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) 00083581 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Susan Neely NAME Date Received **ELECTRONICALLY FILED** 07/05/2025 NICKNAME LAST **SUFFIX** Kelly CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Nancy NAME NICKNAME LAST **SUFFIX** Lacy **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 754-5117 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/04/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 54 McLennan

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Kelly, Susan Neely (he Honorable)	14 Filer ID (Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	OM candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive report this information only if they receive report this information only if they receive required to report this information only if they receive report this information only if they receive required to report this information of the receiver required to report this information of the receiver required to report this information of the receiver required to report the receiver required to report this information of the receiver required to report the receiver required to repor									
Additional Pages	COMMITTEE TYPE	OMMITTEE TYPE COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	<i>(S)</i>	\$ 0.00						
EXPENDITURE TOTALS	'	IZED POLITICAL EXPENDITURES	3)	\$ 0.00						
		\$ 4,192.10								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 254.82						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.								
		The Honor	rable Susan Neely Ke	elly						
	Signature of Candidate or Officeholder									
AFFIX NO	TARY STAMP / SEAL AB	OVE								
	Sworn to and subscribed before me, by the said, this theday									
of	, 20, to co	ertify which, witness my hand and seal of office.								
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

18 FILER NAM Kelly, Sus	ME an Neely (The Honorable)	19 Filer ID 00083581	(Ethics Commission Filers)								
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT										
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)										
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$									
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$								
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$								
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$									
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,192.10									
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$								
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rei Food/Beverage Expense Polling Expense lade By - Gift/Awards/Memorials Expense Printing Expense		Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
-	Total pages Cabadula Ci				2 Filer ID (Ethias Commission Filer)		
	Total pages Schedule G: Sch: 1/6 Rpt: 4/9	TILER NAME Kelly, Susan Neely (The Ho	onorable)		3 Filer ID (Ethics Commission Filers) 00083581		
4	Date	ayee name					
	04/30/2025	Advocacy Center for Crime Victims and Children					
6	Amount (\$)	ayee address; City;	State; Zip C	ode			
	\$75.00	312 Hillcrest Drive					
	Reimbursement from	O Box 1923					
L	political contributions intended	Vaco, TX 76708					
8	PURPOSE	Category (See Categories listed at	the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Event Expense			Check if Austin, TX, officeholder living expense		
	EXPENDITURE			Luncheon for this	s nonprofit		
9	Complete ONLY if direct expenditure to benefit C/OH	idate/Officeholder name		Office sought	Office held		
	Date	ayee name					
	02/27/2025	Art Center Waco					
	Amount (\$)						
	\$154.50						
	Reimbursement from political contributions intended	Vaco, TX 76706					
	PURPOSE	Category (See Categories listed at	the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE Fees				Check if Austin, TX, officeholder living expense		
				Dues			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	idate/Officeholder name		Office sought	Office held		
	Date	Payee name	<u> </u>				
	03/05/2025	Brazos Forum					
	Amount (\$)	Payee address; City;	State; Zip C	ode			
	\$40.00	P. O. Box 7795					
	Reimbursement from political contributions intended	Vaco, TX 76714-7795					
	PURPOSE	Category (See Categories listed at	the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	ees			Check if Austin, TX, officeholder living expense		
				Dues			
H	Complete ONLY if direct	idata/Officabaldar nama		Office sought	Office hold		
	Complete ONLY if direct expenditure to benefit C/OH	idate/Officeholder name		Office sought	Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ing Fees nse Food/Beverage Expense onations Made By Gift/Awards/Memorials Exp ficeholder/Political Committee Legal Services ment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Pe explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cabadula Cu	la [FILER NAME			3	Filer ID (Fthice Commission Filers)		
1	Total pages Schedule G: Sch: 2/6 Rpt: 5/9	1	Kelly, Susan Neely (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083581		
4	Date	5 F	Payee name						
	06/07/2025	1	Fuzzy Friends Rescue						
6	Amount (\$)	7 F	Payee address; City; State;	Zip Co	de				
	\$100.00	6	6321 Airport Road						
	Reimbursement from political contributions intended	\	<i>N</i> aco, TX 76708						
8	PURPOSE	(a) (Category (See Categories listed at the top of this sched	dule)	(b) Description	Cl	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Contributions/Donations Made By			CI	neck if Austin, TX, officeholder living expense		
	EXI ENDITORE	(Candidate/Officeholder/Political Commit	ttee	Donation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	lidate/Officeholder name		Office sought		Office held		
	Date	F	Payee name						
	03/10/2025	+	Historic Waco						
	Amount (\$)	F	Payee address; City; State;	Zip Co	de				
	\$110.00	8	310 S. 4th Street						
	Reimbursement from political contributions intended	\	<i>N</i> aco, TX 76706						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Cl	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	F	=ees			Cl	neck if Austin, TX, officeholder living expense		
					Dues				
	Complete ONLY if direct expenditure to benefit C/OH	Cand	didate/Officeholder name		Office sought		Office held		
	Date	l F	Payee name						
	02/27/2025	ı	Hole in the Roof						
	Amount (\$)	F	Payee address; City; State;	Zip Co	de				
	\$365.51	1	1125 Washington Avenue						
	Reimbursement from								
	political contributions intended	\	Waco, TX 76701						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	╛	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	F	Printing Expense			Cl	neck if Austin, TX, officeholder living expense		
	-				54th District Cour	t B	lazers		
	Complete ONLY if direct	Cand	lidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH	Cano	iluate/Onicenoluei name		Onice Sought		Office field		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	Travel in District Travel Out of Di	
			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME	.			3 Filer ID (E	Ethics Commission Filers)
	Sch: 3/6 Rpt: 6/9	Kelly, Susa	n Neely (The Honorable)			00083581	
4	Date	5 Payee name					
	05/01/2025	Jacob de C	ordova Society				
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$111.43	924 Austin	Avenue				
	Reimbursement from						
	political contributions intended	Waco, TX 7	76701				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outs	ide of Texas. Complete Schedule T.
	OF EXPENDITURE		ns/Donations Made By			Check if Austin, TX	, officeholder living expense
	EXI ENDITORE	Candidate/	Officeholder/Political Comn	nittee	Dues		
9		Candidate/Office	holder name		Office sought	(Office held
	expenditure to benefit C/OH						
H	Date	Payee name					
	01/17/2025	MCRC					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$300.00	1 1	y Mills Drive	, 1			
			,				
	Reimbursement from political contributions intended	Waco, TX 7	76710				
		_			T =	-	
	PURPOSE OF	• • • •	ee Categories listed at the top of this sch	nedule)	Description	₫	dide of Texas. Complete Schedule T. Grifficeholder living expense
	EXPENDITURE	Fees			L	oneok ii Austin, 17k	, officerolder living expense
					Dues		
	Occupation ONLY if allowed	0	h - - - - - - - - - -		Office a constant		D## Is - IsI
	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought	C	Office held
	C/OH						
F	Date	Payee name					
	01/10/2025	MCRW					
\vdash			oo. City. Ct-t-	. 7i- 0:	ada.		
	Amount (\$)	Payee addre		; Zip Co	Jue		
	\$28.00	P.O. Box 72	7.9.1				
	Reimbursement from political contributions intended	Waco, TX 7	76710				
_	PURPOSE		ee Categories listed at the top of this scl	nedule)	Description	Check if travel outs	ide of Texas. Complete Schedule T.
	OF	Event Expe		icuaic)	Description		, officeholder living expense
	EXPENDITURE	LVCIII LXPC	1130		Meeting	-	
-	Complete ONLY if direct	L Candidate/Office	holder name		Office sought	(Office held
	expenditure to benefit	_ 3			Coo oougiit		50
L	C/OH						

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 Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		kpense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 4/6 Rpt: 7/9	2 FILER NAMI Kelly, Susa	E n Neely (The Honorable)			3 Filer ID (Ethics Commission Filers) 00083581
4	Date 03/11/2025	5 Payee name MCRW				,
6	Amount (\$) \$29.48 Reimbursement from political contributions intended	Payee address P.O. Box 7	291	; Zip Co	de	
8	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	ee Categories listed at the top of this sch	nedule)	(b) Description [] Meeting	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
	Date 04/08/2025	Payee name MCRW				
	Amount (\$) \$29.48 Reimbursement from political contributions intended	Payee addre P.O. Box 7 Waco, TX 7	291	; Zip Co	de	
	PURPOSE OF EXPENDITURE	Category (s Event Expe	ee Categories listed at the top of this sch	nedule)	Description [Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
	Date 04/30/2025	Payee name McLennan	County Bar Assn			
	Amount (\$) \$20.00 Reimbursement from political contributions intended	Payee addre 500 Washii P O Box 19 Waco, TX 7	ngton 123	; Zip Co	de	
	PURPOSE OF EXPENDITURE	Category (s Event Expe	ee Categories listed at the top of this sch	nedule)	Description E	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event 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		Gift/Awards/Memorials Expense Printin	ies/Wa	pense ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/9		Kelly, Susan Neely (The Honorable)				00083581
4	Date	5	Payee name				
	06/01/2025		Performing Arts Community Center				
6	Amount (\$)	7	Payee address; City; State; Zip	Cod	le		
	\$1,688.70		924 Austin Avenue				
	Reimbursement from		Suite 150				
	political contributions intended		Waco, TX 76701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	1	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF	 ``	Advertising Expense			Cr	neck if Austin, TX, officeholder living expense
	EXPENDITURE		3 Pr	ı	Promotion of Offi	ice/	Campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	02/11/2025		Rotary Club of Waco				
	Amount (\$)		Payee address; City; State; Zip	Cod	le		
	\$15.00		1716 North 42nd Street				
	Reimbursement from						
	political contributions intended		Waco, TX 76710				
	PURPOSE OF		Category (See Categories listed at the top of this schedule)		Description	_	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		L	Cr	neck if Austin, TX, officeholder living expense
				ľ	Meeting		
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held
	C/OH						
	Date		Payee name				
	02/27/2025		Rotary Club of Waco				
	Amount (\$)		Payee address; City; State; Zip	Cod	le		
	\$350.00		1716 North 42nd Street				
	Reimbursement from political contributions intended		Waco, TX 76710				
	PURPOSE	Г	Category (See Categories listed at the top of this schedule)		Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees			Cr	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				Dues		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor		OTHER (enter a category not listed above)
		_		omplete this form.	_	
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/9		Kelly, Susan Neely (The Honorable)			00083581
4	Date	5	Payee name			
	06/30/2025		Steven, O'Connor (Mr.)			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$500.00		419 Mt. Lookout			
	Reimbursement from					
	political contributions intended		Waco, TX 76708			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	7 c	heck if travel outside of Texas. Complete Schedule T.
	OF	``	Accounting/Banking] c	heck if Austin, TX, officeholder living expense
	EXPENDITURE			Assist Campaign	Fi	nance Reporting
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit			-		
	C/OH					
	Date		Payee name			
	06/07/2025		Texas Center for the Judiciary			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$240.00		1210 San Antonio			
	Reimbursement from		Suite 800			
	political contributions intended		San Antonio, TX 78701			
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description		theck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By		Īc	heck if Austin, TX, officeholder living expense
	LXI LINDITORE		Candidate/Officeholder/Political Committee	Donation		
		Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_			=	
	Date		Payee name			
	03/07/2025	L	Waco Citizens Police Academy Alumni Assn			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$35.00		300 Austin Avenue			
	Reimbursement from political contributions					
	intended		Waco, TX 76702			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense	L	_	heck if Austin, TX, officeholder living expense
				Waco Police Mei	no	rial Run
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
Н					_	