

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:

85-2743601

11

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Susan K. Cummings

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #;
2102 Sheridan Dr.

CITY; STATE; ZIP CODE
Baytown, TX 77520

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

281-787-4303

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms. Susan K. Cummings

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;
2102 Sheridan Dr.

CITY; STATE; ZIP CODE
Baytown, TX 77520

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

281-787-4303

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

08/17/2020

THROUGH

09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

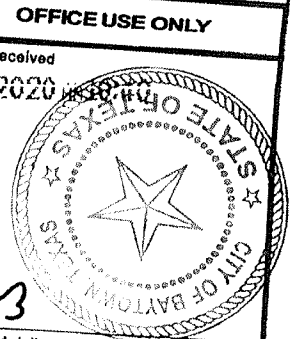
12 OFFICE

OFFICE HELD (# any)

N/A

13 OFFICE SOUGHT (if known)

Baytown City Council, District 6



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Susan K. Cummings

15 Filer ID (Ethics Commission Filers)

85-2743601

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 1245.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1829.93

CONTRIBUTION
BALANCE

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

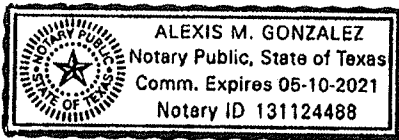
\$ 1915.07

OUTSTANDING
LOAN TOTALS

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

\$ \$2500

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Susan K Cummings, this the 5th day of October, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Alexis M Gonzalez
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Susan K. Cummings

20 Filer ID (Ethics Commission Filers)

85-2743601

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input 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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 09/19/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Schneider	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code 28259 Nancy Lane Conroe, TX 77385		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pasadena ISD
Date 09/20/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleton Mayo	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 4510 Park Grove Drive Baytown, TX 77521		
Principal occupation / Job title (See Instructions) retire Attorney		Employer (See Instructions) Retired Harris County
Date 09/21/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Warren	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 8601 Candelaria Drive, Austin, TX 78737		
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) City of Austin
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Oliver	Amount of contribution (\$) \$15
Contributor address; City; State; Zip Code 10303 Ben Nevis st. Crosby, TX 77532		
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) Whitney Oliver and Associates

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 09/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dina Parkinson	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 5215 joe sayers ave. Austin, TX 78756		
8 Principal occupation / Job title (See Instructions) film editor		9 Employer (See Instructions) self employed
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Grimsley	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 323 Forest G6 Hemphill, TX 75948		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty McGilvray	Amount of contribution (\$) \$30
Contributor address; City; State; Zip Code 4606 Driftwood Dr Baytown, TX 77521		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilda Martinez	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 7507 Shoshone Drive Baytown, TX 77521		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 09/18/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristy Havard	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code 4106 Whirlaway Dr. Pasadena, TX 77503		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pasadena ISD
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Stubbs	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 603 Brentwood Blvd. Lafayette, LA 70503		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Marron	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 15227 Judy Baytown, TX 77523		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Lee College
Date 09/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Whitaker	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1210 Walker Rd. Baytown, TX 77521		
Principal occupation / Job title (See Instructions) public relations		Employer (See Instructions) self employed

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 09/17/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Ballard	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code 111 Sandra Muraida Way Unit 18G, Austin, TX 787103		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/04/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Mendoza	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 308 Windmill Way Cibolo, TX 78108		
Principal occupation / Job title (See Instructions) Director of Learning Resource Center		Employer (See Instructions) Alamo Community College District
Date 09/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Michael Williams	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code P.O. Box 352 Baytown, TX 77522		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ellen Stegeman	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 719 Quion Ct. Crosby, TX 77532		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 09/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosie Flannigan	7 Amount of contribution (\$) \$300
6 Contributor address; City; State; Zip Code 4330 Cedar Ridge Tr. Houston, TX 77059		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. June Stansky	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 4601 Driftwood, Baytown, TX 77521		
Principal occupation / Job title (See Instructions) doctor of optometry		Employer (See Instructions) self employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Susan K. Cummings		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/19/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan K. Cummings	9 Loan Amount (\$) \$2500
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2102 Sheridan Dr. Baytown, Tx 77420	10 Interest rate 0
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) retired		13 Employer (See Instructions) retired
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender 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 K. Cummings	3 Filer ID (Ethics Commission Filers) 85-2743601
----------------------------	-----------------------------------	-----------------------------------------------------

