# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	See CTA Instruction Guide for detailed instructions.				
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	GREGORY 5	Filer ID #			
	NICKNAME LAST SUFFIX	RECEIVED			
	MIKEL	DECLIVED			
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JUN 16 2023			
ADDRESS	218 N. BARON ST. BELLVILLE, TX 77418	AUSTIN COUNTY			
		Date Harld En Norted & Politicarked			
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$			
	(979) 587-1503	Date Processed			
5 OFFICE HELD (if any)		Dale Imaged			
6 OFFICE SOUGHT (if known)	AUSTIN COUNTY COMMISSIONER POT 1				
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX			
TREASURER NAME	BECKY L.	UILIAMS			
8 CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE			
STREET ADDRESS	12304 N. FM 331 BELLVILLE,	Tx 77418			
(residence or business)		77770			
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(979) 877-5637				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.			
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of			
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions			
	Sugg S. mikel	6/16/2023			
	Signature of Candidate	Date Signed			
	GO TO PAGE 2				

11 CANDIDATE	
NAME	GREGORY S. MIKEL
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. ••  (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election (s) or election cycle to which declaration applies  Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY
RECEIVED
JAN 1 2 2024
AUSTIN COUNTY ELECTIONS
Date Hand-delivered or Postmarked
Date Processed
Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER  CANDIDATE  If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE  If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST  GREGORY  NICKNAME LAST  MIKEL	MI SUFFIX (SR., JR., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE PHONE NUMBER (9.79) 587-1503	EXTENSION
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET/POBOX; APT/SUITE#;  218 N, BARON ST. BE	CITY: STATE; ZIP CODE
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	AUSTINI COUNTY COMMISS	SIDNER PRECINT 1
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST  BECKY  NICKNAME LAST  WILLIAMS	MI  SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

### **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

The SC C/OH Instruct	ion Guide explain	s how to comple	ete this form.	1 Filer ID (Ethics Commission F	2 Total pages filed:
3 CANDIDATE NAME	MS / MRS MR	FIRST GREGOR	Y	MI S	OFFICE USE ONLY
	NICKNAME	MIKEL	CITY;	SUFFIX STATE; ZIP CODI	PECEIVED
4 CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	•		
Change of Address			BEUVILLE	Tx 77416	8 JAN 1 2 2024
5 CANDIDATE PHONE	AREA CODE (979)	587 - 1	503	EXTENSION	AUSTIN COUNTY ELECTIONS
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST BECKY		MI /	Date Hand-delivered or Date Postmarked
NAME	NICKNAME	LAST		SUFFIX	Receipt # Amount \$
		WILLIAI			Date Processed
7 CAMPAIGN TREASURER		NO PO BOX PLEASE);			CODE
ADDRESS	12304 N.	FM331 BE	UVILLE	TX 77418	Date Imaged
(Residence or Business)	ADEA CODE	PHONE NUMBER		EXTENSION	
8 CAMPAIGN TREASURER PHONE	(979)	877-50	637	EXTENSION	
9 REPORT TYPE	January 15 30th day before convention / election Runoff				
	July 15	8t	h day before conven	tion / election	Final report (Attach SC C/OH - FR)
10 PERIOD COVERED		0ay Year 2/2023	THROUG	Month 12	Day Year / 31 / 2023
11 CONVENTION/	Month C	Day Year	12 OFFICE		STATE CHAIR
ELECTION DATE	03/0	5/2024	AUSTIN COMMISS PREC	COUNTY SIONER	COUNTY CHAIR
13 POLITICAL				OUNTY (If Applicable)	
PARTY	REI	PUBLICAN			
14 NOTICE FROM POLITICAL COMMITTEE(S)	EVPENDITURES MAY I	HAVE REEN MADE WI	THOUT THE CANDID	POLITICAL COMMITTEES T PATE'S OR OFFICEHOLDER LY IF THEY RECEIVE NOTICE	O SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE R'S KNOWLEDGE OR CONSENT. CANDIDATES AND OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDR	ESS		
	SPECIFIC	COMMITTEE CAMP	AIGN TREASURER	NAME	
		COMMITTEE CAMI	PAIGN TREASUREF	R ADDRESS	
		G	O TO PAG	E 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	BORY S. MIKEL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON' PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ 2,669.52
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 2,669.52 \$ 2,669.52 \$ 2,099.14 \$ 2,099.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ 2,099.14
	4. TOTAL POLITICAL EXPENDITURE	3	\$ 2,099.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M OF REPORTING PERIOD	IAINTAINED AS OF THE LAS	* 669.52
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O     LAST DAY OF THE REPORTING PERI		* O
	swear, or affirm, under penalty of perjury, that the quired to be reported by me under Title 15, Election		e and correct and includes all information
		G	& mibel
		Signature of Ca	ndidate or Officeholder
	Please complete	either option belov	<b>/</b> :
(1) Affidavit	SHANNON HANATH Notary Public, State of Texas		
NOTARY STANDING	Comm. Expires 08-11-2026 Notary ID 129915868		
Sworn to and subscribed	before me by Gregory S. Mik	e this the	12th day of January.
Shan wan H	y which, witness my hand and seal of office. Subth Shannon Hans	. 1	tary Public
Signature of officer administ	ering oath Printed name of officer adm		J Title of officer administering oath
(2) Unsworn Declarat	ion		
		and my date of birth is	
1			
iviy addices is	(street)		state) (zip code) (country)
Executed in	County, State of, on	the day of(mont	, 20 h) (year)
		Signature of Cand	date/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

19 FILER NAME 20 Filer ID (	Ethics Commission Filers)
GREGORY S. MIKEL	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,669.52
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,099.14
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	RNED \$ 99.14

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
68	REGORY MIKEL	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	GREGORY MIKEL	
6/23/23	GREGORY MIKEC  6 Contributor address; City; State; Zip Code	\$ 200,00
	218 N. BARON ST. BELLVILLE, TX 77418	
R Principal occur	pation / Job title (See Instructions)  9	ions)
g (moipar ooo		·
Date	Full name of contributor	Amount of contribution (\$)
Date		Amount of continuous. (4)
6/23/23	BECKY WILLIAMS  Contributor address; City; State; Zip Code	# 100 00
•		# 100.00
	12304 N. FM 331 BELLVILLE TX 77418	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
	DONNIE WILLIAMS	
6/23/23	Contributor address; City; State; Zip Code	# 100.00
9 /	12304 N. FM 331 BELLILLE TX 77418	·
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	JOHNNY MIKEL	(,,
6/25/23		\$ 150.00
6/20/20	7030 QUEBERD, BRENHAM TX 77833	
	1030 QUEDE NO. BRENITHIN 1X 11633	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

104400		. 3	•
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2
2 FILER NAME	REGERY MIKEL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	0#:)	7 Amount of contribution (\$)
7/31/23		State; Zip Code  TX 77418	\$ 100,00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8/11/23	GREGORY MIKEL  Contributor address; City;  218 N. BARON ST. BEUVIUE	State; Zip Code - 7X 774/8	# 2,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		D#:)	Amount of contribution (\$)
8/7/23	LINDA CHRIS SIVCOSKI  Contributor address; City;  24 FALK RD NEW WAVERL	State; Zip Code	19.52
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

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

SCHEDULE F1

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

		EXPENDITUR	E CATEGO	RIESFO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	C P xpense P S	Office Overholling Experinting Experinting Experinting Experinting Experimental (Magnetics)	ense ges/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>4 -</b>	0				- I	3 Filer ID /Fibi	ce Commission Filers)
1 Total pages Schedule F1:	2 FILER N	ame REGORY 5.1	NIKEL			J FIIET ID (Ethi	cs Commission Filers)
4 Date 7/7/23	5 Payee na	me ISTAPRINT	-				
6 Amount (\$)	7 Payee ac	ldress;			City;	State;	Zip Code
185.03	275	WYMAN STR	EET	WA	PLTHAM	MA	02451
8	(a) Categor	y (See Categories listed at t	he top of this sch	edule)	(b) Description		
PURPOSE	PRINT	ING EXPENSE	25		CAMPAKE	V CARBS	
OF EXPENDITURE	# 416 /2 //	The Children	-		BANNER		
	(c)	Check if travel outside of Texa	s. Complete Sche	dule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nan	ne		Office sought		Office held
Date 8/14/23	Payee na	ıme					
7/18/23	VI	STA PRINT	-				
Amount (\$)	Payee ad	ldress;			City;	State;	Zip Code
10.7	275	WYMAN 5	TREET	الما	ALTHAM	MA	02457
	Category	/ (See Categories listed at th	ne top of this sch	edule)	Description		
PURPOSE	PRIN	TING EXPE	NSES		BANNER	_5	
OF EXPENDITURE	. ,				CAR MA	GNETS	
		Check if travel outside of Texa	as. Complete Sche	edule T.	Check if Austi	n, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder nan	ne		Office sought		Office held
Date	Payee n	ame					
7/18/23	UN	DERGROUND	SH IRTS	. Cor	7		
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
128.99	260	METTY DR.	STE G		ANNARBOR	MI	48103
	Category	/ (See Categories listed at the	ne top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	PRIN	TING EXPEN	USES		T-SHIRT	び	
		Check if travel outside of Texa	as. Complete Sche	edule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder na	ime		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethic	es Commission Filers)
4 Date 8/22/23	5 Payee name VISTA PRINT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
60.61	275 WYMAN STREET	WALTHAM	MA	02451
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	CAMPAIGN	CARDS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livír	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/30/23	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
158.05	275 WYMAN STREET	WALTHAN	n MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	YARD SI	ENS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/25/23	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
141.68	275 WYMAN STREET	WALTHAM	MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	BANNER	5	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

### SCHEDULE F1

		<del></del>		
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pe	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)	nse
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filer	s)
6	GREBORY S. MIKEL	,		
4 Date /0/18/23	5 Payee name VISTA PRINT			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
276.20	275 WYMAN STREET	WALTHAM	MA 02451	
8	(a) Category (See Categories listed at the top of this sche			
PURPOSE OF	PRINTING EXPENSES	CAMPAIGN	YARD SIENS	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Scheo	lule T. Check if Austin	n, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/17/23	AUSTIN COUNTY REPUBL	ICAN PART		
Amount (\$)	Payee address;	City;	State; Zip Code	
750,00	856 W. MAIN ST	BELLVILLE	Tx 77418	
	Category (See Categories listed at the top of this scheen	1		
PURPOSE OF EXPENDITURE	OTHER BAUST FILING FEE			
	Check if travel outside of Texas. Complete Scheo	lule T. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/6/23	VISTA PRINT			
Amount (\$)	Payee address;	City;	State; Zip Code	
47.30	275 WYMAN STREET	WALTHAM	MA 02451	
A	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	CAMPAIGA	N CARDS	
	Check if travel outside of Texas. Complete Scheo	fule T. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	:DED	

### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	The state of the s	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P I Committee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		
1 Total pages Schedule F1:	2 FILER NAME GREGORY S. MIKEL	_	3 Filer ID (Ethics Commission Filers)	
4 Date [2/6/2]	5 Payee name VISTA PRINT			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
112.57	275 WYMAN STREET	WALTHAM	MA 02451	
8	(a) Category (See Categories listed at the top of this school			
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	CAMPAIGA	) POSTERS	
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7/31/23	FIRST NATIONAL BANK	OF BELLVILLE		
Amount (\$)	Payee address;	City;	State; Zip Code	
0.00	P.O. BOX 128	BEUNUE	TX 77418	
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	FEE	MAINTEN	IANCE FEE	
	Check if travel outside of Texas. Complete Schedule T. Ch		in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/31/23	FIRST NATIONAL BANI	K OF BELLVILLE	<b>=</b>	
Amount (\$)	Payee address;	City;	State; Zip Code	
8.00	P.O. BOX 128	BEUVIC	LE TX 77418	
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	FEE	MAINTE	WANCE FEE	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Aust	in, 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				

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense		
1 Total pages Schedule F1:	2 FILER, NAME EREGORY S. MIKEL		3 Filer ID (Ethic	s Commission Filers)		
4 Date 9/29	5 Payee name FIRST NATIONAL BANK OF	- BELLVILLE	5			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
8.00	P.O. BX 128	BELLVIUE	TX	77418		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	FEE	MAINTEN	IANCE FE	E		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
10/31/23	FIRST NATIONAL BANK OF	BEUVILLE	E			
Amount (\$)	Payee address;	City;	State;	Zip Code		
8.00	P.OBOX 128 BELLVILLE	TX	77418			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	FEE	MAINTE	NANCE F	EE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name					
11/30/23	FIRST NATIONAL BAD	NK OF BE	EUVIUE			
Amount (\$)	Payee address;	City;	State;	Zip Code		
B. 00	P.O. BOX 128	BEUNU	E TX	77418		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	FEE	MAINTENE	ANCE FEE	<u></u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to o	complete this form.			
Total pages Schedule F1:	2 FILER NAME  GREGORY S. MIKEL  5 Payee name  FIRST NATIONAL BANK  7 Payee address;		3 Filer ID (Ethics Commission Filers)		
Date , ,	5 Payee name				
12/29/23	FIRST NATIONAL BANK	OF BELLVIL	(E		
Amount (\$)	7 Payee address;				
8.00	P.O. BOX 128	BEUVILLE	TX 77418		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		40.01	10800		
OF EXPENDITURE	FEE	MAINTEN	PANCE FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
DUDDOST	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	n, TX, officeholder living expense Office held		

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

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	GREGORY S. MIKEL	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	VISTA PRINT		
7/11/23	6 Address of person from whom amount is received; City; Stat	te; Zip Code	99.14
, ,	275 WYMAN STREET WALTHAM MA	02451	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	REFUND		
Date	Name of person from whom amount is received		Amount (\$)
	Address of severe from whom amount in received. City:	ate; Zip Code	
	Address of person from whom amount is received; City; Sta	ate, Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	Gildak II	political contribution	, order to the
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

				1 Filer ID	<del></del>	2 Total pages file	ed:
The SC C/OH Instruc	tion Guide explains	s how to comple	ete this form.	(Ethics Commission		Z Iolai pagoo	u.
3 CANDIDATE NAME	MS / MRS /	FIRST GREGOR	4	мі _S		OFFICE U	JSE ONLY
	NICKNAME	MIKEL		SUFFIX		Date Received	EIVED
4 CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP COD			
Change of Address	218 N. BAR	ON ST.	BELLVILL	E, TX 774	118	FEB (	05 2024
5 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	. ~~ ~	EXTENSION			NCO, TAX R-COLLECTOR
- 0014001	(979) MS (MBS) MR	587 ~ 7	15 05	MI		Date Hand-delivered	
6 CAMPAIGN TREASURER	IVIS (IVIDS/ IVID	BECKY					
NAME	NICKNAME	LAST WILLIAM	20 <	SUFFIX	F	Receipt #	Amount \$
7 CAMPAIGN	STREET ADDRESS (N	NO PO BOX PLEASE);		CITY; STATE; ZIP	CODE	Date Processed	
TREASURER ADDRESS	12304 11	' EM 331	REUV	WE, TX 77	7418	Date Imaged	
(Residence or Business)	12307 10	. 1111 221	<i>U</i>				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSION			
PHONE	(977)	877 - 5					,
9 REPORT TYPE	January 15	30	Oth day before conver	ttion / election	Ru	unoff	
	July 15	8tf	th day before convent	ion / election		al report (Attach SC C	/OH - FR)
10 PERIOD COVERED		Day Year	TUDOUK	Month	Day	,	es.
	01/0	1/2024	THROUG	.H 02	/ 07	2024	
11 CONVENTION/	Month D	Day Year	12 OFFICE			STATE CHAIR	
DATE	03/05	5/2024	AUSTIN	COUNTY 1551 ON EP OCT 1		COUNTYCHAIF	₹
13 POLITICAL				OUNTY (If Applicable)	<u> </u>		
PARTY	REP	UBLICAN					
14 NOTICE FROM POLITICAL	EXPENDITURES MAY H	HAVE BEEN MADE WI	ITHOUT THE CANDID	POLITICAL COMMITTEES PATE'S OR OFFICEHOLDE LY IF THEY RECEIVE NOTICE	ER'S KNOW	/LEDGE OR CONSEN	OFFICEHOLDER. THESE IT. CANDIDATES AND
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Ξ				
Additional Pages	GENERAL	COMMITTEE ADDRI	ESS				**
	SPECIFIC	COMMITTEE CAMP	PAIGN TREASURER	NAME			
		COMMITTEE CAME	PAIGN TREASURER	ADDRESS			
		G	O TO PAG	E 2	Management		

### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

15 CANDIDATE NAME		16 Filer ID (Ethics Commission Filers)
6	REGORY S. MIKEL	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 1,269.52
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,231.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,231.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 38.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
1	swear, or affirm, under penalty of perjury, that the accompanying report is tr	rue and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Signat	ture of Candidate
	Please complete either option belo	w:
	i icase complete etitlet option belo	••••
(1) Affidavit		
NOTARY STAMP/SE	AL	
Sworn to and subscribed	d before me by this the	ne,
	y which, witness my hand and seal of office.	
Signature of officer administ		Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declarat		
My name is	N. BARON ST. BELL VILLE,	is 07/18/1967
My address is 218		
Executed in AUSTIA	(street) (city)  County, State of <u>TEXAS</u> , on the <u>5</u> day of <u>FE</u>	(state) (zip code) (country)
Executed III // /////	Gounty, state of, on the day of	onth) (year)
	Signature of	of Candidate (Declarant)

### **SUBTOTALS - SC C/OH**

19.	CANDIDATE NAME	20. Filer ID (Ethics Con	nmission Filers)
	GREGORY 5. MIKEL		
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,269,52
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 1,231.29
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	GREGORY S. MIKEL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
	REESA VECKERT		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip Code	500.00
	404 EAST MAIN BELLVILLE,	TX 77418	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	<del>-</del>	D#:)	Amount of contribution (\$)
		State: Zin Code	100.60
	,	State; Zip Code	-
	8/21 ARMSTRONG SCHOOL RD CHAPP	PELHILL TK 77426	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional r	eporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Fees Office Overhead/Rental Expense Polling Expense Oift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Laboratory		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.		S Commission Filers)	
1 Total pages Schedule F1:	2 FILER NAME GREGORY S. 1	GRECORY S. MIKEL				
4 Date 1/7/2029	5 Payee name VISTA PRINT					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
519.57	275 WYMAN:	TREET	WALTHAM	MA.	02457	
8	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	<b>S</b>	BANNE	ERS		
	(c) Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	ustin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
1/23/2024	VISTA PRINT					
Amount (\$)	Payee address;		City;	State;	Zip Code	
114.51	275 WYMAN STI	REET	WALTHAM	MA.	02451	
	Category (See Categories listed at the top	of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	<u> </u>	BANNE	ER		
	Check if travel outside of Texas, Complete Schedule T. Check if Aus			in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
1/28/2024	VISTA PRINT					
Amount (\$)	Payee address;		City;	State;	Zip Code	
176.41	275 WYMAN STR	EET	WALTHAM	MA.	02457	
	Category (See Categories listed at the to	of this schedule)	Description			
PURPOSE			POST	CARAS		
OF EXPENDITURE	PRINTING EXPEN	5 <i>ES</i>	BAN	WER		
	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	S SCHEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BOX 8(a)

Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME GREGORY S. M	IKEL	3 Filer ID (Ethics Commission Filer
1 Date	5 Payee name BEUVIUE CHAMBER	OF COMMERCE	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50,00	742 W. MAIN ST.	BEUVILLE	Tx 77418
3	(a) Category (See Categories listed at the top of this se		
PURPOSE	EVENT EXPENSE		OR SPOR
OF EXPENDITURE		MARKE	ST BAY
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/31/2024	FIRST NATIONAL	BANK OF BELL	NUE
Amount (\$)	Payee address;	City;	State; Zip Code
8,00	P. O. BOX 128	BEUVILLE	Tx 77418
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF EXPENDITURE	FEE	MAINTE	ENANCE FEE
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/3/2024	EL JIMADOR MEX.	ICAN GREW # 5	
Amount (\$)	Payee address;	City;	State; Zip Code
362.80	864 E. HILL ST.	BEUVILLE	Tx 71418
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	ES FOOD MEET	FOR AND GREET
	Check if travel outside of Texas. Complete Sci		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

The SC C/OH Instruc	tion Guide explain	s how to compl	ete this form.	1 Filer ID (Ethics Commission	Filers)	2 Total pages filed:		
3 CANDIDATE NAME	MS / MRS /MB	FIRST GREGOR	4	MI		OFFICE USE ONLY		
	NICKNAME	LAST MIKE	۷	SUFFIX	' I	Date Received		
4 CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP COI	DE	RECE	IVED	
Change of Address	218 N. BARO		EUVILLE,	TX 77418		JUL 09	2024	
5 CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION	l	AUSTIN C		
	(////	587-150 FIRST	3	MI	—A	SEESOR C Date Hand-delivered	OLLECTOR	
6 CAMPAIGN TREASURER	MS (MB) / MR	B ECKY	P	L		Date Hand delivered		
NAME	NICKNAME	LAST		SUFFIX		Receipt #	Amount \$	
		WILLIA	MS					
7 CAMPAIGN TREASURER	STREET ADDRESS (N	NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP	CODE	Date Processed		
ADDRESS	12304 N. 1	FM331	BEUVIUE	TX 77418		Date Imaged		
(Residence or Business)								
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION				
TREASURER PHONE	(979)	877-56	37	www.				
9 REPORT TYPE	January 15	30	Oth day before conven	tion / election		Runoff		
	July 15	8	th day before conventi	on / election	F	Final report (Attach SC C	/OH - FR)	
10 PERIOD	Month E	Day Year		Month	D	ay Year		
COVERED	02/0	6/2024	# THROUG	н 07	/0.	5/2024		
11 CONVENTION/	Month D	Day Year	12 OFFICE			STATE CHAIR		
ELECTION DATE	11/0	5/2024	AUSTIN C.	OUNTY SIUNER		COUNTY CHAIF	ı	
13 POLITICAL			l POT	DUNTY (If Applicable)	1			
PARTY								
	KEPUL	SUCAN						
14 NOTICE FROM POLITICAL	EVDENDITUDES MAY I	HAVE REEN MADE W	ITHOUT THE CANDID	POLITICAL COMMITTEES ATE'S OR OFFICEHOLD Y IF THEY RECEIVE NOTIC	ER'S KNO	OWLEDGE OR CONSEN	OFFICEHOLDER. THESE T. CANDIDATES AND	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAMI	Ē					
Additional Pages	GENERAL	COMMITTEE ADDR	RESS					
, rounional Lages	SPECIFIC	COMMITTEE CAME	PAIGN TREASURER	NAME				
				1000000				
		COMMITTEE CAM	PAIGN TREASURER	ADDRESS				
		G	O TO PAGI	E 2				
İ		G						

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

15 CANDIDATE NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOANS     CONTRIBUTIONS MADE ELECTRONICALLY)	IS (OTHER THAN S, OR \$ 38.23			
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTI	\$ 38.23 EES OF LOANS) \$ 100.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 16.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	\$ 16.00 D AS OF THE LAST DAY \$ 122.23			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDII LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$			
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			
	Please complete either o	ption below:			
(1) Affidavit					
NOTARY STAMP/SEA	ΔΙ				
		this the,			
	d before me by y which, witness my hand and seal of office.				
Signature of officer administ		path Title of officer administering oath			
(2) Unsworn Declarat	ion				
		2/12/21			
1	GORY S. MIKEL , and n				
My address is 2/8/		(city) (state) (zip code) (country)			
Executed in AUSTIN	(street)  County, State of TEXAS, on the .5				
ZAGOGICA III		(month) (year)			
		Signature of Candidate (Declarant)			

### **SUBTOTALS - SC C/OH**

19.	CANDIDATE NAME  20. Filer ID (Ethics Com	20. Filer ID (Ethics Commission Filers)	
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

	The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2	FILER NAME	GREGORY 5. MIKEL	3 Filer ID (Ethics Commission Filers)				
	Date 2/5/24		(ID#:) State; Zip Code	7 Amount of contribution (\$)			
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)						
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

#### 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 Solicitation/Fundraising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) GREGORY 5. MIKEL 5 Payee name 7/29/29 FIRST NATIONAL BANK, OF BELLVILLE punt (\$) 7 Payee address; City; 6 Amount (\$) Zip Code 8.00 P.O. BOX 128 BEUVILLE ,TX 77418 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** MAINTENCE FEE FEES EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name FIRST NATIONAL BANK OF BELLVICLE 3/29/24 City; State; Zip Code Amount (\$) Payee address; 8.00 P. v. BOX 128 BELL VILLE, TX 77418 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF MAINTENCE FEE FEE S **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name City; State: Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH