

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	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR MRS</td> <td style="width:33%;">FIRST SUSAN</td> <td style="width:33%;">MI M</td> </tr> <tr> <td>NICKNAME</td> <td>LAST SHAW</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR MRS	FIRST SUSAN	MI M	NICKNAME	LAST SHAW	SUFFIX	OFFICE USE ONLY		
MS / MRS / MR MRS	FIRST SUSAN	MI M									
NICKNAME	LAST SHAW	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	<table style="width:100%;"> <tr> <td style="width:33%;">ADDRESS PO BOX 511</td> <td style="width:33%;">CITY SEMINOLE, TX</td> <td style="width:33%;">STATE TX</td> </tr> <tr> <td>PO BOX</td> <td>ZIP CODE 79360</td> <td></td> </tr> </table>		ADDRESS PO BOX 511	CITY SEMINOLE, TX	STATE TX	PO BOX	ZIP CODE 79360		Date Received — FILED — 6-9-22 - 2:43 p.m. Patricia Roberson, Elections Administrator Gaines County, Texas BY _____ DEPUTY		
ADDRESS PO BOX 511	CITY SEMINOLE, TX	STATE TX									
PO BOX	ZIP CODE 79360										
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%;"> <tr> <td style="width:33%;">AREA CODE (432)</td> <td style="width:33%;">PHONE NUMBER 847 9494</td> <td style="width:33%;">EXTENSION</td> </tr> </table>		AREA CODE (432)	PHONE NUMBER 847 9494	EXTENSION	Date Hand-delivered or Date Postmarked					
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE); 318 CR 302 A</td> <td style="width:20%;">CITY; SEMINOLE,</td> <td style="width:20%;">STATE; TX</td> <td style="width:20%;">ZIP CODE 79360</td> </tr> <tr> <td colspan="4">APT / SUITE #</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); 318 CR 302 A	CITY; SEMINOLE,	STATE; TX	ZIP CODE 79360	APT / SUITE #			
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FORM C/OH
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14 C/OH NAME
SUSAN SHAW

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

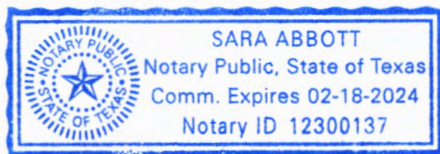
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -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 AFFIDAVIT



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 Shaw

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUSAN SHAW, this the 9th day of June, 2022, to certify which, witness my hand and seal of office.

Sara Abbott

Signature of officer administering oath

Sara Abbott

Printed name of officer administering oath

Notary Public

Title of officer administering oath