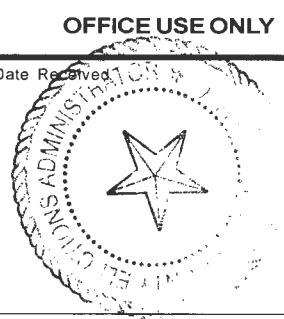


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <u>3</u>                                                                                                                                                                                                                                                                                       |                      |                         |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                        | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                           | FIRST<br><br>Susan                                | MI<br><br>J                                                                                                                                                                                                 | <b>OFFICE USE ONLY</b><br><br>Date Received<br>Date Hand-delivered or Date Postmarked<br><u>11/12/2024</u><br>Receipt # <u>1114124</u> Amount \$ <u>1114124</u><br>Date Processed <u>11/14/24</u><br>Date Imaged <u>11/14/24</u> |                      |                         |  |
|                                                                                              | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                | LAST<br><br>Murphree                              | SUFFIX                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS                                          | ADDRESS / PO BOX; APT / SUITE #, CITY, STATE, ZIP CODE<br><br>PO Box 1565, Seminole, TX 79360                                                                                                                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| <input type="checkbox"/> Change of Address                                                   |                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                                                        | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                                      | EXTENSION                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              | ( <u>  </u> )                                                                                                                                                                                                                                                                                                                                                                           | 432-788-7658                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                                              | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                           | FIRST<br><br>Self                                 | MI                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                | LAST                                              | SUFFIX                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                            | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                 |                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                                             | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                                      | EXTENSION                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              | ( <u>  </u> )                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 9 REPORT TYPE                                                                                | <input type="checkbox"/> January 15                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff                                                                                                                                                                             | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)                                                                                                                                                                                                                          |                      |                         |  |
|                                                                                              | <input type="checkbox"/> July 15                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified Reporting Limit                                                                                                                                                  | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                                                                                                                                                                                                                                            |                      |                         |  |
| 10 PERIOD<br>COVERED                                                                         | Month<br><br><u>7</u>                                                                                                                                                                                                                                                                                                                                                                   | Day<br><br><u>1</u>                               | Year<br><br><u>2025</u>                                                                                                                                                                                     | Month<br><br><u>12</u>                                                                                                                                                                                                                                                                                              | Day<br><br><u>31</u> | Year<br><br><u>2025</u> |  |
| 11 ELECTION                                                                                  | ELECTION DATE<br><br>Month <u>3</u> Day <u>2</u> Year <u>2026</u>                                                                                                                                                                                                                                                                                                                       |                                                   | ELECTION TYPE<br><br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special _____ |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)<br><br>Gaines County District Clerk                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                                                                                                                             | 13 OFFICE SOUGHT (if known)                                                                                                                                                                                                                                                                                         |                      |                         |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                         | COMMITTEE NAME                                    |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE ADDRESS                                 |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE CAMPAIGN TREASURER NAME                 |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE CAMPAIGN TREASURER ADDRESS              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                      |                         |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |                                                                                                                                       |                                               |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>Susan Murphree |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                            |
|                                       | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                        | \$                                            |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            |
|                                       | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ 750.00                                     |
| <b>CONTRIBUTION BALANCE</b>           | 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                                         | \$                                            |
| <b>OUTSTANDING LOAN TOTALS</b>        |                                                                                                                                       |                                               |

**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.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Susan Murphree this the 12th day of January, 20 2023, to certify which, witness my hand and seal of office.

Kayla Pipkin  
Signature of officer administering oath

Kayla Pipkin  
Printed name of officer administering oath

Elections Administrator  
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)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                                                                                             |                                                                                     |                                                                          |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1 Total pages Schedule G                                                                                    | 2 FILER NAME<br><br>Susan Murphree                                                  | 3 Filer ID (Ethics Commission Filers)                                    |
| 4 Date<br><br>11/10/2025                                                                                    | 5 Payee name<br><br>Gaines County Republican Party                                  |                                                                          |
| 6 Amount (\$)<br><br>750.00<br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address:<br><br>Seminole, TX 79360                                          | City: State: Zip Code                                                    |
| 8 PURPOSE OF EXPENDITURE                                                                                    | (a) Category (See Categories listed at the top of this schedule)<br><br>Fees        | (b) Description                                                          |
|                                                                                                             | (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 <u>ONLY</u> if direct expenditure to benefit C/OH                                                | Candidate / Officeholder name<br><br>Susan Murphree                                 | Office sought<br><br>Gaines County District Clerk                        |
| Date                                                                                                        | Payee name                                                                          |                                                                          |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended             | 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 <u>ONLY</u> if direct expenditure to benefit C/OH                                                  | Candidate / Officeholder name                                                       | Office sought                                                            |
| Date                                                                                                        | Payee name                                                                          |                                                                          |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended             | 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 <u>ONLY</u> if direct expenditure to benefit C/OH                                                  | Candidate / Officeholder name                                                       | Office sought                                                            |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                         |                                                                                     |                                                                          |