

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mrs</i></div> <div>FIRST <i>Susan</i></div> <div>MI <i>M.</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Jones</i></div> <div>SUFFIX</div> </div>			<b>OFFICE USE ONLY</b>  Date Received          Date Hand-delivered or Date Postmarked   <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed  Date Imaged		
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: <i>9782 Arroyo Drive</i> <i>Belton TX 76513</i> APT / SUITE #: CITY: STATE: ZIP CODE					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(254)</i> PHONE NUMBER <i>290-0383</i> EXTENSION					
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mr.</i></div> <div>FIRST <i>Hal</i></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Schiffman</i></div> <div>SUFFIX</div> </div>					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <i>890 Verna Lee, Harker Heights TX 76513</i> APT / SUITE #: CITY: STATE: ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(254)</i> PHONE NUMBER <i>289-4029</i> EXTENSION					
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED	Month Day Year <i>04 / 04 / 2025</i> THROUGH Month Day Year <i>04 / 25 / 2025</i>					
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month Day Year  <i>05 / 03 / 2025</i> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>					
12 OFFICE	OFFICE HELD (if any) <i>Place 2, Kisd</i>		13 OFFICE SOUGHT (if known) <i>Place 2, Kisd</i>			
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.					
<input type="checkbox"/> Additional Pages	<div style="display: flex;"> <div style="width: 20%;">           COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC         </div> <div style="width: 80%;">           COMMITTEE NAME             COMMITTEE ADDRESS             COMMITTEE CAMPAIGN TREASURER NAME             COMMITTEE CAMPAIGN TREASURER ADDRESS         </div> </div>					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

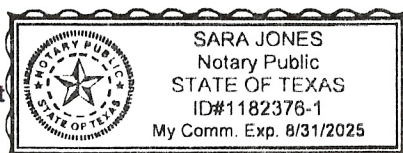
\$ 0

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.

*S. M. Jones*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Susan M. Jones this the 25 day of April,  
20 25, to certify which, witness my hand and seal of office.

*Susan Jones*  
Signature of officer administering oath

Sara Jones  
Printed name of officer administering oath

Notary Public  
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)