

# 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)            | 2 Total pages filed:<br><b>15</b>   |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>MRS.</b><br>NICKNAME  | FIRST<br><b>Susan</b><br>LAST<br><b>Rowley</b>   | MI<br><b>C</b><br>SUFFIX  |
|  | <b>OFFICE USE ONLY</b>  |  |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |   |
|  |   |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION  |  |   |
|  |   |  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>MR.</b><br>NICKNAME   | FIRST<br><b>George</b><br>LAST<br><b>McMahan</b> | MI<br><br>SUFFIX  |
|  | Date Received<br><b>RECEIVED</b><br><b>APR 07 2016</b><br><b>OFFICE OF THE CITY SECRETARY</b><br><b>LUBBOCK, TEXAS</b>  |  |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |   |
|  |   |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION  |  |   |
|  |   |  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |   |
|  | Date Hand-delivered or Date Postmarked  |  |   |
| 10 PERIOD COVERED  | Month Day Year     THROUGH     Month Day Year   |  |   |
|  | <b>2 / 8 / 16</b> THROUGH <b>4 / 7 / 16</b>   |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year   |  | ELECTION TYPE   |
|  | <b>5 / 7 / 16</b>   |  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE  | OFFICE HELD (if any)  |  |   |
|  | <b>None</b>   |  |   |
|  |   | 13 OFFICE SOUGHT (if known)                      |   |
|  |   | <b>Municipal Court Judge</b>                     |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME Susan Rowley 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

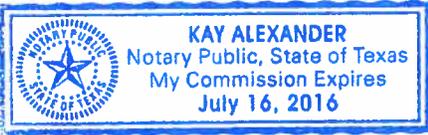
Additional Pages

|   |   |
|---|---|
| COMMITTEE TYPE                              | COMMITTEE NAME  |
| <input checked="" type="checkbox"/> GENERAL | <u>Susan Rowley for Municipal Ct. Judge</u>                   |
| <input type="checkbox"/> SPECIFIC           | COMMITTEE ADDRESS<br>[REDACTED]                               |
|   | COMMITTEE CAMPAIGN TREASURER NAME<br><u>George H. McMahan</u> |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS<br>[REDACTED]            |

|                         |   |                    |
|-------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>8,571.64</u> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>6,048.19</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>8,571.64</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>0</u>        |

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kay Alexander, this the 7<sup>th</sup> day of May, 2016, to certify which, witness my hand and seal of office.

Kay Alexander Kay Alexander  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Susan Rowley

7 Amount of contribution (\$)

\$2000

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Susan Rowley Attorney at Law

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/16/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Susan Rowley

Amount of contribution (\$)

\$2000

Contributor address; City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Susan Rowley Attorney at Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/29/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Susan Rowley

Amount of contribution (\$)

\$700

Contributor address; City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Susan Rowley Attorney at Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Jean Anne Stratton

7 Amount of contribution (\$)

\$100.00

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

8 Contributor's principal occupation

Retired

9 Contributor's job title

none

10 Contributor's employer/law firm

N/a

11 Law firm of contributor's spouse (if any)

N/a

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/25/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Scott Collier

Amount of contribution (\$)

\$250.00

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

Owner, Collier Construction, Co

Contributor's job title

Owner

Contributor's employer/law firm

Collier Construction Co.

Law firm of contributor's spouse (if any)

N/a

If contributor is a child, law firm of parent(s) (if any)

Date

3/2/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

West Texas Home PAC

Amount of contribution (\$)

\$500

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

PAC for West Texas home builders Assn.

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Craig + Ann McDonald

7 Amount of contribution (\$)

\$ 300<sup>00</sup>

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

Retired

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/31/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Keith + Sheri Mann

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

Banker

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)

Date

3/31/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Sally Wokay

Amount of contribution (\$)

75<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

Retired

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 6

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/16

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Michael Anderson

7 Amount of contribution (\$)

\$86<sup>00</sup>

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

8 Contributor's principal occupation

Trinity High School

9 Contributor's job title

Gym Coordinator

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/31/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Ruth Schuermeyer

Amount of contribution (\$)

\$50

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

retired

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)

Date

3/31/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Cuyler Lawrence

Amount of contribution (\$)

\$50

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

Developer for ASCO

Contributor's job title

Real Estate Developer

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/16

5 Full name of contributor

George McMahon

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$ 300-

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8 Contributor's principal occupation

~~Retired~~

Land Developer

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/31/16

Full name of contributor

Don + Billie Roark

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 200-

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contributor's principal occupation

Public Relations / teacher

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)

Date

3/28/16

Full name of contributor

Mark + Debbie Scioli

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 100-

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contributor's principal occupation

physician / domestic engineer

Contributor's job title

physician-MD

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/16

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Todd + Kasey Thompson

7 Amount of contribution (\$)

\$100<sup>-</sup>

6 Contributor address; City; State; Zip Code

[Redacted]

8 Contributor's principal occupation

Financial Advisor

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/28/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Joe + Betty Rollo

Amount of contribution (\$)

\$25<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Contributor's principal occupation

Retired

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)

Date

3/31/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Phyllis Kinnison

Amount of contribution (\$)

\$100<sup>-</sup>

Contributor address; City; State; Zip Code

[Redacted]

Contributor's principal occupation

Retired

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/16

5 Full name of contributor

Byron + Cynthia Brown MD's

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$400

8 Contributor's principal occupation

both are Physicians / MD

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/21/16

Full name of contributor

Robert + Kathy Rello

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100

Contributor's principal occupation

Engineer + Administrator @ LISD

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)

Date

3/13/16

Full name of contributor

John + Tamara Hamilton

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100

Contributor's principal occupation

Engineer

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8

2 FILER NAME

Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

D. Thomas Johnson

7 Amount of contribution (\$)

\$150<sup>-</sup>

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

Retired Attorney

9 Contributor's job title

Retired

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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)

Date

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME Susan Rowley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_ )

Jane Rowley MD

8 Amount of Contribution \$

9 In-kind contribution description

785<sup>64</sup>

Event Expense

7 Contributor address; City; State; Zip Code

[REDACTED]

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Physician

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self

12 Contributor's principal occupation (FOR JUDICIAL)

Physician

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

MD

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_ )

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *Susan Rowley* 3 Filer ID (Ethics Commission Filers)

4 Date *2/18/16* 5 Payee name *Advertising Services, Inc.*

6 Amount (\$) *3,450* 7 Payee address; City; State; Zip Code  
[REDACTED]

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Printing/Advertising* (b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *2/18/16* Payee name *The UPS Store*

Amount (\$) *4500* Payee address; City; State; Zip Code  
[REDACTED]

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *mailbox rental* 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 / Officeholder name Office sought Office held

Date *3/31/16* Payee name *Parks Printing Co.*

Amount (\$) *514.19* Payee address; City; State; Zip Code  
[REDACTED]

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Printing* 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 / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

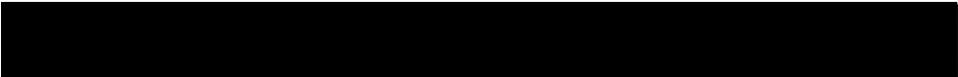
### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                           |                                     |                                       |
|---------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Susan Rowley</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-------------------------------------|---------------------------------------|

|                         |   |
|-------------------------|---|
| 4 Date<br><i>4/2/16</i> | 5 Payee name<br><i>Advertising Services</i> |
|-------------------------|---|

|   |  |
|---|--|
| 6 Amount (\$) <i>\$324.76</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br> |
|---|--|

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

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

|                       |                                    |
|-----------------------|------------------------------------|
| Date<br><i>4/1/16</i> | Payee name<br><i>Facebook Inc.</i> |
|-----------------------|------------------------------------|

|   |  |
|---|--|
| Amount (\$) <i>64.64</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br> |
|---|--|

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

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

|                       |   |
|-----------------------|---|
| Date<br><i>3/3/16</i> | Payee name<br><i>Advertising Services</i> |
|-----------------------|---|

|   |  |
|---|--|
| Amount (\$) <i>1014.85</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br> |
|---|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><i>Susan Rowley</i>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>3/15/16</i>   | 5 Payee name<br><i>Facebook Inc.</i>   |   |
| 6 Amount (\$) <i>\$75.<sup>55</sup></i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>   | Office sought / Office held<br><i>Municipal Ct. Judge</i>   |
| Date<br><i>3/21/16</i>   | Payee name<br><i>Tractor Supply Inc # 1148</i>   |   |
| Amount (\$) <i>\$90.05</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended              | Payee address; City; State; Zip Code<br>   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>     | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>   | Office sought / Office held<br><i>Municipal Ct judge</i>  |
| Date<br><i>3/26/16</i>   | Payee name<br><i>Tractor Supply Inc. # 1148</i>  |   |
| Amount (\$) <i>\$98<sup>00</sup></i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br>   |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>     | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>   | Office sought / Office held<br><i>Municipal Court Judge</i>   |

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# POLITICAL EXPENDITURES MADE 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Susan Rowley</i>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>3/21/16</i>  | 5 Payee name<br><i>Office Depot # 196</i>   |   |
| 6 Amount (\$)<br><i>126.76</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 40px;"></div> |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expenses</i>                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>  | Office sought <i>Municipal Court Judge</i> <del>Office held</del>   |
| Date<br><i>3/22/16</i>  | Payee name<br><i>Office Depot # 196</i>   |   |
| Amount (\$)<br><i>146.11</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 40px;"></div>   |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expenses</i>                       | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>  | Office sought <i>Municipal Court Judge</i> <del>Office held</del>   |
| Date<br><i>3/24/16</i>  | Payee name<br><i>United Market Street #502</i>  |   |
| Amount (\$)<br><i>\$98-</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br><div style="background-color: black; width: 100%; height: 40px;"></div>   |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Stamps-Advertising</i>                         | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Rowley</i>  | Office sought <i>Municipal Court Judge</i> <del>Office held</del>   |

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