FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082084 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Susanna NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Dokupil CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3262 Westheimer Rd #135 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77098 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael C. NAME NICKNAME LAST **SUFFIX** Massengale STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 3733-1 Westheimer **ADDRESS** #682 (Residence or Business) Houston, TX 77027 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 206-3246 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 9 District 1

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Dokupil, Susanna (M	s.)	14 Filer ID 00082084	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 36,497.89	
EXPENDITURE TOTALS					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 34,411.33	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 17,350.48	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Ms. S	Susanna Dokupil		
		Signature of	Candidate or Officehol	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath	

SUBTOTALS - JC/OH

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

					3 01 33
	ER NAN kupil, S	ME Susanna (Ms.)	19 Filer ID 00082084	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	31,997.89
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,500.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	32,515.86
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,895.47
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			1	Filer ID (Ethics Commission Filers) 00082084
4	Date 09/02/2024	Allison, Lester 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77019		_		
8		Principal Occupation		9 Contributor's Job Title		
	business ow			president		
10	10 Contributor's employer/law firmAllison Interests11 Law firm of contributor's sp				oous	e (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	07/31/2024	Andrews, Ned Contributor address; City;	State; Zip Code			\$52.05
		Houston, TX 77023				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Private law p	practice				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/29/2024	Anvar, Amir	_			\$104.10
		Contributor address; City; Houston, TX 77008	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	-	
	manager			Senior Advisor		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	AWS					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 09/23/2024	Baly, Jacquie Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$260.25	
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Consultant			Consultant		
10	Contributor's e Balyprojects	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/09/2024	Brown, Megan Contributor address; City;	State; Zip Code			\$1,000.00
		Kensington, MD 20895				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	lawyer			Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Wiley Rein			Cooper & Kirk		
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/02/2024	Cohn, Jonathan	_			\$2,500.00
		Contributor address; City; McLean, VA 22101	State; Zip Code		•	
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title	_	
	attorney			Partner		
Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)	
	Lehotsky Ke	ller Cohn LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 07/21/2024	Collins, Elisebeth 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$260.25	
		Bentonville, AR 72712				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer			Senior VP		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
12	Walmart	s a child, law firm of parent(s) (i	f any)			
12	. II CONTINUATOR II	s a criliu, iaw iiriri or parerii(s) (r	i arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	08/28/2024	Davis, Ross Contributor address; City;	State; Zip Code			\$100.00
		Houston, TX 77024				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	business owner executive					
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	08/16/2024	Denenburg, Sandi				\$26.03
		Contributor address; City; Houston, TX 77027	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Pct Chair			Pct Chair		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Pct Chair					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 07/26/2024			7	Amount of Contribution (\$) \$260.25	
		Barrington, IL 60010				
8		Principal Occupation		9 Contributor's Job Title		
	executive			Chief Geek		
10	10 Contributor's employer/law firm42 Geeks11 Law firm of contributor's sp				ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/21/2024	Frank, Theodore Contributor address; City;	State; Zip Code		•	\$250.00
		Houston, TX 77019		T		
	lawyer	Principal Occupation		Contributor's Job Title Director of Litigation		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
