

# 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: <b>18</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Suellen	MI R.	OFFICE USE ONLY			
	NICKNAME	LAST Perry	SUFFIX	Date Received <b>FILED FOR RECORD</b> <b>RUSK COUNTY, TEXAS</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  Henderson TX 75654				JAN 14 2026 <i>John Baker</i> ELECTIONS ADMINISTRATOR Date Hand-Delivered or Date Postmarked DEPUTY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 253-5969	EXTENSION	Receipt #   Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Suellen	MI R.	Date Processed			
	NICKNAME	LAST Perry	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  Henderson				STATE; ZIP CODE TX 75654		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 253-5969	EXTENSION				
9 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)						
10 PERIOD COVERED	Month 08	Day 25	Year / 2025	THROUGH	Month 12	Day 31	Year / 2025
11 ELECTION	ELECTION DATE Month 03 Day / 03 Year / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) N/A			13 OFFICE SOUGHT (if known) Court at Law			
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.						
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

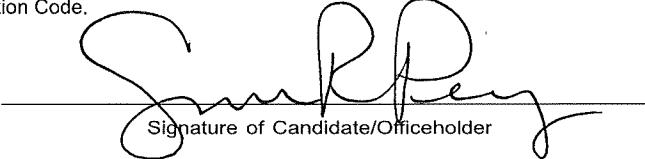
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME	Suellen R. Perry	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,950
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 12,291.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,031.92
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000
OUTSTANDING LOAN TOTALS		

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/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

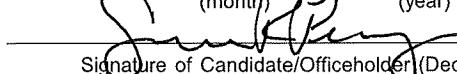
Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Suellen R. Perry, and my date of birth is October 10, 1971.  
My address is \_\_\_\_\_, Henderson, TX, 75654, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Rusk County, State of Texas, on the 14<sup>th</sup> day of January, 20 2014.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME Suellen R. Perry	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>1 of 4</b>
2 FILER NAME <b>Suellen R. Perry</b>		3 Filer ID (Ethics Commission Filers)
4 Date  12/5/2025	5 Full name of contributor  Dillon Bingham	6 Contributor address: City: Tyler State: TX Zip Code: 75703 7 Amount of contribution (\$)  \$500
8 Contributor's principal occupation  Attorney		9 Contributor's job title  Attorney
10 Contributor's employer/law firm  self		11 Law firm of contributor's spouse (if any)  N/A
12 If contributor is a child, law firm of parent(s) (if any)  N/A		
Date  12/4/2025	Full name of contributor  Brian Ballard	□ out-of-state PAC ID#: _____ Contributor address: City: Henderson State: TX Zip Code: 75654 Amount of contribution (\$)  \$1,900
Contributor's principal occupation  Retired		Contributor's job title  N/A
Contributor's employer/law firm  N/A		Law firm of contributor's spouse (if any)  N/A
If contributor is a child, law firm of parent(s) (if any)  N/A		
Date  11/28/2025	Full name of contributor  Roger Bivans	□ out-of-state PAC ID#: _____ Contributor address: City: Dallas State: TX Zip Code: 75206 Amount of contribution (\$)  \$1,000
Contributor's principal occupation  Attorney		Contributor's job title  Attorney
Contributor's employer/law firm  Bivans-Donch PLLC		Law firm of contributor's spouse (if any)  Bivans-Donch PLLC
If contributor is a child, law firm of parent(s) (if any)  N/A		

**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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>2 of 4</b>	
2 FILER NAME Suellen R. Perry		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/2025	5 Full name of contributor Brian Ballard Contributor address: .....	6 City; State; Zip Code Henderson TX 75654	7 Amount of contribution (\$) \$100
8 Contributor's principal occupation Retired		9 Contributor's job title N/A	
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) N/A			
Date 10/29/2025	Full name of contributor Biggs & Greenslade Contributor address; 1028 Asher Way Ste. 200	□ out-of-state PAC ID#: .....	Amount of contribution (\$) \$6,000
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) Biggs Law Group	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date 11/09/2025	Full name of contributor Mary Jackson Contributor address; .....	□ out-of-state PAC ID#: .....	Amount of contribution (\$) \$150
Contributor's principal occupation Retired		Contributor's job title N/A	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

**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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3 of 4</b>	
2 FILER NAME      Suellen R. Perry		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2025	5 Full name of contributor Nicole C. Williams	6 Contributor address; City: Henderson State: TX Zip Code: 75654	7 Amount of contribution (\$) \$750
8 Contributor's principal occupation Homemaker		9 Contributor's job title N/A	
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) N/A			
Date 11/17/2025	Full name of contributor Henry Touchette	□ out-of-state PAC ID#: _____ Contributor address; City: Nacogdoches State: TX Zip Code: 75961	Amount of contribution (\$) \$300
Contributor's principal occupation Retired		Contributor's job title N/A	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date 11/19/2025	Full name of contributor Lisa Moran	□ out-of-state PAC ID#: _____ Contributor address; 100 E. Ferguson Ste1200	Amount of contribution (\$) \$1,000 City: Tyler State: TX Zip Code: 75702
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Moran Law Firm, PLLC		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

**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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A(J)1:

4 of 4

<b>2</b> FILER NAME		Suellen R. Perry		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charlo Law Firm PLLC 9/26/2025		<b>7</b> Amount of contribution (\$) \$2,000	
	<b>6</b> Contributor address; 320 E. Methvin St	City; Longview	State; TX	Zip Code 75601
<b>8</b> Contributor's principal occupation Law Firm		<b>9</b> Contributor's job title N/A		
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any) N/A		
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A				
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____			<b>Amount of contribution (\$)</b>
11/21/2025	James Volberding 4902 Barclay Dr.			\$250
Contributor's address; City; State; Zip Code	City; Longview	State; TX	Zip Code 75601	
Contributor's principal occupation Attorney	Contributor's job title Attorney			
Contributor's employer/law firm Volberding Legal Group, PLLC	Law firm of contributor's spouse (if any) N/A			
If contributor is a child, law firm of parent(s) (if any) N/A				
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____			<b>Amount of contribution (\$)</b>
	Contributor's address; City; State; Zip Code	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.

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1	
2 FILER NAME    Suellen R. Perry		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000	
5 Date of loan 8/25/2025	7 Name of lender Suellen R. Perry	8 Lender address; Henderson      City; TX      State; 75654      Zip Code	9 Loan Amount (\$) \$1,000
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			10 Interest rate N/A
			11 Maturity date On Demand
12 Lender's Principal Occupation Teacher		13 Lender's Job Title Teacher	
14 Lender's Employer/Law Firm Henderson ISD		15 Law Firm of lender's spouse (if any) N/A	
16 If lender is a child, law firm of parent(s) (if any) N/A			
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City; TX      State; 75654      Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# 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	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: <b>1 of 7</b>	2 FILER NAME <b>Suellen R. Perry</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/7/2025</b>	5 Payee name <b>Vera Bank</b>	
6 Amount (\$) <b>\$23.00</b>	7 Payee address; <b>201 W. Main St</b>	City; <b>Henderson</b>
		State; <b>TX</b>
		Zip Code <b>75652</b>
	<input type="checkbox"/> Check if individual's residence address.	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Banking</b>	(b) Description  <b>Checks</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 <b>10/17/2025</b>	Payee name <b>i360 LLC</b>	
Amount (\$) <b>\$479.70</b>	Payee address; <b>2300 Clarendon</b>	City; <b>Arlington</b>
		State; <b>VA</b>
		Zip Code <b>22201</b>
	<input type="checkbox"/> Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>consulting expense</b>	Description  <b>data analytics</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 <b>11/17/2025</b>	Payee name <b>i360 LLC</b>	
Amount (\$) <b>\$479.70</b>	Payee address; <b>2300 Clarendon</b>	City; <b>Arlington</b>
		State; <b>VA</b>
		Zip Code <b>22201</b>
	<input type="checkbox"/> Check if individual's residence address.	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>consulting expense</b>	Description  <b>data analytics</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	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: <b>2 of 7</b>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2025	5 Payee name i360 LLC	
6 Amount (\$) \$479.70	7 Payee address; 2300 Clarendon	City; Arlington State; VA Zip Code 22201
	<input type="checkbox"/> Check if individual's residence address.	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Data Analytics
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 10/20/2025	Payee name Vista Print	
Amount (\$) \$71.42	Payee address; 275 Wyman	City; Waltham State; MA Zip Code 02451
	<input type="checkbox"/> Check if individual's residence address.	
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 10/21/2025	Payee name Speedy Buttons	
Amount (\$) \$64.33	Payee address; 1221 Whitewater	City; St. Charles State; MN Zip Code 55972
	<input type="checkbox"/> Check if individual's residence address.	
 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Buttons
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	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: <b>3 of 7</b>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Payee name Print PPS	
6 Amount (\$) \$242.38	7 Payee address; 9004 Washington NE	City; Albuquerque State; NM Zip Code 87113
<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Notes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 10/23/2025	Payee name Thomas Graphics	
Amount (\$) \$829.09	Payee address; P.O. Box 142226	City; Austin State; TX Zip Code 78714
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Pushcards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 10/28/2025	Payee name Christy Parrott Photography	
Amount (\$) \$541.25	Payee address; 1310 Jacksonville	City; Henderson State; TX Zip Code 75654
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Photograph Service	Description Campaign Photos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 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	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: <b>4 of 7</b>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)	
4 Date 11/5/2025	5 Payee name Gotta Graze		
6 Amount (\$) \$270.63	7 Payee address; 123 E. 8th St. <input type="checkbox"/> Check if individual's residence address.	City; Tyler State; TX Zip Code 75701	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 11/5/2025	Payee name The Foundry		
Amount (\$) \$540.19	Payee address; 202 S. Broadway Ave. <input type="checkbox"/> Check if individual's residence address.	City; Tyler	State; TX Zip Code 75702
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Rental & Beverage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 11/10/2025	Payee name Danwal Inc. d/b/a Designer Graphics		
Amount (\$) \$3,245.88	Payee address; 12404 Hwy 155 S <input type="checkbox"/> Check if individual's residence address.	City; Tyler	State; TX Zip Code 75703
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

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# 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	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: <i>5 of 7</i>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2025	5 Payee name Republican Party		
6 Amount (\$) \$1,500	7 Payee address; 211 E. 7th St. #915	City; Austin State; TX Zip Code 78701	
	<input type="checkbox"/> Check if individual's residence address.		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 11/5/2025	Payee name The Foundry		
Amount (\$) \$40.20	Payee address; 202 S. Broadway Ave.	City; Tyler	State; TX Zip Code 75702
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Beverage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 12/01/2025	Payee name Lowe's		
Amount (\$) \$160.90	Payee address; 1603 Hwy 79	City; Henderson	State; TX Zip Code 75654
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

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# 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	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: <i>6 of 7</i>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/2025	5 Payee name UPS Store		
6 Amount (\$) \$144.92	7 Payee address; 1912 TX-323 E. Loop <input type="checkbox"/> Check if individual's residence address.	City; Tyler State; TX Zip Code 75701	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing & Postage Expense	(b) Description Event invites	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 12/22/2025	Payee name Delights by Des d/b/a Designs by Washington		
Amount (\$) \$137.48	Payee address; 621 E. Main St <input type="checkbox"/> Check if individual's residence address.	City; Henderson	State; TX Zip Code 75652
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Tshirts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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 11/5/2025	Payee name UPS Store		
Amount (\$) \$235.05	Payee address; 1912 TX-323 E. Loop <input type="checkbox"/> Check if individual's residence address.	City; Tyler	State; TX Zip Code 75701
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing & Postage Expense	Description Event Invites	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>7 of 7</b>	2 FILER NAME Suellen R. Perry	3 Filer ID (Ethics Commission Filers)	
4 Date 12/08/2025	5 Payee name Wal-Mart		
6 Amount (\$) \$50.76	7 Payee address; 2121 Hwy 79 N <input type="checkbox"/> Check if individual's residence address.	City; Henderson State; TX Zip Code 75654	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Parade Candy	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 8/25/2025 - 12/31/2025	Payee name Anedot Inc.		
Amount (\$) \$381.50	Payee address; 3723 Greenville Ave. Ste.41002 <input type="checkbox"/> Check if individual's residence address.	City; Dallas State; TX Zip Code 75206	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online Contribution Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	1	2 FILER NAME Suellen R. Perry	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,823.36
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5 CREDIT CARD ISSUER	Name of financial institution Citi		
6 PAYMENT	(a) Amount Charged \$ 378.23	(b) Date Expenditure Charged 12/6/2025	(c) Date(s) Credit Card Issuer Paid 1/3/2026
7 PAYEE	(a) Payee name Tractor Supply	(b) Payee address; 2307 Hwy 79	City, State, Zip Code Henderson TX 75654 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
PAYMENT	(a) Amount Charged \$ 184.78	(b) Date Expenditure Charged 12/22/025	(c) Date(s) Credit Card Issuer Paid 1/3/2026
PAYEE	(a) Payee name Tractor Supply	(b) Payee address; 2307 Hwy 79	City, State, Zip Code Henderson TX 75654 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Supplies	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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
PAYMENT	(a) Amount Charged \$ 1,260.35	(b) Date Expenditure Charged 10/23/2025	(c) Date(s) Credit Card Issuer Paid 1/3/2026
PAYEE	(a) Payee name Life Light Creative	(b) Payee address; 10924 Country Club Rd	City, State, Zip Code Belle Fourche SD 57717 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Computer Services	(b) Description Website	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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:  <input checked="" type="text"/>	2 FILER NAME  Suellen R. Perry	3 Filer ID (Ethics Commission Filers)
4 Date  11/6/2025	5 Payee name  Delights by Des d/b/a Designs by Washington	
6 Amount (\$)  \$500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address:  621 E. Main St.  <input type="checkbox"/> Check if individual's residence address.	City: Henderson State: TX Zip Code 75652
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Campaign Tshirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name  Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought  Office held
Date  12/12/2025	Payee name  Tatum Economic Development	
Amount (\$)  \$25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address:  255 Johnson St.  <input type="checkbox"/> Check if individual's residence address.	City: Tatum State: TX Zip Code 75691
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Parade
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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  11/13/2025	Payee name  Overton Heritage Foundation	
Amount (\$)  \$25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address:  111 W. North St.  <input type="checkbox"/> Check if individual's residence address.	City: Overton State: TX Zip Code 75684
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Parade
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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

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# OUTSTANDING LOANS

## SCHEDULE L

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1
2 FILER NAME Suellen R. Perry		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Suellen R. Perry	
	5 Lender address; - -	City; Henderson State; TX Zip Code 75654
GUARANTOR INFORMATION	6 Name of guarantor	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code
LENDER INFORMATION	Name of lender	
	Lender address;	City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor	
<input type="checkbox"/> not applicable	Guarantor address;	City; State; Zip Code

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