

CANDIDATE / OFFICEHOLDER FINANCE REPORT

NICKNAME LAST SUFFIX

Date Received

CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS CITY STATE ZIP

REGISTRATION NUMBER

Change of Address

ANY OTHER BUSINESS (Listed below)

Business Name Address City State Zip

Month Year Yes No

ELECTION TYPE

OFFICEHOLDER'S KNOWLEDGE OF POLITICAL PARTY

DISCLOSE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION

# CANDIDATE'S OFFICIAL PROFILE

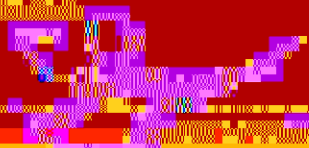
FOR THE



NAME: [Name] TITLE: [Title] COUNTY: [County] DISTRICT: [District]

EDUCATIONAL BACKGROUND

[Education details]



PROFESSIONAL EXPERIENCE

(city) (state) (zip) (county)

(street)

**CANDIDATE / OFFICEHOLDER REPORT:**

**DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

**SUBTOTALS - C/OH**

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

19 FILER NAME

*Susie Johnson*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

*17*

*100.00*

# MONETARY POLITICAL CONTRIBUTIONS

1 Total raised Schedule A1:

City: State: Zip Code

6 Contributor address

1801 TX 76022

Be

Date

Full name of contributor

City State Zip Code

Amount of contribution (\$)

Contributor address

City

State

Zip Code

Amount of contribution (\$)

Date

Full name of contributor

City State Zip Code

Contributor address

City

State

Zip Code

Date

Full name of contributor

City State Zip Code

Amount of contribution (\$)

Contributor address

City

State

Zip Code

By (print name)

Signature of Contributor (if not a check)

ATTACH ADDITIONAL COPIES OF THIS COVER SHEET AS NEEDED.

**EXPENDITURES MADE BY CREDIT CARD**

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**



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

**SCHEDULE H**

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

STATE CATEGORIES FOR BOX 8(a)