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 (TEC / Commission Use)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mrs. | FIRST: Susan | MI: M.
NICKNAME | LAST: Jones | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE
9782 Arroyo Dr. Belton TX 76513

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(254) 290-0383

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: Hal | MI
NICKNAME | LAST: ~~Schiffman~~ Schiffman | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE
890 Verna Lee, Harker Heights TX 76513

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(254) - 289-4029

9 REPORT TYPE
☐ January 15 | X 8th day before election | ☐ Runoff | ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 | ☐ 8th day before election | ☐ Exceeded Monthly Reporting Limit | ☐ Final Report (Attach C/OH_FR)

10 PERIOD COVERED
Month | Day | Year | THROUGH | Month | Day | Year
02 15 2025 | 04 03 2025

11 ELECTION
ELECTION DATE: Month | Day | Year
05 03 2025 X
☐ Runoff | ☐ Special | Election Description

12 OFFICE
OFFICE HELD (if any): Place 2 / Vice President
13 OFFICE SOUGHT (if known): Place 2, KISD Trustee

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL | ☐ SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY
Date Received: 4/4/25
Date Hand-Delivered or Date Postmarked
Receipt # | Amount $
Date Processed: 4/4/25
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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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)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ Ø
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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:

JENNIFER MCCANN
Notary ID #131475072
My Commission Expires
March 5, 2026

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Susan Jones this the 4th day of April, 20 25, to certify which, witness my hand and seal of office.

Jennifer McCann — Signature of officer administering oath

Jennifer McCann — Printed name of officer administering oath

Notary — 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 _____ (month), 20 _____ (year)

_____

Signature of Candidate/Officeholder (Declarant)