

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>9</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Suellen	MI R.	OFFICE USE ONLY <del>FILED FOR RECORD</del> Date Received RUSK COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Henderson TX 75653				<i>FEB 02 2026</i>	
<input type="checkbox"/> Change of Address <b>ELECTIONS ADMINISTRATOR</b> <i>J. Sample</i> <small>Date Hand Delivered or Date Postmarked</small>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 253-5969	EXTENSION	BY	<input type="checkbox"/> Receipt # <input type="checkbox"/> Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Suellen	MI R.	<input type="checkbox"/> Date Processed <input type="checkbox"/> Date Imaged		
NICKNAME LAST Perry						
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; Henderson				STATE; ZIP CODE TX 75654	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 253-5969	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 COVERED	Month 01	Day 01	Year 2026	Month 01	Day 22	Year 2026
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>			13 OFFICE SOUGHT (if known) <b>County Court at Law</b>		
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		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

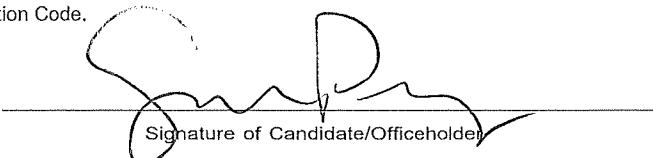
GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 2**

15 JC/OH NAME	Suellen R. Perry	
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)	\$ 3,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,422.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,877.02
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00
OUTSTANDING LOAN TOTALS		

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/Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, 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

**OR**

**(2) Unsworn Declaration**

My name is Suellen R.

, and my date of birth is October 10,

My address is \_\_\_\_\_

Henderson, TX 75654, Rusk

(street)

(city)

(state)

(zip code) (country)

Executed in Rusk

County, State of Texas

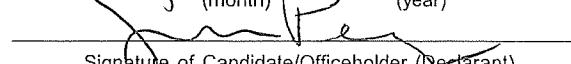
on the 2nd

day of

(month)

February, 20 26

(year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

19 FILER NAME Suellen R. Perry	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,400.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 503.70
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 95.10
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,823.36
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: <b>1 of 2</b>
<b>2 FILER NAME</b> Suellen R. Perry				3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 1/6/26	<b>5 Full name of contributor</b> William Ehrhorn	<input type="checkbox"/> out-of-state PAC ID#: _____		<b>7 Amount of contribution (\$)</b> \$2,000.00
	<b>6 Contributor address;</b> .....	City;	State;	Zip Code
		Mt. Enterprise	TX	75681
<b>8 Contributor's principal occupation</b> Retired		<b>9 Contributor's job title</b> N/A		
<b>10 Contributor's employer/law firm</b> N/A		<b>11 Law firm of contributor's spouse (if any)</b> N/A		
<b>12 If contributor is a child, law firm of parent(s) (if any)</b> N/A				
<b>Date</b> 1/13/26	<b>Full name of contributor</b> Hager Law PLLC	<input type="checkbox"/> out-of-state PAC ID#: _____		<b>Amount of contribution (\$)</b> \$500.00
	<b>Contributor address;</b> 110 N. College Ave	City;	State;	Zip Code
		Tyler	TX	75702
<b>Contributor's principal occupation</b> Law Firm		<b>Contributor's job title</b> N/A		
<b>Contributor's employer/law firm</b> Hager Law PLLC		<b>Law firm of contributor's spouse (if any)</b> N/A		
<b>If contributor is a child, law firm of parent(s) (if any)</b> N/A				
<b>Date</b> 1/14/26	<b>Full name of contributor</b> Dusty & Angie Flanagan	<input type="checkbox"/> out-of-state PAC ID#: _____		<b>Amount of contribution (\$)</b> \$50.00
	<b>Contributor address;</b> 485 Ravenwood	City;	State;	Zip Code
		Henderson	TX	75654
<b>Contributor's principal occupation</b> Safety Director		<b>Contributor's job title</b> Safety Director		
<b>Contributor's employer/law firm</b> Genesis Endeavors		<b>Law firm of contributor's spouse (if any)</b> N/A		
<b>If contributor is a child, law firm of parent(s) (if any)</b> N/A				

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

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: 2 of 2</p>																					
<p>2 FILER NAME Suellen R. Perry</p>				<p>3 Filer ID (Ethics Commission Filers)</p>																					
<p>4 Date 1/16/26</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Angie King</p> <p>6 Contributor address; City; State; Zip Code Henderson TX 75654</p>			<p>7 Amount of contribution (\$) \$200.00</p>																					
<p>8 Contributor's principal occupation Clerk</p>		<p>9 Contributor's job title Chief Clerk</p>																							
<p>10 Contributor's employer/law firm Justice of the Peace Precinct 5</p>		<p>11 Law firm of contributor's spouse (if any) N/A</p>																							
<p>12 If contributor is a child, law firm of parent(s) (if any) N/A</p>																									
<table border="1"> <tr> <td>Date 1/20/26</td> <td>Full name of contributor Heather Lohman</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) \$150.00</td> </tr> <tr> <td colspan="2">Contributor address; 6803 Billingham Ct.</td> <td>City; State; Zip Code Spring TX 77379</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Legal Counsel</td> <td colspan="2">Contributor's job title General Counsel</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Insperity</td> <td colspan="2">Law firm of contributor's spouse (if any) N/A</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any) N/A</td> </tr> </table>					Date 1/20/26	Full name of contributor Heather Lohman	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$150.00	Contributor address; 6803 Billingham Ct.		City; State; Zip Code Spring TX 77379		Contributor's principal occupation Legal Counsel		Contributor's job title General Counsel		Contributor's employer/law firm Insperity		Law firm of contributor's spouse (if any) N/A		If contributor is a child, law firm of parent(s) (if any) N/A				
Date 1/20/26	Full name of contributor Heather Lohman	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$150.00																						
Contributor address; 6803 Billingham Ct.		City; State; Zip Code Spring TX 77379																							
Contributor's principal occupation Legal Counsel		Contributor's job title General Counsel																							
Contributor's employer/law firm Insperity		Law firm of contributor's spouse (if any) N/A																							
If contributor is a child, law firm of parent(s) (if any) N/A																									
<table border="1"> <tr> <td>Date 1/22/26</td> <td>Full name of contributor Nicholas Petroff</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">Contributor address; 3008 Canton St.</td> <td>City; State; Zip Code Dallas TX 75226</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Realtor</td> <td colspan="2">Contributor's job title Realtor</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Petroff Realty &amp; Investment</td> <td colspan="2">Law firm of contributor's spouse (if any) N/A</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any) N/A</td> </tr> </table>					Date 1/22/26	Full name of contributor Nicholas Petroff	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$500.00	Contributor address; 3008 Canton St.		City; State; Zip Code Dallas TX 75226		Contributor's principal occupation Realtor		Contributor's job title Realtor		Contributor's employer/law firm Petroff Realty & Investment		Law firm of contributor's spouse (if any) N/A		If contributor is a child, law firm of parent(s) (if any) N/A				
Date 1/22/26	Full name of contributor Nicholas Petroff	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$500.00																						
Contributor address; 3008 Canton St.		City; State; Zip Code Dallas TX 75226																							
Contributor's principal occupation Realtor		Contributor's job title Realtor																							
Contributor's employer/law firm Petroff Realty & Investment		Law firm of contributor's spouse (if any) N/A																							
If contributor is a child, law firm of parent(s) (if any) N/A																									

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$479.70	2300 Clarendon	Arlington VA 22201	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  consulting expense	(b) Description  data analytics	
	(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	Office sought	Office held
Date	Payee name		
1/22/26	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$24.00	1 Hacker Way	Menlo Park	CA 94025
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Facebook Ads	
	<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	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
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	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Suellen R. Perry	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 95.10
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5 CREDIT CARD ISSUER	Name of financial institution Citi		
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6 PAYMENT 1/7/26	(a) Amount Charged \$ 95.10	(b) Date Expenditure Charged 1/7/26	(c) Date(s) Credit Card Issuer Paid 2/2/26
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7 PAYEE	(a) Payee name Tractor Supply	(b) Payee address; 2307 Hwy 79	City, Henderson	State, TX	Zip Code 75654
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Supplies
---	---	----------------------------------

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	3 Filer ID (Ethics Commission Filers)
Suellen R. Perry		

4 Date	5 Payee name
1/3/26	Citi

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,823.36	P.O. Box 70166	Philadelphia	PA	19176
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Credit Card	Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

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	

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			

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	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## OUTSTANDING LOANS

If the requested information is not applicable, DO NOT include this page in the report.

### SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1	
2 FILER NAME Suellen R. Perry		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender Suellen R. Perry		
	5 Lender address;	City; Henderson	State; TX
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address;	City;	State;
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED