

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00085608 | <b>2</b> Total pages filed:<br><br>6   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>Susan  | MI<br>MI   | <b>OFFICE USE ONLY</b>                 |
|   | NICKNAME  | LAST<br>Barclay   | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE   |   |  | Date Hand-delivered or Date Postmarked |
|   | <b>REDACTED PER 254.0313, GOV'T CODE</b>  |   |  | Receipt # _____ Amount _____           |
|   |   |   |  | Date Processed _____                   |
|   |   |   |  | Date Imaged _____                      |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Bobi Jo  | MI<br>MI   |  |
|   | NICKNAME  | LAST<br>Martinez  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |  |  |
|   | <b>REDACTED PER 254.0313, GOV'T CODE</b>  |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
|   | (361)   | 425-7854  |  |  |
| <b>8</b> REPORT TYPE  | <input checked="" 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)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year  | THROUGH   | Month    Day    Year   |  |
|   | 07/01/2023  |   | 12/31/2023   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year   |   | ELECTION TYPE  |  |
|   |   |   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 117 Nueces  |   | <b>12</b> OFFICE SOUGHT (if known)   |  |
| <b>GO TO PAGE 2</b>   |   |   |  |  |

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 6

**13** C / OH NAME      Barclay, Susan (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00085608

**15** 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.

Additional Pages

|  |   |
|--|---|
| <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | <b>COMMITTEE NAME</b>                       |
|  | <b>COMMITTEE ADDRESS</b>                    |
|  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 1.75      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 1,910.50  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 11,711.40 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 45,520.09 |

**17** 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.

\_\_\_\_\_  
The Honorable Susan Barclay  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Barclay, Susan (The Honorable) |   | <b>19 Filer ID</b><br>00085608 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b>                           |   |                                | <b>SUBTOTAL AMOUNT</b>     |
|  | <b>NAME OF SCHEDULE</b>   |                                |                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 0.00                       |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 3.   | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                             |                            |
| 4.   | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$                             |                            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 1,910.50                   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                             |                            |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                             |                            |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                             |                            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 4/6              | <b>2</b> FILER NAME<br>Barclay, Susan (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085608   |
| <b>4</b> Date<br>08/31/2023   | <b>5</b> Payee name<br>American Bank  |  |
| <b>6</b> Amount (\$)<br>\$1.75                                      | <b>7</b> Payee address; City; State; Zip Code<br>4145 S. Alameda Street<br><br>Corpus Christi, TX 78411 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking fee. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>09/30/2023  | Payee name<br>American Bank   |  |
| Amount (\$)<br>\$1.75   | Payee address; City; State; Zip Code<br>4145 S. Alameda Street<br><br>Corpus Christi, TX 78411          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking fee. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>10/31/2023  | Payee name<br>American Bank   |  |
| Amount (\$)<br>\$1.75   | Payee address; City; State; Zip Code<br>4145 S. Alameda Street<br><br>Corpus Christi, TX 78411          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking fee. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 5/6       | <b>2</b> FILER NAME<br>Barclay, Susan (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085608   |
| <b>4</b> Date<br>11/30/2023                                  | <b>5</b> Payee name<br>American Bank  |  |
| <b>6</b> Amount (\$)<br>\$1.75                               | <b>7</b> Payee address; City; State; Zip Code<br>4145 S. Alameda Street<br><br>Corpus Christi, TX 78411 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking fee.   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/31/2023   | Payee name<br>American Bank   |  |
| Amount (\$)<br>\$1.75  | Payee address; City; State; Zip Code<br>4145 S. Alameda Street<br><br>Corpus Christi, TX 78411          |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking fee.   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/24/2023   | Payee name<br>Corpus Christi Police Officers Association  |  |
| Amount (\$)<br>\$300.00                                      | Payee address; City; State; Zip Code<br>3122 Leopard Street<br><br>Corpus Christi, TX 78408             |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event expense. |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

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**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 6/6 | <b>2</b> FILER NAME<br>Barclay, Susan (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085608 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>09/19/2023 | <b>5</b> Payee name<br>Padre Island Business Association |
|-----------------------------|--|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>14493 S. Padre Island Drive<br>Ste. A<br>Corpus Christi, TX 78418 |
|------------------------------------|--|

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

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

|                    |                              |
|--------------------|------------------------------|
| Date<br>07/17/2023 | Payee name<br>Shull, William |
|--------------------|------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$100.00 | Payee address; City; State; Zip Code<br>901 Leopard Street<br><br>Corpus Christi, TX 78401 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event expense for CSCD. |
|-------------------------------|--|---|

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|