### CANDIDATE / OFFICEHOLDER
#### CAMPAIGN FINANCE REPORT

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>RECEIVED DALLAS COUNTY ELECTIONS</th>
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<tbody>
<tr>
<td>Date Processed</td>
<td>Date Imaged</td>
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<tr>
<td>Date Hand-delivered or Date Postmarked</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>3 CANDIDATE / OFFICEHOLDER NAME</th>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
<th>NICKNAME</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS. SUSAN LOPEZ CRISS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</th>
<th>ADDRESS / PO BOX</th>
<th>APT / SUITE #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
<tr>
<td>928 Turrent Place</td>
<td></td>
<td></td>
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<td>75201</td>
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<table>
<thead>
<tr>
<th>5 CANDIDATE / OFFICEHOLDER PHONE</th>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
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<tbody>
<tr>
<td>(214) 704-0233</td>
<td></td>
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<table>
<thead>
<tr>
<th>6 CAMPAIGN TREASURER NAME</th>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
<th>NICKNAME</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS. SUSAN LOPEZ CRISS</td>
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<table>
<thead>
<tr>
<th>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</th>
<th>STREET ADDRESS (NO PO BOX PLEASE)</th>
<th>APT / SUITE #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>PO Box 210381 Dallas Tx 75241</td>
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<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
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<tbody>
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<th>9 REPORT TYPE</th>
<th>January 15</th>
<th>30th day before election</th>
<th>Runoff</th>
<th>15th day after campaign treasurer appointment (Officeholder Only)</th>
<th>Final Report (Attach C/OH - FRI)</th>
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<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>THROUGH</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<td></td>
<td>7</td>
<td>14</td>
<td>2017</td>
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<td>5</td>
<td>18</td>
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<table>
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<tr>
<th>11 ELECTION</th>
<th>ELECTION DATE</th>
<th>ELECTION TYPE</th>
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<tr>
<td></td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 OFFICE</th>
<th>OFFICE HELD (if any)</th>
<th>OFFICE SOUGHT (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Constable Pet 5</td>
<td></td>
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</tbody>
</table>

**GO TO PAGE 2**

---

Forms provided by Texas Ethics Commission  
[www.ethics.state.tx.us](http://www.ethics.state.tx.us)  
**Revised 9/8/2016**
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

16 NOTICE FROM POLITICAL COMMITTEE(S)

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
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<tbody>
<tr>
<td>GENERAL</td>
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<tr>
<td>SPECIFIC</td>
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<table>
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<th>COMMITTEE ADDRESS</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

☐ Additional Pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED $7,000

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $7,000

3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED $

4. TOTAL POLITICAL EXPENDITURES $5,516

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

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

18 AFFIDAVIT

TANDI SMITH
Notary Public
STATE OF TEXAS
My Comm. Exp. June 21, 2019

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

Affix Notary Stamp / Seal Above

Sworn to and subscribed before me, by the said Susan E. Lopez Craig, this the 5th day of February, 2018, 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015
**CANDIDATE / OFFICEHOLDER REPORT:**
**DESIGNATION OF FINAL REPORT**

---

The Instruction Guide explains how to complete this form.

---

**1 C/OH NAME**

Suzan E. Lopez Craig

**2 Filer ID (Ethics Commission Filers)**

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

---

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.

- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.

- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

---

**Complete this section only if you are an officeholder**

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder
<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E: LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
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<tr>
<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
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<tr>
<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
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<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
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<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
<tr>
<td>Date</td>
<td>Full name of contributor</td>
<td>Out-of-state PAC (ID#)</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1-7-18</td>
<td>Jeremy Williams</td>
<td></td>
</tr>
<tr>
<td>7-20-17</td>
<td>Jimmy Lewis</td>
<td></td>
</tr>
<tr>
<td>1-24-14</td>
<td>Susan E. Craig</td>
<td></td>
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</table>
## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS:** 

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>out-of-state PAC ID#:</th>
<th>Amount of Contribution $</th>
<th>In-kind contribution description</th>
<th>Check if travel outside of Texas. Complete Schedule T.</th>
</tr>
</thead>
</table>

### Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

### Employer (FOR NON-JUDICIAL) (See Instructions)

### 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.
### Pledged Contributions

**Schedule B**

The Instruction Guide explains how to complete this form.

