

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms Susan E

NICKNAME LAST SUFFIX
Thomas

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1152 Indian Run Dr. #603 Carrollton, TX 75010

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 435-8717

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms Jacqueline M

NICKNAME LAST SUFFIX
Jackie Shepherd

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2036 Espinosa Dr. Carrollton TX 75010
(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 853-4109

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
02 / 15 / 2024 THROUGH 04 / 04 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 04 / 2024 General Special _____

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Councilman - Seat 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

APR 04 2024

CITY SECRETARY
CARROLLTON, TX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Susan E. Thomas		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,786.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,501.72
CONTRIBUTION BALANCE	5. 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	\$

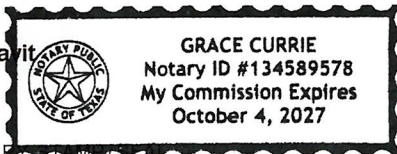
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan E. Thomas

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Susan Thomas this the 4th day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] _____ Grace Currie _____ Assistant to City Manager
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Susan E. Thomas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,786.49
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 775.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 3655.85
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,006.39
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 1 of 5
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Montez	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 1500 Euclid Aly Corinth TX 76208		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Thomas	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1152 Indian Run Drive #603 Carrollton TX 75010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Thomas	Amount of contribution (\$) 10.72
Contributor address; City; State; Zip Code 1152 Indian Run Drive #603 Carrollton TX 75010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelo LeSuer	Amount of contribution (\$) 21.13
Contributor address; City; State; Zip Code 3200 Rifle Gap Rd. #1352 Frisco TX 75034		
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: 2 of 5
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Accetta-Suarez	7 Amount of contribution (\$) 104.42
6 Contributor address; City; State; Zip Code 925 Lake Bluff Drive Lake Dallas TX 75065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristie King	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1302 Cottonwood Valley Cir N Irving TX 75038		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Marie Carr	Amount of contribution (\$) 26.34
Contributor address; City; State; Zip Code 3704 North Star Ln Little Elm TX 75068		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Mauldin	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 3704 North Star Ln Little Elm TX 75068		
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.		

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: 3 of 5
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Dorman <hr/> 6 Contributor address; City; State; Zip Code 8041 Watson Road Argyle TX 76226	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Cannon <hr/> Contributor address; City; State; Zip Code 8332 Fall Crest Drive Hurst TX 76053	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman & Alecia Smith <hr/> Contributor address; City; State; Zip Code 840 Fireside Dr Aubrey TX 76227	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markita Hampton <hr/> Contributor address; City; State; Zip Code 2210 Hodges Lake Dr. Rockwall TX 75032	Amount of contribution (\$) 100.00
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.		

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 of 5
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cydni Carew 6 Contributor address; City; State; Zip Code 64 Lincoln Ave. #5A New Rochelle NY 10801	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Smith Contributor address; City; State; Zip Code 2303 Stone Glen Lane Carrollton TX 75007	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne Broach Contributor address; City; State; Zip Code P.O. Box 5895 Frisco TX 75035	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Shepherd Contributor address; City; State; Zip Code 2036 Espinosa Drive Carrollton TX 75010	Amount of contribution (\$) 52.37
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.		

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: 5 of 5
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amalaneze Herron <hr/> 6 Contributor address; City; State; Zip Code 7345 Desert Willow Denton TX 76208	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumari Anderson <hr/> Contributor address; City; State; Zip Code 2802 MiraMar Drive Carrollton TX 75007	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Watts <hr/> Contributor address; City; State; Zip Code 4206 Northcliff Dr. Carrollton TX 75010	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
Susan E. Thomas		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 775.00	
5 Date 3/13/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Shepherd	8 Amount of Contribution \$ \$125.00	9 In-kind contribution description Business Cards
7 Contributor address; City; State; Zip Code 2036 Espinosa Dr. Carrollton TX 75010		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Administration		11 Employer (FOR NON-JUDICIAL)(See Instructions) RAM Contracting	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Montez	Amount of Contribution \$ \$650.00	In-kind contribution description Website Build and IT Services
Contributor address; City; State; Zip Code 1500 Euclid Aly Corinth TX 76208		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) IT		Employer (FOR NON-JUDICIAL)(See Instructions) TBN	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm 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 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: 1 of 8
2 FILER NAME <p style="text-align: center;">Susan E. Thomas</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,500.00
5 Date of loan 3/27/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) \$1,500.00
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2027
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 3/15/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) \$ 350.00
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 2 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS (See Attached Spreadsheet)		\$
5 Date of loan 2/20/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 34.33
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 2/26/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) 200.00
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 3 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/1/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 300.00
6 Is lender a financial institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 3/6/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) 281.92
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 4 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/6/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 188.87
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 3/7/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) 86.20
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 5 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/7/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 198.25
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 3/7/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) 12.18
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 6 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/8/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 54.13
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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#: _____) Susan E. Thomas	Loan Amount (\$)
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 7 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/16/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 52.97
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 4/4/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	Loan Amount (\$) 92.87
Is lender a financial Institution? Y [N]	Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	Interest rate -0-
		Maturity date
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Covenant Church
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" 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.

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: 8 of 8
2 FILER NAME Susan E. Thomas		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/16/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E. Thomas	9 Loan Amount (\$) 250.00
6 Is lender a financial Institution? Y [N]	8 Lender address; City; State; Zip Code 1152 Indian Run Dr. #603 Carrollton, TX 75010	10 Interest rate -0-
		11 Maturity date 5/31/2024
12 Principal occupation / Job title (See Instructions) Administration		13 Employer (See Instructions) Covenant Church
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 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 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	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 F1:	2 FILER NAME Susan E. Thomas	3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2024	5 Payee name Kwik Kopy	
6 Amount (\$) \$811.88	7 Payee address; City; State; Zip Code 13748 Neutron Road, #110 Dallas TX 75244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Printing Large Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/2024	Payee name Imprint	
Amount (\$) \$194.49	Payee address; City; State; Zip Code 14550 Beechnut Street Houston TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Printing 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 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
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CAMPAIGN EXPENDITURES - SUSAN THOMAS

Date	Paid To	Address	Amount	Category	Description
2/20/2024	Go Daddy	Online	\$ 34.33	Website	Website Domain for Campaign
2/26/2024	Alex Stone	2644 E. Trinity Mills Road Carrollton, TX 75006	\$ 200.00	Photographer	Photographer
3/1/2024	Jamal Tyson	2645 E. Trinity Mills Road Carrollton, TX 75006	\$ 300.00	Graphic Design	Designs/artwork for Campaign Collateral
3/6/2024	Office Max	2325 S. Stemmons Freeway Lewisville, TX 75067	\$ 281.92	Printing	Printing Campaign Collateral
3/6/2024	Fedex Kinkos	18111 Dallas Parkway, Suite 700 Dallas, TX 75287	\$ 188.87	Printing	Printing Campaign Collateral
3/7/2024	Sam's Club	4062 Lyndon B. Johnson Freeway Addison, TX 75244	\$ 86.20	Food Beverage Expense	Campaign Kick-Off
3/7/2027	Costco	1701 Dallas Parkway Plano, TX 75093	\$ 198.25	Food Beverage Expense	Campaign Kick-Off
3/7/2024	Dollar Tree	2661 Midway Road, Suite #201 Carrollton, TX 75006	\$ 12.18	Supplies	Campaign Kick-Off
3/8/2024	Office Machines	15910 Midway Road Addison, TX 75001	\$ 54.13	Printing	Printing Campaign Collateral
3/16/2024	Home Depot	2011 Keller Springs Road Carrollton, TX 75006	\$ 52.97	Supplies	Printing Campaign Collateral
4/4/2024	Donor Box and Stripe	Online	\$ 92.87	Fees	Merchant Fees

TOTAL TO DATE \$ 1,501.72