		coln Law Institute		Law iiiii oi continutoi 3 3	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , ,	57			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/06/2024	Frank, Theodore				\$500.00
		Contributor address; City; Houston, TX 77019	State; Zip Code		•	
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	lawyer			Director of Litigation		
	Contributor's employer/law firm Law firm of contributor's sp				ous	se (if any)
	Hamilton Lin	coln Law Institute				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)1: 4 Rpt: 8/33	:
2	FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Dokupil, Sus	kupil, Susanna (Ms.)			0008208	34		
4	Date 07/03/2024			7	Amount o	of Contribution (\$)	\$520.51	
		Houston, TX 77005						
8		Principal Occupation		9 Contributor's Job Title				
	Partner			Hawkins Ranch, LP				
10	Contributor's ON/A	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (f any)					
		, ,,,						
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	of Contribution (\$)	
	08/15/2024 Furse, Austen			7 0 0	σοιταισαμοτί (ψ)	\$520.51		
	Contributor address; City; State; Zip Code							4020.02
		Continuator address, City,	State, Zip Code					
		Houston, TX 77005						
		Principal Occupation		Contributor's Job Title				
	Partner			Partner				
		employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Hawkins Ra	nch						
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount o	of Contribution (\$)	
	08/28/2024	Gaille, Natalie	out of state 1 Ac (ID#.			, arround c	π σοπιποατίστη (φ)	\$260.25
	00/20/2021	■	Stato: 7in Codo					Ψ200.20
		Continuation address, City,	State, Zip Code					
		The Woodlands, TX 773	292					
	Contributor's	Principal Occupation		Contributor's Job Title				
	professional	·		professional				
		employer/law firm		Law firm of contributor's s	nou	co (if any)		
	Gailleon	employer/law lillii		Law IIIII of Continuator's S	pou	se (II ally)		
		s a child, law firm of parent(s) (of any)					
	ii continuutoi i	s a crillu, law lilili or pareril(s) (ii aiiy)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	al pages Schedule A(J)1 n: 6/14 Rpt: 9/33	:
2	FILER NAME Dokupil, Sus	sanna (Ms.)			1	r ID (Ethics Commission)82084	on Filers)
4	Date 07/25/2024	Gooch, Roland 6 Contributor address; City; State; Zip Code		7 Amo	ount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75231		T			
8	Contributor's Fretired	Principal Occupation		9 Contributor's Job Title retired			
10		employer/law firm		11 Law firm of contributor's sp	nouso (if	anyl	
10	self	этрюуетлам шт		Law initi of contributor 3 S	ouse (ii	any)	
12		s a child, law firm of parent(s) (i	f any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	09/05/2024	Gray Reed & McGraw L Contributor address; City; Houston, TX 77056					\$500.00
_	Contributor's	l		Contributor's Job Title			
	Continuator S i	Principal Occupation		Continuator's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	08/21/2024	Hersh, Earl Contributor address; City; Houston, TX 77009	State; Zip Code				\$104.10
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	business ow	ner		founder/owner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	self-employe	ed					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/33
2	FILER NAME Dokupil, Sus				3 Filer ID (Ethics Commission Filers) 00082084
4	Date 09/17/2024			7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>
10	LO Contributor's employer/law firm 11 Law firm of contributor's sp			oouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date O9/05/2024 Full name of contributor out-of-state PAC (ID#:) Lange, Renee Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00	
	Contributor's I	Houston, TX 77057 Principal Occupation		Contributor's Job Title	
	retired	Timolpai Oddapailon		retired	
	retired	employer/law firm s a child, law firm of parent(s) (if a	anv)	Law firm of contributor's sp	oouse (if any)
		o a oa, ian o. paro(o) (i. t	,,		
	Date Full name of contributor out-of-state PAC (ID#:) 107/26/2024 Lehrer, Eli Contributor address; City; State; Zip Code Herndon, VA 20171			Amount of Contribution (\$) \$250.00	
		Principal Occupation		Contributor's Job Title	
		R Street Institute		President	
Contributor's employer/law firm R Street Institute Law firm of contributor			Law firm of contributor's sp	oouse (if any)	
	if contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 09/05/2024			7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77027		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/02/2024	Newton, Jonathan Contributor address; City;	<u> </u>		•	\$1,000.00
		Houston, TX 77024				
		Principal Occupation		Contributor's Job Title		
	attorney			Partner		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	King & Spale		: a.a.)			
	ii contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/13/2024	Olson, David				\$100.00
	Contributor address; City; State; Zip Code Wellesley Hills, MA 02481				•	
\vdash	Contributor's I	Principal Occupation		Contributor's Job Title	1	
	professor			professor		
	Contributor's employer/law firm Law firm of contributor's s				ous	se (if any)
	Boston Colle	ege				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 09/02/2024			7	Amount of Contribution (\$) \$200.00	
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I.		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/25/2024	Republican Party of Tex Contributor address; City;			•	\$2,500.00
		Austin, TX 78701		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/31/2024	Searle, Julie Contributor address; City;	State; Zip Code			\$1,041.02
_	Contributor's	Austin, TX 78739 Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссираціоп		Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Norton Rose	: Fulbright				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/33
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 09/05/2024	Sidle, Eric 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,200.00	
		Montgomery , TX 77316	j			
8		Principal Occupation		9 Contributor's Job Title		
	consultant			consultant		
10	Contributor's e self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/03/2024	Smith, Mary Jane Contributor address; City;	State; Zip Code			\$104.10
		Houston, TX 77025		_		
		Principal Occupation		Contributor's Job Title		
	retired			retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/05/2024	Smith, Mary Jane				\$100.00
		Contributor address; City; Houston, TX 77025	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	retired			retired		
	Contributor's employer/law firm Law firm of contributor's sp				oous	se (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/33	
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 08/27/2024	5 Full name of contributor Stallings, Kyle6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,500.00
		Midland, TX 79702				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	business ow			Founder & CEO		
10		employer/law firm Ilty Company		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/05/2024 Swanson Law Firm Contributor address; City; State; Zip Code					\$250.00
		Houston, TX 77008				
Contributor's Principal Occupation Contributor's Job T						
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/27/2024	Tebo, Kyle	_			\$104.10
		Contributor address; City; Austin, TX 78701	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	attorney special counsel					
	Contributor's employer/law firm Law firm of contributor's					se (if any)
	Office of the	Attorney General of Texas				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/33	
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$5,000.00
		Austin, TX 78701				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 08/23/2024	Full name of contributor Verjee, Aman Contributor address; City;	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$520.51
		Atherton, CA 94027				
		Principal Occupation		Contributor's Job Title		
	Finance	employer/law firm		General Partner	2011	oo (if am)
	Practical VC			Law firm of contributor's sp	Jous	se (II ally)
		s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/05/2024	Vora, Jigesh Contributor address; City; Houston, TX 77024	State; Zip Code		·	\$25.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Consultant Consultant					
	Contributor's employer/law firm Law firm of contributor's					se (if any)
_	VJV Consult	ing s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/33	
2	FILER NAME Dokupil, Sus	sanna (Ms.)			3	Filer ID (Ethics Commission Filers) 00082084
4	Date 08/29/2024	5 Full name of contributor out-of-state PAC (ID#:) Weekley, Richard 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5,000.00
		Houston, TX 77027				
8		Principal Occupation		9 Contributor's Job Title		
	Real Estate			Real Estate Developer		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/16/2024 Wood, Rebecca Contributor address; City; State; Zip Code					\$520.51
_	Contributorio	McLean, VA 22101		Contributor's Job Title		
	Contributor's Principal Occupation Contributor's Job Title lawyer Partner					
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
	Sidley Austir			· ·		
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	09/06/2024	Wynn, Dave	_			\$260.25
		Contributor address; City; Houston, TX 77009	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Sales					
	Contributor's employer/law firm Law firm of contributor's				oous	se (if any)
Westworld Telecom						
	If contributor is	s a child, law firm of parent(s) (if	fany)			

FARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1
iction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/33	
sanna (Ms.)		3 Filer ID (Ethics Commission Filers) 00082084
Date 08/24/2024 5 Full name of contributor out-of-state PAC (ID#:) Wynne, Michael 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$104.10
Houston, TX 77055		
Principal Occupation	9 Contributor's Job Title	
	Partner	
employer/law firm	11 Law firm of contributor's sp	ouse (if any)
is a child, law firm of parent(s) (if any)		
	sanna (Ms.) 5 Full name of contributor out-of-state PAC (ID#:_ Wynne, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77055 Principal Occupation	Sanna (Ms.) 5 Full name of contributor out-of-state PAC (ID#:) Wynne, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77055 Principal Occupation 9 Contributor's Job Title Partner employer/law firm nne Arney PLLC

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dokupil, Susanna (Ms.) 00082084 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/04/2024 Grimes, Hallie \$4,500.00 I fundraising event 7 Contributor address; City; State; Zip Code Houston, TX 77098 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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)
	Sch: 1/12 Rpt: 19/33	Dokupil, Susanna (Ms.) 00082084
4	Date	5 Payee name
	09/03/2024	AlphaGraphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.06	5633 Richmond
		#100-A
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		name tag
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	the state of the s
	Date	Payee name
	08/12/2024	Colon & Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	7941 Katy Fwy
		#108
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense pushcards
		pashoards
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/15/2024	Dokupil, Susanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3262 Westheimer #135
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Repayment of loan for primary expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/M Legal Services				/ages	e /Contract Labor ete this form.		Travel Out of D OTHER (enter a	istrict a category not listed above)
Ļ	Tatalana Oliver	٦.	EU ED		Guide (υλριαπίο Π	1044 10 00	יייףוני	te una ioiiii.	٦.	E1- 15	(Edding Occurred and
1	Total pages Schedule F1:	2			,					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/12 Rpt: 20/33		Dokupil, Su	sanna (Ms	.)						00082084	
4	Date	5	Payee name									
	08/12/2024		Fort Bend C	County Rep	ublican F	arty						
6	Amount (\$)	7	Payee addre	ss; City		State;	Zip Co	de				
	\$5,000.00		PO Box 461	_								
	•											
			Sugar Land	TY 77/18	7-0461							
Ļ	DUDDOCE	(=)						/b\	5 1 2			
8	PURPOSE OF	(a)	Category (Se				edule)	(a)	Description	outoi	do of Toyon Con	mploto Cahadula T
	EXPENDITURE		Contribution Candidate/0				ittee		=		de of Texas. Cor officeholder livin	mplete Schedule T. na expense
			Cariuluale/(JIIICEI IUIUI	ar Follucal	COMMIN	iiice		_			al Campaign for COA
									candidates			1 3
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder no	me		office sou	abt			Office h	neld
9	expenditure to benefit C/O		Januluale/Oni	cendidei na	ille	U	ilice sou	gni			Office fi	ieiu
L		_										
	Date		Payee name									
	08/19/2024		Pink Cilantr	o LLC								
	Amount (\$)		Payee addre	ss; City	_ 	State;	Zip Co	de				
	\$8,350.00		11333 Chim	ney Rock	Road							
			Houston, T	K 77035								
	PURPOSE OF	(a)	Category (Se		sted at the top	of this sche	edule)	(b)	Description			
	EXPENDITURE		Consulting	Expense					-			mplete Schedule T.
									website, digit		officeholder livin	ig expense
									website, uigit	ui S	arai c yy	
_	Complete ONLY if direct	Ļ	Condidate /Offi	oobold			office and	ab+			Office I	and d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenoider na	me	O	office sou	gnt			Office h	ieiu
		_										
	Date		Payee name									
	09/11/2024		Pink Cilantr	o LLC								
	Amount (\$)		Payee addre	ss; City		State;	Zip Co	de				
	\$8,350.00		11333 Chim	ney Rock	Road							
			Houston, T	K 77035								
	PURPOSE	(a)	Category (Se	ee Categories li	sted at the top	of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting	Expense					ш			mplete Schedule T.
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								ш		officeholder livin	ng expense
									website, digit	ai s	sırategy	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder na	me	0	office sou	ght			Office h	neld
	expenditure to belieff C/Of	1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	
	lers)
I CONTRACT THE STATE OF A PROPERTY OF A STATE OF A STAT	1013)
Sch: 3/12 Rpt: 21/33 Dokupil, Susanna (Ms.) 00082084	
4 Date 5 Payee name	
08/28/2024 Pink Cilantro LLC	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$5,000.00 11333 Chimney Rock Road	
Haveton TV 7700F	
Houston, TX 77035	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1x, officenoider living expense	
digital advertising	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experioritale to benefit G/OFI	
Date Payee name	
07/03/2024 WinRed Technical Services LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$20.51 1776 Wilson Blvd	
Suite 530	
Arlington, VA 22219	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
WinRed processing fees	
Operation ONLY if all the Complete Coff and all the Coff	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
07/03/2024 WinRed Technical Services LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$4.10 1776 Wilson Blvd	
Suite 530	
Arlington, VA 22219	
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	
EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
processing fee	
p. 33333g . 33	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 22/33	Dokupil, Susanna (Ms.) 00082084
4	Date	5 Payee name
	07/21/2024	WinRed Technical Services LLC
6	Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530
		Arlington, VA 22219
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EAFENDITORE	Check if Austin, TX, officeholder living expense processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	WinRed Technical Services LLC
	Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE	-
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	WinRed Technical Services LLC
	Amount (\$) \$9.85	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 5/12 Rpt: 23/33	Dokupil, Susanna (Ms.) 00082084	
4	Date	5 Payee name	
	07/31/2024	WinRed Technical Services LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.05	1776 Wilson Blvd	
		Suite 530	
		Arlington, VA 22219	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FRES (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		processing fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	07/31/2024	WinRed Technical Services LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.02	1776 Wilson Blvd	
		Suite 530	
		Arlington, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		processing fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/09/2024	WinRed Technical Services LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.40	1776 Wilson Blvd	
		Suite 530	
		Arlington, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense processing fees	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/12 Rpt: 24/33	Dokupil, Susanna (Ms.) 00082084
4	Date	5 Payee name
	08/15/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.51	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		processing fees
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/16/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/16/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.51	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 7/12 Rpt: 25/33	2 FILER NAME Dokupil, Susanna (Ms.)	3 Filer ID (Ethics Commission Filers) 00082084
4	Date	5 Payee name	
	08/21/2024	WinRed Technical Services LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.85	1776 Wilson Blvd	
		Suite 530	
		Arlington, VA 22219	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	stin, TX, officeholder living expense
		processing	fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/21/2024	WinRed Technical Services LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.10	1776 Wilson Blvd	
		Suite 530	
	DUDDOG	Arlington, VA 22219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	stin, TX, officeholder living expense
		processing	fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
	Date	Payee name	
	08/23/2024	WinRed Technical Services LLC	
	Amount (\$) \$10.25	Payee address; City; State; Zip Code	
	\$10.25	1776 Wilson Blvd	
		Suite 530	
	DIIDDOSE	Arlington, VA 22219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		processing	rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		S55 11014

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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)
	Sch: 8/12 Rpt: 26/33	Dokupil, Susanna (Ms.) 00082084
4	Date	5 Payee name
	08/23/2024	WinRed Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.51	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense processing fees
		processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	08/24/2024	WinRed Technical Services LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		processing fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/27/2024	WinRed Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd
		Suite 530
		Arlington, VA 22219
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		processing fees
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 27/33		Dokupil, Susanna (Ms.)		00082084
4	Date	5	Payee name		·
	08/28/2024		WinRed Technical Services LLC		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$10.25		1776 Wilson Blvd		
			Suite 530		
			Arlington, VA 22219		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense processing fees
					processing rees
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	Jaht	Office held
	expenditure to benefit C/O			.g	0.1100 1.010
	Date	Т	Payee name		
	08/29/2024		WinRed Technical Services LLC		
	Amount (\$)	┢	Payee address; City; State; Zip Co	ode	
	\$197.00		1776 Wilson Blvd	000	
	,		Suite 530		
			Arlington, VA 22219		
	PURPOSE	(a	- No.:	(h)	Description
	OF	"``	Category (See Categories listed at the top of this schedule)	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1000		Check if Austin, TX, officeholder living expense
					processing fees
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	Office held
	Date		Payee name		
	08/29/2024		WinRed Technical Services LLC		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$4.10		1776 Wilson Blvd		
			Suite 530		
			Arlington, VA 22219		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					processing fees
	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	l ught	Office held
	expenditure to benefit C/O		-	5	
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/12 Rpt: 28/33	2 FILER NAME Dokupil, Susanna (Ms.) 3 Filer ID (Ethics Commission Filers) 00082084
4	Date 09/02/2024	5 Payee name WinRed Technical Services LLC
	Amount (\$) \$98.50	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/02/2024	Payee name WinRed Technical Services LLC
	Amount (\$) \$39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/02/2024	Payee name WinRed Technical Services LLC
	Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/12 Rpt: 29/33	2 FILER NAME Dokupil, Susanna (Ms.) 3 Filer ID (Ethics Commission Filers) 00082084
4	Date 09/05/2024	5 Payee name WinRed Technical Services LLC
8	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219 (a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/05/2024	Payee name WinRed Technical Services LLC
	Amount (\$) \$39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/06/2024	Payee name WinRed Technical Services LLC
	Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense processing fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee I	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
_	Total pages Schedule F1:	1			•	•		2	Filer ID	(Ethics Commission Filers)	
				(1.4.)						(Ethics Commission Filers)	
	Sch: 12/12 Rpt: 30/33		Dokupil, Sus	anna (Ms.)					00082084		
4	Date	5	Payee name								
	09/06/2024		WinRed Tec	hnical Services	LLC						
6	Amount (\$)	7	Payee addres	s; City;	State; Zip C	nde					
ľ	\$19.70	ľ	1776 Wilson		State, Zip o	ouc					
	Φ19.70			ычи							
			Suite 530								
			Arlington, VA	A 22219							
8	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF		Fees		,		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE						Check if Austin,	, TX,	officeholder living	g expense	
							processing fe	es			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office so	ught			Office h	eld	
	experialture to benefit C/Oi										
	Date		Payee name								
	09/13/2024		WinRed Tec	hnical Services	LLC						
	Amount (\$)		Payee addres	s; City;	State; Zip C	ode					
	\$3.94		1776 Wilson	Blvd							
			Suite 530								
				V 22210							
		_	Arlington, VA								
	PURPOSE OF	(a)	Category (See	e Categories listed at the	e top of this schedule)	(b)	Description				
EXPENDITURE			Fees			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							processing fe		onicendidei iivini	у ехрепзе	
							processing ic	.03			
_	Complete ONLY if direct	Ļ	Canadialata/Offia	ahaldar rassa	O#iaa aa				Office le	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	Office so	agni			Office h	eiu	
	•										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 1/3 Rpt: 31/33		R NAME upil, Susanna (Ms.)			3 Filer ID (Ethics Commission Filers) 00082084			
4	Date	5 Pay	ee name						
	07/02/2024		ebook Advertising						
6	Amount (\$)	7 Pay	ee address; City; State	e; Zip Co	ode				
	\$192.00	160	1 Willow Road						
	Reimbursement from political contributions intended	Mer	ılo Park, CA 94025						
8	PURPOSE	(a) Cate	gory (See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Adv	ertising Expense			Check if Austin, TX, officeholder living expense			
					digital ads				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	e/Officeholder name		Office sought	Office held			
	Date	Pay	ee name						
	07/05/2024	Fac	ebook Advertising						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$62.38	18 1601 Willow Road							
	X Reimbursement from political contributions intended	Mer	ılo Park, CA 94025						
	PURPOSE OF	Cate	gory (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Adv	ertising Expense		L	Check if Austin, TX, officeholder living expense			
					digital ads				
	Complete ONLY if direct expenditure to benefit C/OH	C andida	e/Officeholder name		Office sought	Office held			
	Date	Pay	ee name						
	07/17/2024	Fac	ebook Advertising						
	Amount (\$)	Pay	ee address; City; State	e; Zip Co	ode				
	\$234.00	160	1 Willow Road						
	Reimbursement from political contributions intended	Mer	ılo Park, CA 94025						
	PURPOSE	Cate	gory (See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Adv	ertising Expense		L	Check if Austin, TX, officeholder living expense			
					digital ads				
	Complete ONLY if direct	Candida	re/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH	Cariulua	GOMETIONE HATTE		Onice Sought	Onice neiu			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		xpense Wages/Contract Labor omplete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME	<u> </u>				3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 32/33		Dokupil, Su	sanna (Ms.)				00082084
4	Date	5	Payee name					
	07/17/2024		Facebook A	Advertising				
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode	
	\$212.00		1601 Willow	/ Road				
	Reimbursement from political contributions intended		Menlo Park	, CA 94025				
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			l L	Check if Austin, TX, officeholder living expense
							digital ads	
Ļ		Ļ						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought	Office held
	Date		Payee name					
	07/19/2024		Facebook A	Advertising				
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	
\$258.00 1601 Willow Road								
	Reimbursement from							
	X political contributions intended		Menlo Park	, CA 94025				
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Advertising	Expense			Check if Austin, TX, officeholder living expense	
							digital ads	
_	Complete ONLY if direct	Car	ndidate/Officel	nolder name			Office sought	Office held
	expenditure to benefit C/OH							
	C/OH							
	Date		Payee name					
	07/27/2024		Facebook A	Advertising				
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	
	\$313.00		1601 Willow	/ Road				
	Reimbursement from political contributions intended		Menlo Park	, CA 94025				
	PURPOSE		Category (Se	ee Categories listed at	the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			L	Check if Austin, TX, officeholder living expense
							digital ads	
	Complete ONLY if direct	<u> </u>	adidate/Office	aoldor nama			Office sought	Office held
	expenditure to benefit C/OH	Car	ididate/Officer	loider flame			Office sought	Office field

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Printing E Salaries/ ns how to c	Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Cabadula Ci	2 FILER NAME			·	3 Filer ID (Ethics Commission Filers)				
_	1 9					, ,				
	Sch: 3/3 Rpt: 33/33	Бокиріі, Su	sanna (Ms.)			00082084				
4	Date	5 Payee name								
	08/05/2024	Facebook A	Advertising							
6	Amount (\$)	7 Payee addres	ss; City; Sta	ite; Zip C	ode					
-	\$324.05	l	1601 Willow Road							
		1001 1111011	rtoad							
	X Reimbursement from political contributions intended	Menlo Park	, CA 94025							
8	PURPOSE	(a) Category (se	ee Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Advertising		,		Check if Austin, TX, officeholder living expense				
	EXPENDITURE	, tavortioning	Σλροπου		digital ads					
					9					
_	Complete ONII V if direct	Candidata/Offical	aaldar nama		Office cought	Office hold				
9	Complete ONLY if direct expenditure to benefit	Candidate/Officel	loider name		Office sought	Office held				
	C/OH									
	D-t-	I _								
	Date	Payee name								
	07/21/2024	Facebook A	Advertising							
	Amount (\$)	Payee address; City; State; Zip Code								
\$284.00 1601 Willow Road										
	Reimbursement from									
	X political contributions intended	Menlo Park	. CA 94025							
	PURPOSE	_			Description	Chook if traval autoida of Tayas, Campleta Schodula T				
	OF	1	ee Categories listed at the top of this	scnedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Advertising	Expense		digital ada					
					digital ads					
					L					
	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought	Office held				
	C/OH									
		<u> </u>								
	Date	Payee name								
	09/04/2024	Star Pizza								
	Amount (\$)	Payee addres	ss; City; Sta	ite; Zip C	ode					
	\$16.04	2111 Norfol	k							
	Reimbursement from									
	X political contributions intended	Houston, TX	x 77098							
	PURPOSE			aabadu!-\	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF		ee Categories listed at the top of this	scnedule)	Description	Check if dustin, TX, officeholder living expense				
	EXPENDITURE	F000/Bever	age Expense		dinner et polities					
					dinner at politica	ai evenil				
	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought	Office held				
	C/OH									