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<thead>
<tr>
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<table>
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<th>4</th>
<th>TOTAL OF UNITEMIZED PLEDGES</th>
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<tr>
<td>5</td>
<td>Date</td>
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<tr>
<td>6</td>
<td>Full name of pledgor</td>
</tr>
<tr>
<td>7</td>
<td>Pledgor address; City; State; Zip Code</td>
</tr>
</tbody>
</table>

| 8 | Amount of Pledge $ |
| 9 | In-kind contribution description |

- Check if travel outside of Texas. Complete Schedule T.

| 10 | Principal occupation / Job title (See Instructions) |
| 11 | Employer (See Instructions) |

| Date | Full name of pledgor | out-of-state PAC (ID#:_____)

| Pledgor address; City; State; Zip Code |

| Amount of Pledge $ | In-kind contribution description |

- Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |

| Date | Full name of pledgor | out-of-state PAC (ID#:_____)

| Pledgor address; City; State; Zip Code |

| Amount of Pledge $ | In-kind contribution description |

- Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |

| Date | Full name of pledgor | out-of-state PAC (ID#:_____)

| Pledgor address; City; State; Zip Code |

| Amount of Pledge $ | In-kind contribution description |

- Check if travel outside of Texas. Complete Schedule T.

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

The Instruction Guide explains how to complete this form.

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<th>Is lender a financial institution?</th>
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<table>
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<th>Lender address; City; State; Zip Code</th>
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<th>Loan Amount ($)</th>
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<th>Interest rate</th>
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<th>Description of Collateral</th>
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<tr>
<th>16</th>
<th>GUARANTOR INFORMATION</th>
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<tr>
<th>17</th>
<th>Name of guarantor</th>
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<th>Guarantor address; City; State; Zip Code</th>
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<th>Principal Occupation (See Instructions)</th>
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<table>
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<th>21</th>
<th>Employer (See Instructions)</th>
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</thead>
</table>

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**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

#### EXPENDITURE CATEGORIES FOR BOX 6(a)
- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit/Debit Card Payment
- Event Expense
- Food
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Reental 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)

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>Total pages Schedule F1</td>
<td>FILER NAME</td>
<td>Filer ID (Ethics Commission Filers)</td>
</tr>
<tr>
<td>1</td>
<td><strong>Susana E Lopez Craig</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Date:
- 2-5-2015

#### Amount ($):
- 279.01

#### Payee:
- ABest Printing

#### Payee address:
- 4121 W. Jefferson Blvd, Dallas, TX 75211

#### Purpose of Expenditure:
- Printing

#### Purpose of Expenditure Details:
- Category (See Categories listed at the top of this schedule)
- Description
  - [ ] Check if travel outside of Texas. Complete Schedule T.
  - [ ] Check if Austin, TX, officeholder/holder living expense

#### Additional Expenditures:

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
<th>Purpose of Expenditure</th>
<th>Description</th>
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<tbody>
<tr>
<td>2-1-2015</td>
<td><a href="T">iMoney</a></td>
<td>6754 State Hwy 11, Leesburg, TX 75451</td>
<td>Category (See Categories listed at the top of this schedule)</td>
<td>Description</td>
</tr>
</tbody>
</table>
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder/holder living expense

#### Purpose of Expenditure Details:
- Category (See Categories listed at the top of this schedule)
- Description
  - [ ] Check if travel outside of Texas. Complete Schedule T.
  - [ ] Check if Austin, TX, officeholder/holder living expense

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 9/8/2015
## UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Award/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political Expense
- Professional 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)

The Instruction Guide explains how to complete this form.

1. **Total pages Schedule F2:**
2. **FILER NAME:**
3. **Filer ID (Ethics Commission Filers):**

4. **TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS:** $ <br>

5. **Date**<br>6. **Payee name**

7. **Amount ($)**
8. **Payee address; City; State; Zip Code**

9. **TYPE OF EXPENDITURE**
   - [ ] Political
   - [ ] Non-Political

10. **PURPOSE OF EXPENDITURE**
    (a) **Category** (See Categories listed at the top of this schedule) <br>
    (b) **Description**<br>
    - [ ] Check if travel outside of Texas, Complete Schedule T.<br>
    - [ ] Check if Austin, TX, officeholder living expense<br>

11. **Complete ONLY if direct expenditure to benefit C/OH**
    Candidate / Officeholder name <br>
    Office sought <br>
    Office held <br>

   Date <br>
   Payee name <br>

Amount ($)<br>
Payee address; City; State; Zip Code <br>

**TYPE OF EXPENDITURE**
   - [ ] Political
   - [ ] Non-Political

**PURPOSE OF EXPENDITURE**
   Category (See Categories listed at the top of this schedule) <br>
   Description <br>
   - [ ] Check if travel outside of Texas, Complete Schedule T.<br>
   - [ ] Check if Austin, TX, officeholder living expense<br>

Complete ONLY if direct expenditure to benefit C/OH
    Candidate / Officeholder name <br>
    Office sought <br>
    Office held <br>

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

<table>
<thead>
<tr>
<th></th>
<th>The Instruction Guide explains how to complete this form.</th>
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<tbody>
<tr>
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<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td>Name of person from whom investment is purchased</td>
</tr>
<tr>
<td>6</td>
<td>Address of person from whom investment is purchased;</td>
</tr>
<tr>
<td></td>
<td>City; State; Zip Code</td>
</tr>
<tr>
<td>7</td>
<td>Description of investment</td>
</tr>
<tr>
<td>8</td>
<td>Amount of investment ($)</td>
</tr>
</tbody>
</table>

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment ($)
# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)
- Advertising Expense
- Accounting/Bookkeeping
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office/Overhead/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)

The Instruction Guide explains how to complete this form.

### Instructions

1. **Total pages Schedule F4:**
2. **Filer Name:**
3. **Filer ID (Ethics Commission Filers):**

4. **TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD:**

5. **Date:**
6. **Payee name:**

7. **Amount ($):**
8. **Payee address; City: State; Zip Code:**

9. **TYPE OF EXPENDITURE:**
   - [ ] Political
   - [ ] Non-Political

10. **PURPOSE OF EXPENDITURE**
   - (a) Category (See Categories listed at the top of this schedule)
   - (b) Description
     - [ ] Check if travel outside of Texas. Complete Schedule T.
     - [ ] Check if Austin, TX, officeholder living expense

11. **Complete ONLY if direct expenditure to benefit C/OH:**
    - Candidate / Officeholder name
    - Office sought
    - Office held

12. **Date:**
13. **Payee name:**

14. **Amount ($):**
15. **Payee address; City: State; Zip Code:**

16. **TYPE OF EXPENDITURE:**
   - [ ] Political
   - [ ] Non-Political

17. **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 Austin, TX, officeholder living expense

18. **Complete ONLY if direct expenditure to benefit C/OH:**
    - Candidate / Officeholder name
    - Office sought
    - Office held

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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### Political Expenditures Made from Personal Funds

**Schedule G**

**Expenditure Categories for Box 8(a)**

- Advertising Expense
- Accounting/Bookkeeping
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Award/Memorabilia Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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)

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Total pages Schedule G</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Susan E Lopez Craig</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Payee name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-18-2016</td>
<td><strong>ABest Printing</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Amount ($)</th>
<th>7 Payee address; City; State; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$375.00</td>
<td>921 W. Jefferson Blvd</td>
</tr>
</tbody>
</table>

8 **Purpose of Expenditure**

(a) Category: (See Categories listed at the top of this schedule)

<table>
<thead>
<tr>
<th>Purpose of Expenditure</th>
<th>Candidate / Officeholder name</th>
<th>Office sought</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Printing Cards</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Complete **Only** if direct expenditure to benefit C/O/H

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
</table>

Complete **Only** if direct expenditure to benefit C/O/H

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
</tr>
</thead>
</table>

**Attach Additional Copies of This Schedule As Needed**
## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
<td></td>
</tr>
<tr>
<td>Accounting/Banking</td>
<td></td>
</tr>
<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By Candidate/Officeholder/Political Committee</td>
<td></td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td></td>
</tr>
<tr>
<td>Event Expense</td>
<td></td>
</tr>
<tr>
<td>Fee</td>
<td></td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
<td></td>
</tr>
<tr>
<td>Gift/Awards/Memorials Expense</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Loan Repayment/Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Polling Expense</td>
<td></td>
</tr>
<tr>
<td>Printing Expense</td>
<td></td>
</tr>
<tr>
<td>Salaries/Wages/Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
</tr>
<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
<td></td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

### Table of Expenditure

<table>
<thead>
<tr>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if travel outside of Texas. Complete Schedule T.</td>
<td>Check if Austin, TX, officeholder living expense</td>
</tr>
</tbody>
</table>

