

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00085608	2 Total pages filed: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Susan	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Barclay	SUFFIX	Date Received ELECTRONICALLY FILED 12/26/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <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, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Bobi Jo	MI			
	NICKNAME	LAST Martinez	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (361) 425-7854	PHONE NUMBER EXTENSION				
8 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)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		THROUGH	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other		
11 OFFICE	OFFICE HELD (if any) District Judge District 117 Nueces			12 OFFICE SOUGHT (if known) District Judge District 117		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 10

13 C / OH NAME	Barclay, Susan (The Honorable)		14 Filer ID (Ethics Commission Filers) 00085608												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 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> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,400.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 5,069.23												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 41,915.32												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 53,588.57												
17 AFFIDAVIT															
<p>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.</p> <p style="text-align: right;">The Honorable Susan Barclay</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

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

3 of 10

<b>18</b> FILER NAME Barclay, Susan (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00085608
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2,400.00	
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 \$ 1,500.00	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 3,569.23	
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 \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/10
<b>2</b> FILER NAME Barclay, Susan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085608
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atnip, Cliff & Char ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	<b>7</b> Amount of Contribution (\$) \$750.00
<b>8</b> Contributor's Principal Occupation Realtor		<b>9</b> Contributor's Job Title Realtor
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/2025 ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2025 ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/10</p>
<p><b>2</b> FILER NAME Barclay, Susan (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00085608</p>
<p><b>4</b> Date 07/25/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huseman Law Firm, PLLC ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401</p>	<p><b>7</b> Amount of Contribution (\$) \$500.00</p>
<p><b>8</b> Contributor's Principal Occupation</p>		<p><b>9</b> Contributor's Job Title</p>
<p><b>10</b> Contributor's employer/law firm</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 10/20/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royston Rayzor Vickery &amp; Williams LLP ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Contributor's Principal Occupation</p>		<p>Contributor's Job Title</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/10	2 FILER NAME Barclay, Susan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085608	
4 Date 11/11/2025	5 Payee name Nueces County Republican Party		
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 5151 Flynn Parkway #103 Corpus Christi, TX 78411		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing fee.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 7/10	2 FILER NAME Barclay, Susan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085608
4 Date 11/25/2025	5 Payee name Bill Miller BBQ	
6 Amount (\$) \$824.70	7 Payee address; City; State; Zip Code 7102 S. Padre Island Dr.  Corpus Christi, TX 78412	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>8 PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>(a) Category (See Categories listed at the top of this schedule) Event Expense</span> <span>(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nueces County Emp. Appreciation Luncheon</span> </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/02/2025	Payee name Google	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Advertising Expense</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website coverage</span> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/02/2025	Payee name Google	
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>PURPOSE OF EXPENDITURE</b> <div style="display: flex; justify-content: space-between;"> <span>Category (See Categories listed at the top of this schedule) Advertising Expense</span> <span>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website</span> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 8/10	2 FILER NAME Barclay, Susan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085608	
4 Date 09/02/2025	5 Payee name Google		
6 Amount (\$) \$8.95	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/02/2025	Payee name Google		
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/02/2025	Payee name Google		
Amount (\$) \$8.95	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 9/10	2 FILER NAME Barclay, Susan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085608	
4 Date 12/02/2025	5 Payee name Google		
6 Amount (\$) \$8.95	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/11/2025	Payee name National Pen		
Amount (\$) \$1,477.83	Payee address; City; State; Zip Code 12121 Scripps Summit Drive  San Diego, CA 92131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign swag	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/14/2025	Payee name Totally Promotional		
Amount (\$) \$960.00	Payee address; City; State; Zip Code 450 S. Second Street  Coldwater, OH 45828		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign swag	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# 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 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.

1 Total pages Schedule G: Sch: 4/4 Rpt: 10/10	2 FILER NAME Barclay, Susan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085608	
4 Date 07/15/2025	5 Payee name United States Postal Service		
6 Amount (\$) \$253.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 802 N. Carancahua St.  Corpus Christi, TX 78401		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign-P.O. Box rental	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held