CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 6	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mrs	Suzanne	В	OFFICE USE ONLY		
INAME	NICKNAME	LAST	SUFFIX	Date Received		
		Box	33.17	RECEIVED		
4 CANDIDATE/	ADDRESS / PO BOX		CITY; STATE; ZIP CODE			
OFFICEHOLDER	ADDRESS / PO BOX	Richmond Te		APR 06 2023		
MAILING		Talointiona 1	27400			
ADDRESS				LAMAR CISD		
Change of Address				SUPERINTENDENT'S OFFICE		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	()					
	<u> </u>			Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI			
NAME	Mrs	Heather	M	Date Processed		
	NICKNAME	LAST	SUFFIX	Date In-		
		Harbuck		Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / St	UITE #, CITY,	STATE, ZIP CODE		
TREASURER		Housto	n Texas 77094			
ADDRESS						
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER						
PHONE	()					
9 REPORT TYPE	1	[00H 1 1 5	printensor C	4544 4		
	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment		
	1	Decretaristics.	ction Exceeded Modified	(Officeholder Only)		
	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	2	/ 21 / 23	THROUGH 4	/ 6 / 23		
	/	/				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	5 / 6	23 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			LCISD School Boa	ard Trustee Position 7		
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR BOILTICAL EXPENDITURES N	ARE BY BOLITICAL COMMITTEES TO SUPPORT		
POLITICAL	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,					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	TED TO THE ON THE PROPERTY OF THE PERSON OF	THE RECEIVE NOTICE OF SUCH EXPENDITURES.		
	OOM, THE THE	OOMMITTEE WANTE				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	JEHENAL .					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Suzanne Box			16 Filer	· ID (Et	thics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	25.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	4,050.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00	
	4.	TOTAL POLITICAL EXPENDITURES		\$	1,462.39	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	Γ DAY	\$	2,612.61	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00	
18 SIGNATURE I S	18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by		this the	day of,
20, to certify which, witness my hand	l and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is Suzanne Box	, and my dat		
My address is	, Richmond	, <u>TX</u> ,	77406 USA
(street) (city)	(state)	(zip code) (country)
Executed in Fort Bend County, State	e of Texas , on the 6th day	y of April (month)	, 20 <u>23</u> (year)
	Signatu	re of Cendidate/Off	ideholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 S	FILER N. UZANN		20 Filer ID (Ethics Co	mmissi	ion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,075.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	1,462.39
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
				-	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, bo NOT include this page in the report.						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2						
² FILER NAME Suzanne	Зох			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Jill Olejniczak	Dlejniczak		7 Amount of contribution (\$)		
04/02/2023	6 Contributor address;			500.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor Kiki & Stanley Brown	out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
03/21/2023	Contributor address;	City;	State; Zip Code	50.00		
	Rich	imond, T	X //406			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)			
03/04/2023	Keith StClair Contributor address;	dress; City; State; Zip Code		200.00		
		Richmol	nd, TX 77406			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
03/01/2023	Lori Underwood Contributor address;	City;	State; Zip Code	300 00		
		shear, TX		300.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
				A 400 CO 100 CO		

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how t	1 Total pages Schedule A1:				
2 FILER NAME Suzanne	Вох			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Bill Payne	Payne		7 Amount of contribution (\$)		
03/11/2023	6 Contributor address;			3,000.00		
8 Principal occu	Pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
			State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
	ATTACH ADDITI		OF THIS SCHEDULE AS N			

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 Suzanne Box		3 Filer ID (Ethics	Commission Filers)	
4 Date 03/08/2023	5 Payee name NBD Grapics				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,118.70	917 S.Mason Road	Katy	TX	77450	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Yard Signs, fly	lyers, Large Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/21/2023	CAZ Consulting				
Amount (\$)	Payee address;	City;	State;	Zip Code	
115.00	6255 Wilers Way	Houston	TX	77057	
*	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting	Data processi	ng		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	a anta anta ang ang ang ang ang ang ang ang ang an	Office held	
Date	Payee name				
03/25/2023	Lowes				
Amount (\$)	Payee address;	City;	State;	Zip Code	
185.49	9505 Spring Green Blvd	Katy	TX	77494	
	Category (See Categories listed at the top of this schedule)	Description	· Delivery of the second secon		
PURPOSE OF EXPENDITURE	Advertising	Supplies (Posts, wood, ardware) to support Advertising signs			
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austi	n. TX officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

	The instruction during explains now to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Suzanne Box		3 Filer ID (Ethic	s Commission Filers)		
4 Date 04/06/2023	5 Payee name Anedot		-			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
43.20	1340 Poydras Street Suite 1770	New Orleans	LA	70112		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fundraising expense	Online process donations give		sing payments fees for n		
-	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	chedule T. 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 NEE	EDED			