MODRE-FO	onte not	8,423.53		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y K N	BAITOWA	N TX 71521	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal fund	de week denocited into political		
none		account (See Instructi	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colle	ateral	Check if personal func account (See Instructi	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE struction guide for additional re			

LOANS

SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.					
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2	FILER NAME		5	3 Filer ID (Ethics Commission Filers)		
	SUSAN	G, MOORE-FONTENST	ξ β			
4	TOTAL OF UN	NITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)		
	03/30/25	SUSAN G. MOORE-	FONTENOT	4,141,98		
6	Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Institution?	BAYTO	WN, TX 77521	0 ,00		
	YN			11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colla	ateral		ds were deposited into political		
	none		account (See Instructi	ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20		tion (See Instructions)	24 Facilities (Con Instructions)			
20	Phncipal Occupati	ion (See instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interestrate		
	Institution?			Maturity date		
	YN					
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
-	Description of Colla	ateral	Check if personal fund	dee deposited into political		
	none		account (See Instructi	ds were deposited into political ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code	-		
	not applicable					
	Principal Occupation	on (See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	nen		
	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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)			**************************************
Advertising Expense Accounting/Banking Conculting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Charles and the second	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling E pense Printing Salaries	Expense Wages/Contract Labo	Transp Travel Travel Other	In District Out Of District	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME		***************************************	3 Eile	r ID (Ethios	Commission Filers)
* 6		G. MOORE-	FONTENO	T	O File	i iD (Eillics	Commission Filers)
4 Date	5 Payee nar	ne					
01/29/25	OFFI	CE DEPOT					
6 Amount (\$) 60.08 Reimbursement from political contributions intended	7 Payee add	dress;		City;		State;	Zip Code
8	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINT	ING EXPENSE		Push C	anne		
EXPENDITURE		Check if travel outside of Texas. Co	amplete Schodule T				
9					Austin, TX, office	enolder living e	<u> </u>
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought			Office held
Date	Payee nan	ne					
02/12/25	VISTA	PRINT					
Amount (\$) 103.90 Reimbursement from political contributions intended	Payee add			City;		State;	Zip Code
CONTRACTOR STATE	Category	(See Categories listed at the to	pp of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRI	NTING EXPEN	VSE	PWH	CARDS		
		Check if travel outside of Texas. Co		Check if	Austin, TX, office	eholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		1	Office held
Date	Payee nam	ne					
02/10/25	AMA.						
Amount (\$) 87.95 Reimbursement from political contributions intended	Payee add	ress;		City;		State;	Zip Code
	Category	(See Categories listed at the to	p of this schedule)	Description			
PURPOSE OF EXPENDITURE	OTHER		,	OFFICE	SUPPL	IES .	
	c	heck if travel outside of Texas. Con	mplete Schedule T.	Check if	Austin, TX, office	holder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought			Office held
	ATTA	CH ADDITIONAL COF	PIES OF THIS S	CHEDULE AS NI	EEDED		

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) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUSAN G. MOORE-FONTENET 4 Date 02/13/25 TEXAS DEMOCRATIC PART 7 Payee address; 6 Amount (\$) City: State; Zip Code 395,00 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE VAN ACCOUNT POLLING EXPENSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date SECURE UPLINK LLC City; State: Zip Code 275,00 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** T-SHIRTS OF ADVERTISING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 03/20/25 SECURE WLINK LLC Amount (\$) City; State; Zip Code 355.00 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING OF EXPENSE 1-5 HIRTS EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SUSAN G. MOORE FONTENOT 4 Date VISTA PRINT 03/22/25 City; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE PUSH CARDO PRINTING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name SPRINTZ PRINT City; Zip Code State: Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXPENSE YARD SIGNS **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 02/22/25 THE BATTOWN SUN Amount (\$) City; State: Zip Code 1:500,00 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** NEWSPAPER POLITICAL AD ADVERTISING EXPENSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Advertising Expense Accounting/Banking
Consulting Expense

Event Expense Fees
Food/Beverage Expense
Gitt/Augustle/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Candidate/Officeholder/Politi Credit Card Payment	- Titlang		Other (enter a categor	
1 Total pages Schedule G:			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	NOT		
03/30/26	SAM'S CLUB			
Amount (\$) 38,93 Reimbursement from	7 Payee address;	City;	State;	Zip Code
political contributions intended				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	OTHER	OFFICE SW	PCIES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	rpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/08/25	SHIPLEY ONLY			
Amount (\$)	Payee address;	City;	State;	Zip Code
47.96 Reimbursement from				
political contributions intended				
	Category (See Categories listed at the top of this schedule)	Description		_
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE	FOOD		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/08/25	SPRINTZPRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	27	
OF EXPENDITURE	PRINTING EXPENSE	YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED)	

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)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME SUSAN G. MOORE-FONT	ENOT	3 Filer ID (Ethics Commission Filers)		
4 Date	6 Payee name				
04/05/25	KWWJ RADIO				
Amount (\$) 5 00.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD			
	(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	Payee name				
04/11/25	TRACTOR SUPPLY CO.				
Amount (\$) F142.66	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	OTHER	SIGN SUPPLIES			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C			Office held		
Date	Payee name				
04/12/25	HOME DEPOT				
Amount (\$) 4 47.96 Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	*************************************		
PURPOSE OF EXPENDITURE	OTHER	CAMPAIGN	Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		
Forms provided by Texas Et	hics Com Resed Form cs.s	Reset Page	Revised 1/1/2025		

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)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salanes The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME SUSAN G. MOORE-FO	3 Filer ID (Ethics Commission Filers)			
4 Date 04/13/25	SECURE UPLINK LLC				
6 Amount (\$) \$ 154.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description - SHIRTS			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	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 (\$) # 6,600.00 Reimbursement from political contributions intended	ROBERT JARA Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description Communic	ATION CONSULTANT		
EXPERIENCE.	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED!	ED		

Forms provided by Texas Ethics Com

Reset Form

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Revised 1/1/2025



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

OFFICE USE ONLY			
Date Received 4/25/	12025 bm		
Date Hand-delivered	or Date Postmarked 2025		
Receipt#	Amount\$		
Date Processed			
Date Imaged			

Filer name				Filer ID #	
SWAN	G,	MOORE-T	FONTENST		

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
 contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the ______ report due on _____.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit					
NOTARY STAMP/SEAL			Signature	of Filer	
Sworn to and subscribed before me by		th	nis the	day of	
20, to certify which, witness my ha	and and seal of office.				
Signature of officer administering oath	Printed name of officer a	dministering oath		Title of officer a	dministering oath
	OR				
(2) Unsworn Declaration					
My name is SUSAN G. MOORE	-FONTENOT	, and my date of	birth is _		
My address is	,	BAYTOWN (city)	(state)	(zip code)	(country)
Executed in HARRIS County, S	tate of TEXAS, on	the 25 day of		, 20 25.	
		Susan	month)	- Finter	not
		S	ignature of Fil	er (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER