

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

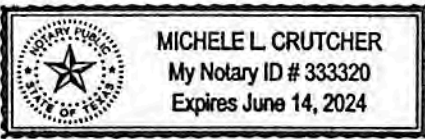
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Susan Kershaw		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,947.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,813.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

S. Kershaw
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *S. Kershaw* this the 28TH day of APRIL, 2023 to certify which, witness my hand and seal of office.

Michele L. Crutcher MICHELE L. CRUTCHER NOTARY
Signature of officer administering oath Printed name of officer administering oath 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Susan Kershaw		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,877.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 70.12
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 12,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,813.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> Anonymous (cash)	7 Amount of contribution (\$) 50.00
<small>6 Contributor address; City; State; Zip Code</small>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Anonymous (cash)	Amount of contribution (\$) 50.00
<small>Contributor address; City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Bill Remington	Amount of contribution (\$) 100.00
<small>Contributor address; City; State; Zip Code</small> 1040 Harvest Hill Dr Prosper Tx 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Anonymous (cash)	Amount of contribution (\$) 90.00
<small>Contributor address; City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> Joseph Boduch	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 11125 Corsicana Drive, Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/31/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Andrea Robertson	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5403 Golden Sunset Ct, Frisco, TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/04/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Meredith McGraw	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 1266 Sunland Park, Frisco, TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/04/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Diane Richartz	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 11156 Apple Valley Drive, Frisco, TX 75033	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> William Langley 6 Contributor address; City; State; Zip Code 7218 Waterlily Ln, FRISCO, TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Chuck Morgan Contributor address; City; State; Zip Code 2968 Horseshoe Trl, Frisco, TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Stacey Pulpaneck Contributor address; City; State; Zip Code 9805 ADOLPHUS DR, FRISCO, TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Michele Nelson Contributor address; City; State; Zip Code 5935, Shy Dr Frisco, TX 75034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> Lennea Hartonian 6 Contributor address; City; State; Zip Code 11043 Ruidosa Lane, Frisco, TX 75033	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Scott Brooke Contributor address; City; State; Zip Code 15581 Crown Cove Lane, Frisco, TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> John Mefford Contributor address; City; State; Zip Code 2397 Elm Valley Drive, Little Elm, TX 75068	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Mike Gray Contributor address; City; State; Zip Code 1318 Alamo Court, Frisco, TX 75033	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Stricklin 6 Contributor address; City; State; Zip Code 856 Crystal Lake Drive, Frisco, TX 75036	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Bloemendaal Contributor address; City; State; Zip Code 9214 COMMONWEALTH DR, FRISCO, TX 75033-8230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Patrick Rydzewski Contributor address; City; State; Zip Code 1134 Timber Lane, Frisco, TX 75036	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Paul Weissgarber Contributor address; City; State; Zip Code 2025 Creekridge Drive, Frisco, TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> David Malechek 6 Contributor address; City; State; Zip Code 8112 Ravenscliff Drive, McKinney, TX 75070	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2023	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Anonymous (Cash) Contributor address; City; State; Zip Code	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> R Kerry Huffman 6 Contributor address; City; State; Zip Code 9423 Tanyard LN Frisco TX 75033	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Ted Hart Contributor address; City; State; Zip Code 6703 Canyon Frisco TX 75036	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Carol Adams Contributor address; City; State; Zip Code 6125 Luther LN, STE 245 Dallas TX 75036	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Anonymous (Cash) Contributor address; City; State; Zip Code	Amount of contribution (\$) 77.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Melinda Preston 6 Contributor address; City; State; Zip Code 13370 Bayfield DR Frisco TX 75034	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) David Kemp Contributor address; City; State; Zip Code 7714 Element Ave Plano TX 75024	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) James Smith Contributor address; City; State; Zip Code 2535 Loch Haven Ct Frisco TX 75036	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: _____) John M. Sellars Contributor address; City; State; Zip Code 3253 Castaway Lane Frisco TX 75036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Joanne M. G. Janssen 6 Contributor address; City; State; Zip Code 1316 Pelican DR Frisco TX 75033	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Terry D Gooch Contributor address; City; State; Zip Code 1636 Lake Way Dr Little Elm TX 75068	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Melinda E Preston Contributor address; City; State; Zip Code 13370 Bayfield DR Frisco TX 75034	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Sue Gamboa Contributor address; City; State; Zip Code 2675 Calmwood DR Little Elm TX 75068	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: /	
2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/08/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous Cash 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 70.12	9 In-kind contribution description Food For Event
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.			
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Susan Kershaw	3 Filer ID (Ethics Commission Filers)
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4 Date 04/07/2023	5 Payee name Michaels
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6 Amount (\$) 10.81	7 Payee address; 5755 Eldorado PKWY	City; Frisco	State; TX	Zip Code 75033
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp	(b) Description Stationery
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/10/2023	Payee name First Graphics
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Amount (\$) 810.97	Payee address; 229 Garvon St	City; Garland	State; TX	Zip Code 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Marketing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/17/2022	Payee name First Graphics
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Amount (\$) 1,779.63	Payee address; 229 Garvon St	City; Garland	State; TX	Zip Code 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Marketing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Susan Kershaw	3 Filer ID (Ethics Commission Filers)
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4 Date 04/21/2023	5 Payee name Star Local Media
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6 Amount (\$) 250.00	7 Payee address; 3501 E Plano PKWY #200	City; Plano	State; TX	Zip Code 75074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Marketing
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/22/2023	Payee name Geeky Beth
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Amount (\$) 100.00	Payee address; 961 Traders Ave	City; Fall River	State; KS	Zip Code 67047
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Web Design
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/24/2022	Payee name YT Adservice
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Amount (\$) 500.00	Payee address; 2340 E Trinity Mills Rd Suite 300	City; Carrollton	State; TX	Zip Code 75006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description YouTube
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Offic holder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Susan Kershaw		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/2023		5 Payee name Strategic Political Management			
6 Amount (\$) 1,500.00		7 Payee address; 2355 Thomas Avenue Apt 1711		City; Dallas	State; TX
				Zip Code 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, offic holder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Offic holder name		Office sought	Office held
Date 04/26/2023		Payee name First Graphics			
Amount (\$) 2,277.58		Payee address; 229 Garvon St		City; Garland	State; TX
				Zip Code 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, offic holder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Offic holder name		Office sought	Office held
Date 04/26/2023		Payee name Maurice Lambert			
Amount (\$) 195.85		Payee address; 6 Fairway Drive		City; Frisco	State; TX
				Zip Code 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, offic holder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Offic holder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Susan Kershaw	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Payee name Anedot	
6 Amount (\$) 389.92	7 Payee address; 1340 Poydras St Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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