### Instructions for Filing

1. **Total pages Schedule H:**
   - 2 FILER NAME
   - 3 Filer ID (Ethics Commission Filers)

2. **Date:**
   - 5 Business name

3. **Amount ($):**
   - 7 Business address; City; State; Zip Code

4. **Purpose of Expenditure:**
   - 8 (a) Category (See Categories listed at the top of this schedule)
   - 8 (b) Description
   - Complete ONLY if direct expenditure to benefit C/OH
   - Candidate / Officeholder name
   - Office sought
   - Office held
   - Complete ONLY if direct expenditure to benefit C/OH
   - Date
   - Business name
   - Amount ($)
   - Business address; City; State; Zip Code
   - Complete ONLY if direct expenditure to benefit C/OH
   - Date
   - Business name
   - Amount ($)
   - Business address; City; State; Zip Code
   - Complete ONLY if direct expenditure to benefit C/OH
   - Candidate / Officeholder name
   - Office sought
   - Office held

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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www.ethics.state.tx.us

Revised 9/8/2015
## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total pages Schedule I</strong></td>
<td><strong>FILER NAME</strong></td>
<td><strong>Filer ID</strong> (Ethics Commission Filers)</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Payee name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amount ($)</strong></td>
<td><strong>Payee address; City; State; Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td><strong>Category</strong> (See instructions for examples of acceptable categories.)</td>
<td><strong>Description</strong> (See instructions regarding type of information required.)</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Payee name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amount ($)</strong></td>
<td><strong>Payee address; City; State; Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td><strong>Category</strong> (See instructions for examples of acceptable categories.)</td>
<td><strong>Description</strong> (See instructions regarding type of information required.)</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td><strong>Payee name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amount ($)</strong></td>
<td><strong>Payee address; City; State; Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td><strong>Category</strong> (See instructions for examples of acceptable categories.)</td>
<td><strong>Description</strong> (See instructions regarding type of information required.)</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### Schedule K

1. **Total pages Schedule K:**

2. **Filer Name**

3. **Filer ID** (Ethics Commission Filers)

4. **Date**

5. **Name of person from whom amount is received**

6. **Address of person from whom amount is received; City; State; Zip Code**

7. **Purpose for which amount is received**

   - [ ] Check if political contribution returned to filer

8. **Amount ($)**

---

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

- [ ] Check if political contribution returned to filer

Amount ($)

---

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

- [ ] Check if political contribution returned to filer

Amount ($)

---

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

- [ ] Check if political contribution returned to filer

Amount ($)

---

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Revised 9/8/2015
## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
### FOR TRAVEL OUTSIDE OF TEXAS
#### SCHEDULE T

1. **Total pages Schedule T:**
2. **FILER NAME:**
3. **Filer ID (Ethics Commission Filers):**

### 4. Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

### 5. Contribution / Expenditure reported on:
   - Schedule A2
   - Schedule B
   - Schedule B(J)
   - Schedule C2
   - Schedule D
   - Schedule F1
   - Schedule F2
   - Schedule F4
   - Schedule G
   - Schedule H
   - Schedule COH-UC
   - Schedule B-SS

### 6. Dates of travel

### 7. Name of person(s) traveling

### 8. Departure city or name of departure location

### 9. Destination city or name of destination location

### 10. Means of transportation

### 11. Purpose of travel (including name of conference, seminar, or other event)

---

### Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

### Contribution / Expenditure reported on:
   - Schedule A2
   - Schedule B
   - Schedule B(J)
   - Schedule C2
   - Schedule D
   - Schedule F1
   - Schedule F2
   - Schedule F4
   - Schedule G
   - Schedule H
   - Schedule COH-UC
   - Schedule B-SS

### Dates of travel

### Name of person(s) traveling

### Departure city or name of departure location

### Destination city or name of destination location

### Means of transportation

### Purpose of travel (including name of conference, seminar, or other event)

---

### Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

### Contribution / Expenditure reported on:
   - Schedule A2
   - Schedule B
   - Schedule B(J)
   - Schedule C2
   - Schedule D
   - Schedule F1
   - Schedule F2
   - Schedule F4
   - Schedule G
   - Schedule H
   - Schedule COH-UC
   - Schedule B-SS

### Dates of travel

### Name of person(s) traveling

### Departure city or name of departure location

### Destination city or name of destination location

### Means of transportation

### Purpose of travel (including name of conference, seminar, or other event)

---

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