4 Date 08/26/2020	5 Payee name Dreamhost
----------------------	---------------------------

6 Amount (\$) \$19.95	7 Payee address; PMB #257, 417 Associated Road, Brea, CA 92821	City;	State;	Zip Code
--------------------------	-------------------------------------------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Webpage hosting
	(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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-------------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

Date 08/26/2020	Payee name Carroll Printing
--------------------	--------------------------------

Amount (\$) \$1,028.38	Payee address; 2907 Canal St.	City; Houston, Texas	State;	Zip Code 77003
---------------------------	----------------------------------	-------------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description yard signs
	<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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-----------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

Date 09/04/2020	Payee name Diane Weidenkopf
--------------------	--------------------------------

Amount (\$) \$781.60	Payee address; 1102 Brookwood Ave	City; Austin, TX	State;	Zip Code 78721
-------------------------	--------------------------------------	---------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Webpage design
	<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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-----------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 K. Cummings	3 Filer ID (Ethics Commission Filers) 85-2743601
----------------------------	-----------------------------------	-----------------------------------------------------

4 Date 08/26/2020	5 Payee name Dreamhost
----------------------	---------------------------

6 Amount (\$) \$19.95	7 Payee address; PMB #257, 417 Associated Road, Brea, CA 92821	City;	State;	Zip Code
--------------------------	-------------------------------------------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Webpage hosting
	(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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-------------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

Date 08/26/2020	Payee name Carroll Printing
--------------------	--------------------------------

Amount (\$) \$1,028.38	Payee address; 2907 Canal St.	City; Houston, Texas	State;	Zip Code 77003
---------------------------	----------------------------------	-------------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description yard signs
	<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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-----------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

Date 09/04/2020	Payee name Diane Weidenkopf
--------------------	--------------------------------

Amount (\$) \$781.60	Payee address; 1102 Brookwood Ave	City; Austin, TX	State;	Zip Code 78721
-------------------------	--------------------------------------	---------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Webpage design
	<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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held
-----------------------------------------------------	----------------------------------------------------	---------------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

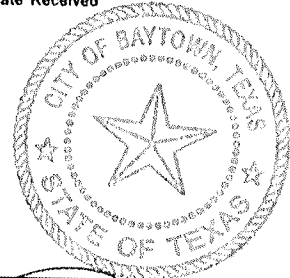
85-2743601

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Susan K. Cummings
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked
SEP 25 2020 4:26 PM
OCT 26 2020 PM 4:34

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 124, Baytown, TX 77520

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() (281) 787-4303

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Susan K. Cummings
NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

10/26/20

Date Imaged

10/26/20

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2102 Sheridan Dr. Baytown, TX 77520

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() (281) 787-4303

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 THROUGH Month / Day / Year
09/25/2020 **10/24/2020**

11 ELECTION

ELECTION DATE ELECTION TYPE

Month / Day / Year Primary Runoff Other Description

11/03/2020 General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)

Baytown City Council, District 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Susan K. Cummings

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.

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

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,043.17
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,043.17
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,243.17
4. TOTAL POLITICAL EXPENDITURES	\$ 1,243.17
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,451.09
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

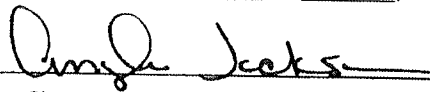
18 AFFIDAVIT

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.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Cummings, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Angela Jackson
Printed name of officer administering oath

Deputy City Clerk
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Susan K. Cummings

20 Filer ID (Ethics Commission Filers)

85-2743601

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

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 type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input 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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Susan K. Cummings

3 Filer ID (Ethics Commission Filers)

85-2743601

4 Date
10-10-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Michelle Hughes

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code

405 lyndale dr., highlands, TX 77562

8 Principal occupation / Job title (See Instructions)

Social Worker

9 Employer (See Instructions)

HCA

Date
10-11-2020

Full name of contributor out-of-state PAC (ID#: _____)
Elsa Kleinman

Amount of contribution (\$)
\$25

Contributor address; City; State; Zip Code

1908 Oak Shadows, Baytown, TX 77520-7415

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

not employed

Date
09/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Neil Aquino

Amount of contribution (\$)
\$25

Contributor address; City; State; Zip Code

5353 Memorial Dr, # 2064 Houston, TX 77007

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

not employed

Date
09/30/2020

Full name of contributor out-of-state PAC (ID#: _____)
Yvonne Thomas

Amount of contribution (\$)
\$200

Contributor address; City; State; Zip Code

4401 Country Club View, Baytown, Tx 77521

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

not employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Susan K. Cummings

3 Filer ID (Ethics Commission Filers)

85-2743601

4 Date
10/08/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jill Moffitt

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code

6011 Duxbury, Houston, TX 77035

8 Principal occupation / Job title (See Instructions)

not employed

9 Employer (See Instructions)

not employed

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Einhorn

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code

3406 Cortina, Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 Cummings		3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date 10/16/2020	5 Payee name Walgreens		
6 Amount (\$) 7.49	7 Payee address; 1515 N. Alexander Dr. Baytown, Tx 77520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description Bottled water
	(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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A		
Date 09/30/2020	Payee name Kroger		
Amount (\$) \$30.41	Payee address; 1700 N. Alexander Dr. Baytown, TX 77520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Bottled Water and cookies
	<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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A		
Date 10/05/2020	Payee name USPS		
Amount (\$) 210.00	Payee address; 601 W. Baker Rd. Baytown, TX 77521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description postage stamps
	<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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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:	2 FILER NAME Susan Cummings	3 Filer ID (Ethics Commission Filers) 85-2743601
4 Date	5 Payee name Gibson Printing	
6 Amount (\$) \$205.68	7 Payee address; City; State; Zip Code 1702 N. Pruetz St., Baytown, TX 77520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business cards
	(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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A	
Date 09/30/2020	Payee name Gibson Printing	
Amount (\$) \$281.45	Payee address; City; State; Zip Code 1702 N. Pruetz St., Baytown, TX 77520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hangers
	<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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A	
Date 10-16-20	Payee name Lowe's	
Amount (\$) 12.97	Payee address; City; State; Zip Code 5002 Garth Rd. Baytown, TX 77521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Zip ties to secure signs
	<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 Susan K. Cummings Office sought Baytown City Council, District 6 Office held N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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:	2 FILER NAME Susan Cummings	3 File ID (Ethics Commission Filers) 85-2743601
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4 Date 10/24/2020	5 Payee name Dream Host
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6 Amount (\$) 19.95	7 Payee address; 417 Associated Road, Brea, CA 92821	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Web hosting
	(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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held N/A
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Date 10/13/2020	Payee name QR CODE GENERATOR PRO
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Amount (\$) 60.00	Payee address; AM Lenkwerk 13, 33609 Bielefeld, Germany	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description QR Code generator service
	<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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held N/A
------------------------------------------------------------	-----------------------------------------------------------	----------------------------------------------------------	---------------------------

Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 Susan K. Cummings	Office sought Baytown City Council, District 6	Office held N/A
------------------------------------------------------------	-----------------------------------------------------------	----------------------------------------------------------	---------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Susan K. Cummings

2 Filer ID (Ethics Commission Filers)

85-2743601

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

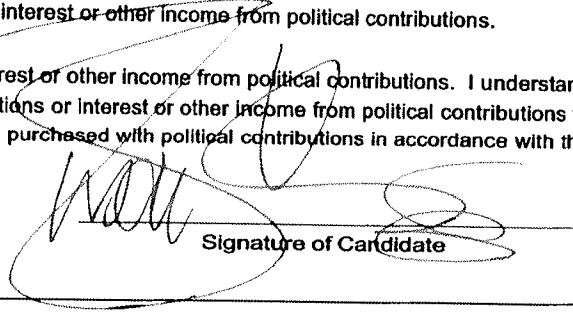
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder