## 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 FRST  MRS MICHELLE LAST	M M SUFFIX	OFFICE USE ONLY  Date Receive FILED  AT 9:000'CLOCK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER	DO DOY OF	ONA TX 76943  EXTENSION	JAN 12 2024  NINFA PREDDY CLERK OF COUNTY COURT CROCKETT CO BY DEPUT
PHONE  6 CAMPAIGN TREASURER NAME	(325) 226-0516  MS/MRS/MR FIRST  MRS. MICHELLE  NICKNAME LAST  MEDLEY	M M Suffix	Date Hand-delivered or Date Postmarker  Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUI	TE# CITY.  OZONA TX	STATE ZIP CODE
CAMPAIGN	AREA CODE PHONE NUMBER		
TREASURER PHONE	( 325 ) 226-0516	EXTENSION	
PHONE	/ NOME NOMBER	tion Runoff	15th day after campaign treasurer appointment (Officeholder Only)  X Final Report (Attach C/OH - FR)
PHONE	( 325 ) 226-0516	n Exceeded \$500 limit	treasurer appointment (Officeholder Only)
PHONE  REPORT TYPE  PERIOD	( 325 ) 226-0516  January 15 30th day before election  Month Day Year	n Exceeded \$500 limit	treasurer appointment (Officeholder Only)  X Final Report (Attach C/OH - FR)  Day Year

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

MICH	IELLE M. MED	LEY 1	5 Filer ID (Ethics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH	URES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
CONTRIBUTION TOTALS	,	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY). UNLESS ITEMIZED	\$ 0.00
EXPENDITURE	<ol><li>TOTAL I</li></ol>	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
TOTALS	3. TOTAL F UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS. ITEMIZED	\$ 0.00
	4. TOTAL F	POLITICAL EXPENDITURES	\$
CONTRIBUTION	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	0.00
BALANCEOUTSTANDING	OF REPO	PRING PERIOD	0.00

AFFIX NOTARY STAMP / SEALABOVE

Sworn to and subscribed before me, by the said Michelle Medley, this the 12 day of \_\_\_\_\_\_\_, 20\_0, 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

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME  MICHELLE M MEDLEY	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		AMOUNT
2.			\$ 0.00
3.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION  SCHEDULE B: PLEDGED CONTRIBUTIONS	DNS	\$ 0.00
4.	SCHEDULE E: LOANS		\$ 0.00
5.			\$ 0.00
6.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 0.00
7.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
8.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	ICAL CONTRIBUTIONS	\$ 0.00
9.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
10.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL		\$ 0.00
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL		\$ 0.00
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS RETURNED	\$ 0.00

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruction Guide explains hov	v to complete th	is form.	1 Total pages Schedule A1
2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PA	SC (ID#)	7 Amount of contribution (\$)
	6 Contributor address:	City	State Zip Code	
3 Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instructi	ons)
Date	Full name of contributor	Out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City	State: Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor  Contributor address		State, Zip Code	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruction	ns)
Date	Full name of contributor	Out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address	City	State: Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

400000000000000000000000000000000000000	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
• TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address, City State;	Zip Code	Chartes
<b>0</b> Principal o	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedu er (FOR NON-JUDICIAL)(See Instructions)
2 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
4 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL
<b>b</b> If contribut	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City, State,	Zip Code	Contribution \$ description
	Contributor addis-	Zip Code	Contribution \$ description
Principal oc	Contributor address: City: State; ccupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)	Zıp Code Employe	Contribution \$ description  Check if travel outside of Texas. Complete Schedule  (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Schedule  r (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor	Contributor address: City: State; ccupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Scheduler (FOR NON-JUDICIAL) (See Instructions)
Principal oc Contributor'	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Schedul  r (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor'	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Scheduler (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Scheduler (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Scheduler (FOR NON-JUDICIAL)(See Instructions)
Principal oc Contributor	Contributor address; City; State, cupation / Job title (FOR NON-JUDICIAL) (See Instructions)  S principal occupation (FOR JUDICIAL)  s employer/law firm (FOR JUDICIAL)	Zip Code  Employe  Contribu	Contribution \$ description  Check if travel outside of Texas. Complete Schedule

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## PLEDGED CONTRIBUTIONS

#### SCHEDULE B

	he Instruction Guide explains how to complet	te this form.	1 Total pages Sche	dule B
FILER NAM	16		3 Filer ID (Ethics (	Commission Filers)
TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC	(IC#	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City	State Zip Code		
Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	side of Texas Complete Schedi
Date	Full name of pledgor out-of-state PAC	(10#	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State Zip Code		
Principal occu	upation / Job title (See Instructions)	Employer (See	Check if travel outsi	ide of Texas. Complete Schedu
Date				
	Full name of pledgor	State: Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occu	upation / Job title (See Instructions)	Employer (See	Check if travel outsid	de of Texas, Complete Schedul
			med delicits)	
Date	Full name of pledgor out-of-state PAC (	D#)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City:	State, Zip Code		
	pation / Job title (See Instructions)	Employer (See	Check if travel outsid	e of Texas Complete Schedule
Principal occup		Employer (See	Instructions)	

Forms provided by Texas Ethics Commission

#### LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender Out-of-state PAC |D#\_ 9 Loan Amount (\$) 6 Is lender 8 Lender address, City, a financial State: Zip Code 10 Interest rate Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor INFORMATION 19 Amount Guaranteed (\$) 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#\_\_\_ Loan Amount (\$) Is lender Lender address City, State Zip Code a financial Interest rate Institution? Y Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political none account (See Instructions) **GUARANTOR** Name of guarantor INFORMATION Amount Guaranteed (\$) Guarantor address: City; State, Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

## **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 Salanes/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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas Complete Schedule T Check if Austin TX officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City: State. Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check f travel outside of Texas Complete Schedule T Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions:Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F2	2 FILER NAME	3 Filer ID (Ethics Commission Filers
TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
Date	6 Payee name	
Amount (\$)	8 Payee address;	City, State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	cal
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name  Candidate / Officeholder name	Check if Austin TX officeholder living expense  ce sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	sal
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought Office held

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1	Total pages Schedule F3
FILER NA			
		3	Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	-	
	- Paronascq		
	6 Address of person from whom is		
	6 Address of person from whom investment is purchased	City	State, Zip Code
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
Date	Name of person from whom investment is purchased		
Date	***************************************		
Date	Name of person from whom investment is purchased  Address of person from whom investment is purchased	City	State; Zip Code
Date	***************************************		120 100 MM 100 100 100 100 100 100 100 100
Date	***************************************		
Date	***************************************		
Date	Address of person from whom investment is purchased:		
Date	Address of person from whom investment is purchased:		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		
Date	Address of person from whom investment is purchased:  Description of investment		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

4 TOTAL OF UNITEMIZED E  5 Date 6 Par  7 Amount (\$) 8 Par  9 TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c)  11 (c) Complete ONLY if direct expenditure to benefit C/OH	The Instruction Guide explain LER NAME EXPENDITURES CHARGED yee name yee address;			3 Filer ID (Ethics	s Commission Filers
4 TOTAL OF UNITEMIZED E  5 Date 6 Par  7 Amount (\$) 8 Par  9 TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c)  11 (c)  Complete ONLY if direct expenditure to benefit C/OH  Date Pay	EXPENDITURES CHARGED  yee name  yee address;	TOACREDI			s Commission Filers
7 Amount (\$) 8 Page 7 Amount (\$) 8 Page 9 TYPE OF EXPENDITURE 10 (a) Cate OF EXPENDITURE (c) 11 (c) 11 (c) Complete ONLY if direct expenditure to benefit C/OH Date Page	yee name yee address;	TOACREDI		\$	
7 Amount (\$) 8 Pat  9 TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c) Complete ONLY if direct expenditure to benefit C/OH  Date Pay	yee address;		City;		
9 TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c)  11 (c) Complete ONLY if direct expenditure to benefit C/OH  Date Pay	7		City;		
9 TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c)  11 (c)  Complete ONLY if direct expenditure to benefit C/OH  Date Pay	7		City;	CONTRACTOR OF THE PARTY OF THE	
TYPE OF EXPENDITURE  10 (a) Cate OF EXPENDITURE  (c)  11 (c)  11 (c)  Complete ONLY if direct expenditure to benefit C/OH  Date Pay	Political			State,	Zip Code
10 (a) Cate  PURPOSE OF EXPENDITURE  (c)  11 Complete ONLY if direct expenditure to benefit C/OH  Date Pay		7			
PURPOSE OF EXPENDITURE  (c)  11 Complete ONLY if direct expenditure to benefit C/OH  Date Pay		Non-Political			
Complete ONLY if direct expenditure to benefit C/OH  Date Pay	egory (See Categories listed at the top of this s	chedule) (b)	Description		
Complete ONLY if direct expenditure to benefit C/OH  Date Pay	Check if travel outside of Texas Complete So	hedule T	Check if Aust	in TX officeholder livin	ad ovnoses
	Candidate / Officeholder name	Office so		Office h	
Amount (\$) Pay	ee name				
	ee address;		City	State,	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		_	
PURPOSE OF EXPENDITURE	gory (See Categories listed at the top of this sol	nedule [	Description		
	Check if travel outside of Texas Complete Sch	edule T	Check if Austin	n TX officeholder living	Avnenca
Complete ONLY if direct expenditure to benefit C/OH	andidate / Officeholder name	Office so		Office he	
АТТА					

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Commission Filer
1 Date	5 Payee name		
Amount (\$)	7 Payee address;		
Reimbursement from political contributions intended		City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas Complete Schedule T	Chack if Alighin	TX officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions	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	Check if Austin	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:		
Reimbursement from political contributions intended		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 ⊺	Check if Austin T	CX officeholder living expense
mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

### 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/Memonals Expense Legal Services

Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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. 1 Total pages Schedule H. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address City State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T Check if Austin Tx officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Business name Amount (\$) Business address; City State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Business name Amount (\$) Business address; City: State. Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I	2 FILER NAME		3 Filer ID (Ethics	Commission File
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories )	Description (See	e instructions regarding type of	of information
Date	Payee name		9	
Amount (\$)	Payee address,	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories )	Description (See required )	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	Crty	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required )	nstructions regarding type of	information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

FILER NAMI	he Instruction Guide explains how to complete this form.			
		3	Filer ID (Ethic	es Commission Filers)
1 Date	5 Name of person from whom amount is received			8 Amount (\$)
	6 Address of person from whom amount is received. City	State	Zıp Code	
	7 Purpose for which amount is received	Check if pol	itical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received: City.		Zip Code	
	Purpose for which amount is received	Check if poli	tical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received. City:		Zip Code	
Date	*******	State		Amount (\$)
Date	Address of person from whom amount is received. City;	State	Zip Code	Amount (\$)
	Address of person from whom amount is received. City:  Purpose for which amount is received	State  Check if polit	Zip Code	Amount (\$) eturned to filer

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Name of Contribu	or / Corporation or Labor Organi	ization / Pledgor / Payee	
5 Contribution Exp	anditure reported and		
Schedule A		_	
- *		Schedule B(J) Schedule	C2 Schedule D Schedule F1
Schedule F	2 Schedule F4	Schedule G Schedule	H Schedule COH-UC Schedule B-S
6 Dates of travel	7 Name of person(s) trave	eling	El contact B-0
	8 Departure city or name of	of departure location	
	9 Destination city or name	of death of	
	S souriation dry or name	or destination location	
0 Means of transpor	ation 11 Purpose of t	travel (including name of conferen	nce, seminar, or other event)
Name of Contribute	or / Corporation or Labor Organiz	zation / Pledgor / Payee	
Contribution / Expe	nditure reported on:		
Schedule A		0.1	
Schedule F		Schedule B(J) Schedule (	C2 Schedule D Schedule F1
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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to c	complete this form.
CIO	•• Complete only if "Report Type" on page 1	is marked "Final Report" ••
. 0/0		2 Filer ID (Ethics Commission Filers)
	MICHELLE M. MEDLEY	
SIG	GNATURE	
I do ing a	not expect any further political contributions or political expenditures in co a report as a final report terminates my campaign treasurer appointment. tributions or make any campaign expenditures without a campaign treasurer	onnection with my candidacy. I understand that designa
CONT	tributions or make any campaign expenditures without a campaign treasu	urer appointment on file.
		I fichelle I featley
		Signature of Candidate / Officeholder
FILE	ER WHO IS NOT AN OFFICEHOLDER	
•• C	Complete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
	CAMIL AIGIN FONDS	
Ch	neck only one:	
	I do not have unexpended contributions or unexpended interest or in	ncome earned from political contributions.
	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended	earned from political contribution
	may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an appeal speed	interest or income earned on political contributions.
	personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income carried to	of unexpended contributions and that I may not retail
	this final report. Further, I understand that I must dispose of unever-	on political contributions longer than six years after filin
	income earned on political contributions in accordance with the requi	rements of Election Code, \$ 354,204
B.	ASSETS	2.04.204.
Cho	eck only one:	
Che		
	I do not retain assets purchased with political contributions or interes	t or other income from political contributions.
	I do retain assets purchased with political contributions or interest or that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchased.	other income from political contributions. I understand
	personal use. I also understand that I must dispose of assets purcha	ased with political contributions in accordance
	requirements of Election Code, § 254.204.	parameter some parameter with the
		Signature of Candidate
		- Januardic
OFFIC	CEHOLDER	
- 001	mplete this section only if you are an officeholder **	
X	I am aware that I remain subject to filing requirements applicable to an off file. I am also aware that I will be required to file reports of unexpended or	ficeholder
	file. I am also aware that I will be required to file reports of unexpended confficeholder, I retain political contributions, interest or other income from	ontributions if after filing the last remains the asurer on
	officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions	political contributions, or assets nurchased with political
	cal contributions or interest or other income from political contributions	A A A
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