

Feb 2024

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS MR FIRST MI  
*Suzanne* L  
NICKNAME LAST SUFFIX  
*Suzy* *Presley*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE  
*24 Annemann Rd Boerne TX 78015*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(830) 929 5899*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
*Brian*  
NICKNAME LAST SUFFIX  
*Presley*

OFFICE USE ONLY	
Date Received <i>2/23/2026</i> <i>9:41am</i>	
Date Hand-delivered or Date Postmarked <i>Stocker</i>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. CITY. STATE. ZIP CODE  
*Same as above*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(210) 473 9966*

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
*2 / 01 / 26*    THROUGH    *2 / 28 / 26*

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
*3 / 3 / 26*     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Treasurer*

14 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.

<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

200,160 → Advertising

\$ 360.00

4. TOTAL POLITICAL EXPENDITURES

\$ 360.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 90.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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 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 Sunny Fresh, and my date of birth is 10-26-89.

My address is 29 Immune PR (street), Boerum (city), TH (state), 70013 (zip code), US (country).

Executed in Kemah County, State of Texas, on the 24 day of Feb (month), 2026 (year).

Signature of Candidate/Officeholder (Declarant)