CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed: 70 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** MRS Susan NAME Date Received NICKNAME LAST SUFFIX Kershaw 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE april 6, 2023 **OFFICEHOLDER** 11250 Casa Grande Trial Frisco. TX 75033 MAILING **ADDRESS** APR 06 2023 Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 632-8851 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST TREASURER MRS. Neeta NAME **Date Processed** NICKNAME LAST SUFFIX Date Imaged Samani 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE TREASURER 11222 Casa Grande Trial Frisco 75033 TX ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 972 567 6999 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day COVERED 14 / 23 27 / 23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description Mumicipal 23 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) FISD Board of Trustees, Place 5 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 BUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER TH ARANTEES OF LOANS, OR LECTRONICALLY)	AN \$	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	s) \$	6,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPE	NDITURES	\$	10,234.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIL	BUTIONS MAINTAINED AS OF THE L	AST DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	FOF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE \$	10,300.00
(1) Affidavit	WENDY STI Notary Public, St Comm. Expires Notary ID 12	ate of Texas 07-28-2026		
NOTARY STAMP/SEAL			144	. 0 . 0
	before me by <u>Susan Ker</u> which, witness my hand and seal of office		e <u>6</u> day	Of april.
Signature of officer administer		OENDY STEWART	Title	of officer administering oath
		OR		
(2) Unsworn Declaratio	n			
My name is		, and my date of birth	ie	
My address is		, and my date of birth	10	
, cadicoo la	(street)	(city)	(state) (zip co	ode) (country)
Executed in	County, State of	, on the day of (mor	, 20	A
		Signature of Can	didate/Officeholde	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 SI	FILER N USAN A	^{AME} Kershaw	20 Filer ID (Ethics Con	nmiss	sion Filers)
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,990.00
2.	B	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			935.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				\$	
4.	SCHEDULE E: LOANS			\$	10,300.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	5,807.01
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	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			4,427.62
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

SCHEDULE A1

address; City; nablis Lane, Frisco, (See Instructions)	9 Employer (See Instruction PAC (ID#:) State; Zip Code	Amount of contribution (\$) 200.00
address; City; nablis Lane, Frisco, (See Instructions) f contributor out-of-state obert address; City; oun Springs Drive, Fris	State; Zip Code TX 75035 9 Employer (See Instruction of the PAC (ID#:)) State; Zip Code SCO, TX 75036	50.00 Amount of contribution (\$) 200.00
f contributor out-of-state Obert address; City; oun Springs Drive, Fris	State; Zip Code	Amount of contribution (\$) 200.00
obert address; city; oun Springs Drive, Fris	State; Zip Code SCO, TX 75036	200.00
See Instructions)	Employer (See Instructi	ions)
N Lambert	State; Zip Code	Amount of contribution (\$)
See Instructions)	Employer (See Instructi	ions)
and City;	State; Zip Code	Amount of contribution (\$) 25.00
See Instructions)	Employer (See Instructi	ions)
N	N Lambert address; City; ay Drive, Frisco See Instructions) contributor out-of-state and address; City; ver Horn Drive, Fris	N Lambert address; City; State; Zip Code ay Drive, Frisco, TX 75034 See Instructions) Employer (See Instruct contributor out-of-state PAC (ID#:) and address; City; State; Zip Code ver Horn Drive, Frisco, TX 75033

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 reques	sted 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: 6
² FILER NAME Susan Ke	rshaw	3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Full name of contributor out-of-state PAC (ID#:) Toni Fabry 6 Contributor address; City; State; Zip Code 7338 Willow Creek Drive, Tyler, TX 75703	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/27/2023	Paige Remington Contributor address; City; State; Zip Code 11699 Capitan Ln, Frisco, TX 75033	400.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#:) Keith Groat Contributor address; City; State; Zip Code 4936 Toledo Bend Dr, Frisco, TX 75033	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Anonymous (Cash)	Amount of contribution (\$)
03/22/2023	Contributor address; City; State; Zip Code	40.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	L ctions)

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

SCHEDULE A1

			p •		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6		
² FILER NAME Susan Ke	rshaw		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Paul Petkoff	7 Amount of contribution (\$)			
03/21/2023	6 Contributor address; City; 7914 Ruskin Circle, Frisco, TX	State; Zip Code	100.00		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)		
Date	Full name of contributor out-of-state PAC Scott Fagan	: (ID#:)	Amount of contribution (\$)		
03/22/2023	Contributor address; City;	State; Zip Code	200.00		
	4727 Druid Hills Drive, Frisco, TX 75034				
Principal occupation / Job title (See Instructions) Employer (See Instruc			ions)		
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
03/22/2023 Contributor address; City; State; Zip Code			200.00		
8670 Turnberry Drive, Frisco, TX 75036					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC Jackie Wakin	(ID#:)	Amount of contribution (\$)		
03/22/2023	Contributor address; City;	State; Zip Code	100.00		
5938 Indian Blanket Dr, Frisco, TX 75036					
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.				

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Gulde explains how to complete this form.				
² FILER NAME Susan Ke		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Mary Partridge	7 Amount of contribution (\$)			
03/18/2023	6 Contributor address; City; State; Zip Code 8600 Robert St., Frisco, TX 75035	100.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:) Kent Sexton	Amount of contribution (\$)			
03/19/2023	Contributor address; City; State; Zip Code 13167 Cleburne Drive, Frisco, TX 75035	50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/20/2023	Contributor address; City; State; Zip Code 3797 Sun Garden Dr, Frisco, TX 75033	100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:) Peter Anderson	Amount of contribution (\$)			
03/20/2023	Contributor address; City; State; Zip Code 12400 COIT RD STE 570, DALLAS, TX 75251	2,000.00			
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.

SCHEDULE A1

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

in 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: 6		
² FILER NAME Susan Ke	rshaw		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Christopher Gilbert	C (ID#:)	7 Amount of contribution (\$)		
03/12/2023	6 Contributor address; City;	State; Zip Code	100.00		
	11306 Casa Grande Trl, Frisco, TX 7	75033-0218			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC Jeff Johnson	C (ID#:)	Amount of contribution (\$)		
03/13/2023	Contributor address; City;	State; Zip Code	25.00		
	4255 Cotton Gin Rd Apt. 217, Frisco		20.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
03/14/2023	Ann Bleeck	State; Zip Code	1,000.00		
	Contributor address; City; 5103 Scarborough Lane, Dallas	1,000.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
03/14/2023	Amy Snow Contributor address; City;	State; Zip Code	50.00		
	14551 Daneway Drive, Frisco,	45	50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
			11		
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru				

Forms provided by Texas Ethics Commission

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SCHEDULE A1

The	Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1:		
² FILER NAME Susan Ke	rshaw		3 Filer ID (Ethics Commission Filers)		
4 Date 03/142023	5 Full name of contributor out-of-state PAC Lincoln Achilli 6 Contributor address; City; 3628 COPPER STONE DR, DALLAS	State; Zip Code S, TX 75287	7 Amount of contribution (\$) 100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date 03/152023	Full name of contributor out-of-state PAC Sabine Durbin Contributor address; City; 7501 Veronica Lane, Frisco, T	State; Zip Code	Amount of contribution (\$) 50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)		
Date 03/16/2023	Full name of contributor out-of-state PAC Kelly McCullough Contributor address; City; 5808 Charleston Drive, Frisco,	State; Zip Code	Amount of contribution (\$) 200.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 03/16/2023	Richard Marsh Contributor address; City; 8009 Greenwood Drive, Plano,	State; Zip Code	Amount of contribution (\$) 50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dons)		
	ATTACH ADDITIONAL COPIES (DE THIS SCHEDUL E AS N	FEDED		
	If contributor is out-of-state BAC please see last-	H (B) - (1) 10 (H)	one-tipe results and		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

1	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	fule A2: 3
2 FILER NAM	ME		3 Filer ID (Ethics Co	ommission Filers)
Susan Kershaw		- The ID (Editor Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date 6 Full name of contributor □ out-of-state PAC (ID#: Summer Elliott			8 Amount of 9 In-kind contribution Contribution 9 description	
02/17/2023	7 Contributor address; City; State;	Zip Code	500.00	Digital Art work
	10712 Patton Dr. Mckinney TX 75	070	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal oc Owner//	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions) Artist	of the contract of the contrac	er (FOR NON-JUDICI E Up Summer	AL)(See Instructions)
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-		
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution \$	In-kind contribution description
02/17/2023	Contributor address; City; State;	Zip Code	200.00 Advertisin	Advertising
	9333 Santee Ln Frisco TX	75033		ide of Texas. Complete Schedule T.
Principal od Photog	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Self	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
24.27.2025-4				

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.

	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Susan Ke	ershaw		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution
	Anonymous		Contribution \$ description
03/22/2023	7 Contributor address: City: State:	~- ^-J_	80.00 Food/ Meet &
	7 Contributor address; City; State;	Zip Code	Greet
W.S.			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
42 Contributors		r	
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		A
Date	Anonymous	-	Amount of In-kind contribution description
03/22/2023	Anonymous		60.00 Food/ Meet &
COILLILOLO	Contributor address; City; State;	Zip Code	Greet
			Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	stor's job title (FOR JUDICIAL) (See Instructions)
Contributore	employer/law firm (FOR JUDICIAL)		
Continuors	employer/law liftii (FOR JODICIAL)	Law tirm	n 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 TI	HIS SCHEDU	I FAS NEEDED
Ef.	f contributor is out-of-state PAC, please see Instruction	on quide for	additional reporting requirements

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Susan Ke	ershaw		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
	Anonymous		Contribution \$ description
03/22/2023			45.00 Food/ Meet &
001222020	7 Contributor address; City; State;	Zip Code	! Greet
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	8% S	r	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:		Amount of In-kind contribution description
	Anonymous		Food/ Meet &
03/22/2023	Contributor address; City; State; Zip Code		50.00 Greet
			i
			Check If travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ner-		
11	ATTACH ADDITIONAL COPIES OF To	HIS SCHEDU	LEAS NEEDED

LOANS SCHEDULE E

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
² FILER NAME Susan Kersh	aw		3 Filer ID (Ethics Commission Filers
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 02/14/2023	7 Name of lender out-of-state in Susan Kershaw	9 Loan Amount (\$) 10,300.00	
8 Lender address; City: State: Zip Code 11250 Casa Grande Trail Frisco, Tx 75033			10 Interest rate 0.00 11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ateral	15 Check if personal fun account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	e of Ioan Name of lender out-of-state PAC (ID#:)		Loan Amount (S)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
	13.5.000.000.000		
not applicable			•

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 Accounting/Banking Consulting Expense

Event Expense

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment				Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	네 - [2 FILER NAME Susan Kershaw			3 Filer ID (Et	thics Commission Filers)	
4 Date	5 Payeen				<u> </u>		
03/25/2023	Jun Ba	akery					
6 Amount (\$)	7 Payee a	address;		City;	State;	Zip Code	
63.24	2405 Ff	M 423 #450		Little Elm	TX	75068	
8	(a) Catego	ory (See Categories listed at the top of this	schedule) (b) Description		,	
PURPOSE OF EXPENDITURE	Food Expense		Older - Address of States	Event Food			
	(c)	Check if travel outside of Texas. Complete So	Check If Aus	tin, TX, officeholder li	iving expense		
9 Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought		Office held	
Date	Payee n	name					
02/22/2023	First Gr	aphics					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
294.35		rvon Street		Garland	Tx	75040	
	Categor	ry (See Categories listed at the lop of this so	schedule)	Description			
PURPOSE OF EXPENDITURE	Advert	tising Expense	N	Marketing			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ving expense	
Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought		Office held	
Date	Payee n	name					
02/23/2023	First Gr	aphics					
Amount (\$)	Payee a			City;	State;	Zip Code	
2,843.78	229 Gar	rvon Street		Garland	Tx	75040	
		ry (See Categories listed at the top of this so	chedule)	Description		-	
PURPOSE OF EXPENDITURE	Advertis	sing Expense	М	larketing			
		Check if travel outside of Texas, Complete Sci	chedule T.	Check if Austi	austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEI	EDED		

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

Event Expense Fees Food/Beverage Expense Gift/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)

Credit Card Payment	The Instructi	on Guide explains how to d	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Susan Kershaw	3	3 Filer ID (Ethics Commission Filers)					
4 Date 02/16/2023	5 Payee name UPS Store #5843							
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code			
6.00	2831 Eldorado K	WY Suite 103	Frisco	TX	75033			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories li Fees	sted at the top of this schedule)	(b) Description Notary	(4)				
	(c) Check if travel outside	e of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OH	The same of the sa				Office held			
Date	Payee name							
02/14/2023	Godaddy							
Amount (\$)	Payee address;		City;	State;	Zip Code			
20.36								
	Category (See Categories list	ted at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Fees D & H Distrubuting							
	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 / Officeholde)	Office held					
Date	Payee name							
02/14/2023	Godaddy							
Amount (\$)	Payee address;		City;	State;	Zip Code			
51.83								
	Category (See Categories list	ed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Fees		D & H Distrubution	ng				
	Check if travel outside	of Texas, Complete Schedule T.	exas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held			
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEED	ED				

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
Accounting/Benking
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/Politics Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)				
4 Date 02/14/2023	5 Payee name LoneStar Badge And Sign					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
26.95	301 Quil Run	Martindale	TX 78655			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expe				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/03/2023	First Graphics Services					
Amount (\$)	Payee address;	City;	State; Zip Code			
1,500.83	229 Garvon Street	Garland	Tx 75040			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense	Marketing				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
03/23/2023	K5.Digital					
Amount (\$)	Payee address;	City;	State; Zip Code			
239.99	4029 Freshwater Drive	Carrollto	n TX 75007			
	Category (See Calegories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Web Design				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF						
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Logal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (anter a category not listed above)				
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
1 total pages Schedule F1:	Susan K				3 File	ID (Etnics	Commission Filers)	
4 Date	5 Payee na	me	-					
03/03/2023	The Hon	ne Depot 6513						
6 Amount (\$)	7 Payee ad	7 Payee address; City; State; Zip Code						
264.54	EL Dora	do PKWY		Frisco	TX	7503	33	
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description				
PURPOSE	Advertis	Advertising Expense						
OF EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check If Au	stin, TX, offic	eholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		(Office held	
Date	Payee na	me						
03/09/2023	The Hon	ne Depot 6513					777	
Amount (\$)	Payee ad			City;		State;	Zip Code	
248.11	EL Dora	do PKWY		Frisco	TX	7503	33	
		(See Categories listed at the lop of this so	chedule)	Description				
PURPOSE	Advertis	sing Expense		Marketing				
OF EXPENDITURE								
		Check if travel outside of Taxas. Complete Sc	chedule T.	le T. Check if Austin, TX, officeholder living expense			expense	
Complete ONLY if direct		ate / Officeholder name		Office sought		(Office held	
expenditure to benefit C/OF	f							
Date	Payee na	me						
03/10/2023	The Hom	ne Depot 6513						
Amount (\$)	Payee ad	dress;		City:		State;	Zip Code	
247.03	EL Dorac	lo PKWY	F	Frisco	TX	7503	3	
	Category	(See Categories listed at the top of this sc	thedule)	Description				
PURPOSE	Advertisi	ing Expense		Marketing				
OF EXPENDITURE		50.0. 						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						monso	
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held	
expenditure to benefit C/OH						,	SSo Hold	
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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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 Kershaw 4 Date 5 Payee name 03/15/2023 33 INK LLC. 6 Amount (\$) 7 Payee address: City: State: Zip Code 1,346.09 1728 Trinity Valley Drive Carrollton TX 75006 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense T Shirts OF **EXPENDITURE** (c) 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 Pavee name 02/20/2023 Canva US Inc. Amount (\$) Payee address: City: Zip Code State: 133.00 1240 S Dupoint Highway Camden Kent Delaware 19934 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense T Shirts OF 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 Payee name 03/17/2023 First Graphics Services Amount (\$) Payee address; City; State: Zip Code 2,656.46 229 Garvon Street Garland TX 75040 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Marketing OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held 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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifl/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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee	Legal Services The Instruction Gu		:Wages/ContractLabor o complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule G:		Kershaw			3 Filer ID (Ethic	es Commission Filers)		
4 Date 02/18/2023	5 Payee nar FedEX					-		
6 Amount (\$) 36.53 Reimbursement from political contributions intended	7 Payee ad 5062 N	_{dress;} lain Street		city; Frisco	State; TX	Zip Code 75033-2978		
8 PURPOSE OF EXPENDITURE		(See Categories listed at thing Expense	e top of this schedule)	(b) Description Marketing				
	(c)	Check if travel outside of Texas	. Complete Schedule T.	Check if Austin	n, TX, officeholder living	older living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder na	me	Office sought		Office held		
Date 02/21/2023	Payee nar FedEX	10000						
Amount (\$) 36.53 Relmbursement from political contributions Intended	Payee add 5062 N	_{dress;} lain Street		city: Frisco	State; TX	Zip Code 75033-2978		
PURPOSE OF EXPENDITURE		(See Categories listed at the ng Expense	e top of this schedule)	Description Marketing				
/	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder tiving expense							
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder nar	me	Office sought		Office held		
Date 02/23/2023	Payee nan							
Amount (\$) 114.29 Reimbursement from political contributions intended	Payee add 5062 M	ress; ain Street		city; Frisco	State; TX	Zip Code 75033-2978		
PURPOSE OF EXPENDITURE		(See Calegories listed at the ng Expense	o top of this schedule)	Description Marketing				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholds					expense		
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder nar	me	Office sought		Office held		
	ATTA	CH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEED	ED			

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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	One lene a categ	ary not usion above)		
1 Total pages Schedule G:	2 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)				
02/23/2023	5 Payee name FedEX Office					
6 Amount (\$) 104.72 Reimbursement from political contributions Intended	7 Payee address; 5062 Main Street	city; Frisco	State; TX	Zip Code 75033-2978		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	. TX. officeholder living	Office held		
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	Stato;	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.	Check if Austin,	. TX, afficeholder living	expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
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 SCHEDULE AS NEEDED					