

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME SUSAN G. MOORE-FONTENOT 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,390.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,390.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,141.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,141.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,390.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,141.98

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is SUSAN G. MOORE-FONTENOT, and my date of birth is _____

My address is _____, BAYTOWN, TX, 77521, USA
(street) (city) (state) (zip code) (country)

Executed in HARRIS County, State of TEXAS, on the 3rd day of APRIL, 2025.
(month) (year)

Susan Moore Fontenot
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,390.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ *
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,141.98
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,141.98
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: 4
2 FILER NAME SUSAN G. MOORE-FONTENOT		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY YORK	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE ELLIOTT	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS WOODLEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREDRIC SANTIAGO	Amount of contribution (\$) 125.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: 4
2 FILER NAME SUSAN G. MOORE-FONTENOT		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNARD CANNARIATO	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK HIMSEL	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THERESA LAVIGNE	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. JEROME WASHINGTON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: 4
2 FILER NAME SUSAN G. MOORE-FONTENOT		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. KEITH COBURN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRGINIA PAYNE RICHARDS	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES JACKSON	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWIGHT WATKINS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: 4
2 FILER NAME SUSAN G. MOORE-FONTENOT		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUX BEAUTY SUPPLY	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN URBAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D CAROLYN LIGHTFOOT	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

LOANS

SCHEDULE E

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 E: <u>1</u>
2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>4,141.98</u>
5 Date of loan <u>03/30/25</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUSAN G. MOORE-FONTENOT</u>	9 Loan Amount (\$) <u>4,141.98</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>BAYTOWN, TX 77521</u>	10 Interest rate <u>0.00</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule G: 4	2 FILER NAME SUSAN G. MOORE-FONTENOT	3 Filer ID (Ethics Commission Filers)
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4 Date 01/29/25	5 Payee name OFFICE DEPOT
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6 Amount (\$) 60.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/25	Payee name VISTA PRINT
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Amount (\$) 103.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/10/25	Payee name AMAZON
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Amount (\$) 87.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule G: <u>4</u>	2 FILER NAME <u>SUSAN G. MOORE-FONTENOT</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>02/13/25</u>	5 Payee name <u>TEXAS DEMOCRATIC PARTY</u>	
6 Amount (\$) <u>395.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>POLLING EXPENSE</u>	(b) Description <u>VAN ACCOUNT</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>03/10/25</u>	Payee name <u>SECURE UPLINK LLC</u>	
Amount (\$) <u>275.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>T-SHIRTS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>03/20/25</u>	Payee name <u>SECURE UPLINK LLC</u>	
Amount (\$) <u>322.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>T-SHIRTS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| 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.

1 Total pages Schedule G: 4	2 FILER NAME SUSAN G. MOORE-FONTEAUST	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/25	5 Payee name VISTA PRINT	
6 Amount (\$) 259.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PUSH CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/27/25	Payee name SPRINTZ PRINT	
Amount (\$) \$1,399.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/25	Payee name THE BAYTOWN SUN	
Amount (\$) 1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEWSPAPER POLITICAL AD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule G: 4	2 FILER NAME SUSAN G. MOORE-FONTENOT	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/25	5 Payee name SAM'S CLUB	
6 Amount (\$) 38.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description OFFICE SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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 any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name SUSAN G. MOORE-FONTENOT	Filer ID #
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- 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.
- 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

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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OR

(2) Unsworn Declaration

My name is **SUSAN G. MOORE-FONTENOT**, and my date of birth is [REDACTED]

My address is [REDACTED] **BAYTOWN**, **TX**, **77521** **USA**
(street) (city) (state) (zip code) (country)

Executed in **HARRIS** County, State of **TEXAS**, on the **3rd** day of **APRIL**, 20**25**.
(month) (year)

Susan Moore-Fontenot
Signature of Filer (Declarant)

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