CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Etnies Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** MRS Susan NAME Date Received NICKNAME LAST SUFFIX Kershaw 4 CANDIDATE / ADDRESS PO BOX, APT / SUITE # STATE ZIP CODE APR 28 2023 **OFFICEHOLDER** 11250 Casa Grande Trail Frisco TX 75033 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (214 632-8851 PHONE Receipt # Amount 5 MS / MRS / MR CAMPAIGN FIRST TREASURER MRS. Neeta Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Samani. STREET ADDRESS (NO PO BOX PLEASE): APT | SUITE #, STATE ZIP CODE CAMPAIGN CITY TREASURER 11222 Casa Grande Trail TX 75033 Frisco **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 567-6999 972 9 REPORT TYPE 30th day before election 15th day after campaign January 15 treasurer appointment (Offiseholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Year COVERED 4 26 23 3 28 23 THROUGH **ELECTION DATE** 11 ELECTION ELECTION TYPE Other Description Primary Month Day Year General 23 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 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

UP ALLER GOVERNMENT	IO FIIE	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 4,947.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,813.86
CONTRIBUTION BALANCE	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
31		
(1) Affidavit	MICHELE L. CRUTCHER My Notary ID # 333320 Expires June 14, 2024	
NOTARY STAMP/SEAL	My Notary ID # 333320 Expires June 14, 2024	H day of APRIL.
NOTARY STAMP/SEAL	before me by Claude this the 281	H day of APRIL.
NOTARY STAMP/SEAL	before me by Color this the 281 Shich witness my hand and seal of office. Nicher L. Cruicher	M day of APRIL, No TABY Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 , to certify	before me by Color this the 281 Shich witness my hand and seal of office. Nicher L. Cruicher	NOTARY
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 to certify signature of officer administers	before me by Color this the 281 Shich witness my hand and seal of office. Nicher L. Crucher ring oath Printed name of officer administering oath OR	NOTARY
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 to certify Signature of officer administe 2) Unsworn Declaration	before me by Color this the 281 Shich witness my hand and seal of office. Nicher L. Crucher ring oath Printed name of officer administering oath OR	NOTARY
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 to certify Signature of officer administe (2) Unsworn Declaration	before me by Color this the 281 which witness my hand and seal of office. Nicher L. Coulcher ring oath Printed name of officer administering oath OR	NOTARY
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 , to certify	before me by Color this the 281 which witness my hand and seal of office. Nicher L. Coulcher ring oath Printed name of officer administering oath OR	NOTARY
NOTARY STAMP/SEAL Sworn to and subscribed 20 23 to certify Signature of officer administe (2) Unsworn Declaration	My Notary ID # 333320 Expires June 14, 2024 before me by Clary this the 281 which witness my hand and seal of office. Nicheck L. Crucher ring oath Printed name of officer administering oath OR on	No TABY Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 S	FILER NAME JSAN Kershaw 20 Filer ID (Ethics Comm	niss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,877.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	70.12
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	■ SCHEDULE E: LOANS	\$	12,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	7,813.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	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	s	
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s	

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 9
siler NAME Susan Ke				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Anonymous (cash)	out-of-state PAG) (ID#y	7 Amount of contribution (\$)
04/05/2023	6 Contributor address	City;	Slate; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	3 ((0#)	Amount of contribution (S)
04/05/2023	Anonymous (cash)			E0 00
, 1100/2020	Contributor address;	City;	State: Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#)	Amount of contribution (5)
04/05/2023	Bill Remington	**)**********	**************	100 00
	Contributor address; City; State; Zip Code		100.00	
	1040 Harvest Hill Dr	Prosper	Tx 75078	
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAG	(ID#)	Amount of contribution (S)
04/05/2023	Anonymous (cash)			00 00
3410312023	Contributor address:	City.	State; Zip Code	90.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	7			

SCHEDULE A1

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

Jo 03/30/2023 6 6 11	Seph Boduch Contributor address; City; State; Zip Code 125 Corsicana Drive, Frisco, TX 75035	100.00
Jo 03/30/2023 6 7	seph Boduch Contributor address; City; State; Zip Code 125 Corsicana Drive, Frisco, TX 75035	100.00
11	125 Corsicana Drive, Frisco, TX 75035	100.00
3 Principal occupation	7 7 7 May 28 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	n / Job title (See Instructions) 9 Employer (See	Instructions)
	Full name of contributor out-of-state PAC (ID#-	Amount of contribution (\$)
03/31/2023 AT	ndrea Robertson	100.00
	Contributor address; City: State; Zip Code	100.00
54	03 Golden Sunset Ct, Frisco, TX 75036	
Principal occupation	7 Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:		
04/04/2023	leredith McGraw Contributor address; City; State; Zip Code	20.00
12	266 Sunland Park, Frisco, TX 75033	
Principal occupation	/ Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/04/2023 Di	ane Richartz	400.00
04/04/2023	Contributor address; City; State; Zip Code	100.00
11	1156 Apple Valley Drive, Frisco, TX 7503	
Principal occupation	/ Job title (See Instructions) Employer (See	Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1 9
rshaw		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PA William Langley	C (ID#)	7 Amount of contribution (\$)
6 Contributor address; City; 7218 Waterlily Ln, FRISCO, TX	State; Zip Code X 75033	100.00
pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	C (ID#)	Amount of contribution (\$)
Contributor address; City:	State; Zip Code TX 75033	100.00
ation / Job title (See Instructions)	Employer (See Instructi	ons)
Stacey Pulpaneck		Amount of contribution (\$)
[하시시네이스() [30.00
ation / Job title (See Instructions)	Employer (See Instruction	ons)
Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
Contributor address; City; 5935. Shv Dr Frisco.	State; Zip Code	500.00
ation / Job title (See Instructions)	Employer (See Instructi	ons)
	William Langley 6 Contributor address: City: 7218 Waterlily Ln, FRISCO, Topation / Job title (See Instructions) Full name of contributor out-of-state PA Chuck Morgan Contributor address: City: 2968 Horseshoe Trl, Frisco, ation / Job title (See Instructions) Full name of contributor out-of-state PA Stacey Pulpaneck Contributor address: City: 9805 ADOLPHUS DR, FRISCO pation / Job title (See Instructions)	William Langley 6 Contributor address; City; State; Zip Code 7218 Waterlily Ln, FRISCO, TX 75033 Dation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Chuck Morgan Contributor address; City: State; Zip Code 2968 Horseshoe Trl, Frisco, TX 75033 ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Stacey Pulpaneck Contributor address; City: State; Zip Code 9805 ADOLPHUS DR, FRISCO, TX 75035 ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor pat-of-state PAC (IDF:

SCHEDULE A1

Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1.9
rshaw	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PA Lennea Hartoonian	AC (ID#)	7 Amount of contribution (\$)
6 Contributor address: City: 11043 Ruidosa Lane, Frisco,	State; Zip Code	500.00
palion / Job tille (See Instructions)	9 Employer (See Instruct	ions)
H 모델링 [2012년 1일 : 1012]	AC (ID#:)	Amount of contribution (\$)
Scott Brooke	********************	100.00
Contributor address: City: 15581 Crown Cove Lane, Fris	[12] [12] [12] [12] [12] [12] [12] [12]	
oation / Job litle (See Instructions)	Employer (See Instruct	ions)
	AC (ID#)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50.00
pation / Job title (See Instructions)	Employer (See Instruct	ions)
	AG (ID#)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50.00
1318 Alamo Court, Frisco,	TX 75033	30.00
	Employer (See Instruct	ions)
	s Full name of contributor Lennea Hartoonian 6 Contributor address; City; 11043 Ruidosa Lane, Frisco, pation / Job title (See Instructions) Full name of contributor Scott Brooke Contributor address; City: 15581 Crown Cove Lane, Frisco pation / Job title (See Instructions) Full name of contributor John Mefford Contributor address; City: 2397 Elm Valley Drive, Little Expansion / Job title (See Instructions) Full name of contributor John Mefford Contributor address; City: 2397 Elm Valley Drive, Little Expansion / Job title (See Instructions) Full name of contributor Out-of-state Pation / Job title (See Instructions) Full name of contributor Out-of-state Pation / Job title (See Instructions)	5 Full name of contributor Lennea Hartoonian 6 Contributor address: City: State; Zip Code 11043 Ruidosa Lane, Frisco, TX 75033 patton / Job title (See Instructions) 9 Employer (See Instruct Full name of contributor Scott Brooke Contributor address: City: State; Zip Code 15581 Crown Cove Lane, Frisco, TX 75035 patton / Job title (See Instructions) Employer (See Instruct Full name of contributor John Mefford Contributor address: City: State; Zip Code 2397 Elm Valley Drive, Little Elm, TX 75068 patton / Job title (See Instructions) Employer (See Instruct Full name of contributor John Mefford Contributor address: City: State; Zip Code 2397 Elm Valley Drive, Little Elm, TX 75068 Patton / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID# Mike Gray Contributor address; City: State; Zip Code

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

Revised 8/17/2020

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: 9
Susan Ke	rshaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor out-of-state PAC Thomas Stricklin 6 Contributor address; City: 856 Crystal Lake Drive, Frisco,	State; Zip Code	7 Amount of contribution (\$): 100.00
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 04/20/2023	Full name of contributor out-pf-state PAC Jennifer Bloemendaal Contributor address; City; 9214 COMMONWEALTH DR, FRISCO,	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/20/2023	Full name of contributor out-of-state PAC Patrick Rydzewski Contributor address; City; 1134 Timber Lane, Frisco,	State; Zip Code TX 75036	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/22/2023	Full name of contributor out-of-state PAC Paul Weissgarber Contributor address; City; 2025 Creekridge Drive, Frisco,	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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: 9
FILER NAME Susan Ke		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Full name of contributor David Malechek 6 Contributor address, City; State; Zip Code 8112 Ravencliff Drive, McKinney, TX 75070	7 Amount of contribution (\$) 200.00
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 04/22/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City: State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1 9
susan Ke			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Out-of-stein PAC (ID#) R Kerry Huffman		7 Amount of contribution (\$)
04/11/2023	6 Contributor address: City: 9423 Tanyard LN Frisco	State; Zip Code	50.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/22/2023	Contributor address; City: 6703 Canyon Frisco	State; Zip Code TX 75036	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/22/2023	Full name of contributor out-of-state PAG Carol Adams Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	6125 Luther LN, STE 245 Dallas pation / Job title (See Instructions)	TX 75036 Employer (See Instruct	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/31/2023	Anonymous (Cash) Contributor address; City;	State; Zip Code	77.00
	pation / Job title (See Instructions)	Employer (See Instruct	tions)

SCHEDULE A1

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

Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1 9
rshaw		3 Filer ID (Ethics Commission Filers)
Melinda Preston 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 50.00
pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Full name of contributor out-of-state PA David Kemp Contributor address; City: 7714 Element Ave Plano	State; Zip Code TX 75024	Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruction	ons)
James Smith		Amount of contribution (\$)
pation / Job title (See Instructions)	Employer (See Instruct	ions)
John M. Sellars Contributor address; City;	State: Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruct	ions)
	rshaw 5 Full name of contributor Melinda Preston 6 Contributor address; City: 13370 Bayfield DR Frisco TX pation / Job title (See Instructions) Full name of contributor David Kemp Contributor address; City: 7714 Element Ave Plano Pation / Job title (See Instructions) Full name of contributor James Smith Contributor address; City: 2535 Loch Haven Ct Frisco Pation / Job title (See Instructions) Full name of contributor James Smith Contributor address; City: 2535 Loch Haven Ct Frisco Pation / Job title (See Instructions) Full name of contributor John M. Sellars Contributor address; City: 3253 Castaway Lane Frisco	rshaw 5 Full name of contributor Melinda Preston 6 Contributor address: City: State: Zip Code 13370 Bayfield DR Frisco TX 75034 pation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor David Kemp Contributor address: City: State: Zip Code 7714 Element Ave Plano TX 75024 Pation / Job title (See Instructions) Full name of contributor James Smith Contributor address: City: State: Zip Code TX 75026 Full name of contributor James Smith Contributor address: City: State: Zip Code TX 75036 Employer (See Instructions) Full name of contributor James Smith Contributor address: City: State: Zip Code TX 75036 Employer (See Instructions) Full name of contributor Job title (See Instructions) Full name of contributor Cout-of-state PAC (ID#

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	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
FILER NAME Susan Ke	rshaw		3 Filer ID (Ethics Commission Filers)
1 Date 03/29/2023	5 Full name of contributor out-of-state PAR Joanne M. G. Janssen 6 Contributor address; City; 1316 Pelican DR Frisco	State; Zip Code TX 75033	7 Amount of contribution (5) 20.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 03/29/2023	Full name of contributor Terry D Gooch Contributor address; City: 1636 Lake Way Dr Little Elm	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 03/29/2023	Full name of contributor out-of-state PAR Melinda E Preston Contributor address; City; 13370 Bayfield DR Frisco	State; Zip Code TX 75034	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/29/2023	Full name of contributor Sue Gamboa Contributor address; City; 2675 Calmwood DR Little Elm	State; Zip Code TX 75068	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule	9 A2:
2 FILER NAME	E		3 Files ID (Fib) - 0	
Susan Ke	ershaw		3 Filer ID (Ethics Com	mission Filers)
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 1	In-kind contribution
474.6754.TV	Anonymous Cash		Contribution S	description
	- Allonymous Gush		70.12	Food For Event
04/08/2023	7 Contributor address; City; State; Zip Code			
			1	ver a vise in a
40				of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL	.)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUD	ICIAL) (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)	Amount of I Contribution \$ 1	In-kind contribution description
			Į.	
	Contributor address; City; State;	Zip Code	1	
			Check if travel outside	of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL	(See Instructions)
	355			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's iob title (FOR JUD	ICIAL)(See Instructions)
	ent en soon and the contract and an entered of the contract and the contract and co			, , , , , , , , , , , , , , , , , , , ,
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse	(if any) (FOR JUDICIAL)
				S 5.003
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	(a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			
				TO SECURE OF THE
	ATTACH ADDITIONAL CORIES OF T	HIS SCHEDI	II E AS NEEDED	

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

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 Salanes/Wages/Contract Labor

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

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Susan Kershaw 4 Date 5 Payee name 04/21/2023 Star Local Media 6 Amount (\$) 7 Payee address; City; State: Zip Code 3501 E Plano PKWY #200 Plano TX 75074 250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Exp Marketing **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/22/2023 Geeky Beth Amount (\$) Payee address: City; State: Zip Code 961 Traders Ave Fall River KS 67047 100.00 Category (See Categories listed at the top of this schedule) Description Fees Web Design **PURPOSE** 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 Payee name Date 04/24/2022 YT Adservice Amount (\$) Payee address; City: State: Zip Code 2340 E Trinity Mills Rd Suite 300 Carrollton TX 75006 500.00 Category (See Categories listed at the top of this schedule) Description Advertising Exp **PURPOSE** YouTube **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

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 Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Susan Kershaw 4 Date 5 Payee name 04/26/2023 Strategic Political Management 6 Amount (\$) 7 Payee address; City; State; Zip Code 2355 Thomas Avenue Apt 1711 Dallas TX 75201 1,500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fees Advertising PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/26/2023 First Graphics Amount (\$) Payee address: City; State: Zip Code 229 Garvon St Garland TX 75040 2,277.58 Category (See Categories listed at the top of this schedule) Description Fees Advertising PURPOSE 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 Payee name Date 04/26/2023 Maurice Lambert Amount (\$) Payee address; City; State: Zip Code 6 Fairway Drive Frisco TX 75034 195.85 Description Category (See Categories listed at the top of this schedule) PURPOSE Fees Advertising 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

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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

		complete this form.		
Total pages Schedule F1:	2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)	
Date	5 Payee name			
04/23/2023	Anedot			
5 Amount (\$)	7 Payee address;	City;	State;	Zip Code
389.92	1340 Poydras St Suite 1770	New Orleans	LA	70112
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Transaction		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
• Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(1)		Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ck if Austin, TX, officeholder living expense	
Complete ONLY 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.	Check if Austir	Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought	AND MINERAL CONTRACTOR OF THE PROPERTY OF THE	Office held