		CEHOLDER E 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	MS/MRS/MR Mr.	FIRST Michael	мі W	OFFICE USE ONLY	
NAME	NICKNAME Mike	LAST Fulton	SUFFIX	TIED 16/2024	-
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX P.O. Box 204	40, Clute Texas 77	CITY; STATE; ZIP CODE 7531	JOYCE HUDMAN, COUNTY CLERK, BRAZORIA O BY_K. Parset	CC <sub>2</sub>
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 824-9680	EXTENSION	Date Hand-delivered or Date Postmarked	
CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME Mike	FIRST Michael LAST Fulton	MI W SUFFIX	Receipt # Amount S Date Processed Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / S n Oaks Drive, Lake	e Jackson, Texas 77566	STATE; ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 824-9680	EXTENSION		
REPORT TYPE	January 15	30th day before d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
		Day Year	Month	Day Year	
0 PERIOD COVERED	Month 7	/ 1 / 23	тнкоидн 12	/ 31 / 23	
		/ 1 / 23	ELECTION TYP Runoff Other Description		The second se
COVERED	ELECTION DA Month Day	1 23 ATE Year 24 General	ELECTION TYPI Runoff Other Description Special	E	
2 OFFICE 4 NOTICE FROM POLITICAL	ELECTION D/ Month Day 3 5 OFFICE HELD (if any N/A THIS BOX IS FOR NOTH THE CANDIDATE / OFFI	1 23 ATE Year Primary 24 General	ELECTION TYP Runoff Other Description Special 13 OFFICE SOUGHT (if know Brazoria Count 3 ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN	vn)	R
2 OFFICE	ELECTION D/ Month Day 3 5 OFFICE HELD (if any N/A THIS BOX IS FOR NOTH THE CANDIDATE / OFFI	1 23 ATE Year 24 Primary General CE OF POLITICAL CONTRIBUTIONS CEHOLDER, THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	ELECTION TYP Runoff Other Description Special 13 OFFICE SOUGHT (if know Brazoria Count 3 ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN	rn) ty Constable Pct. 1 MADE BY POLITICAL COMMITTEES TO SUPPOR NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	R
2 OFFICE 4 NOTICE FROM POLITICAL	COMMITTEE TYPE	1 23 ATE Year 24 Primery General CE OF POLITICAL CONTRIBUTIONS SAND OFFICEHOLDERS ARE REQUI	ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if know Brazoria Count S ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CAN BIRED TO REPORT THIS INFORMATION ONLY IF	rn) ty Constable Pct. 1 MADE BY POLITICAL COMMITTEES TO SUPPOR NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	R
2 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE	1 23 ATE Year 24 Primary General CE OF POLITICAL CONTRIBUTIONS CEHOLDER, THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	ELECTION TYP Runoff Other Description Special 13 OFFICE SOUGHT (if know Brazoria Count Brazoria Count S ACCEPTED OR POLITICAL EXPENDITURES INFORMATION ONLY IF EASURER NAME	rn) ty Constable Pct. 1 MADE BY POLITICAL COMMITTEES TO SUPPOR NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	R

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Revised 8/17/2020

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

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ta y	Title July 19, , 775 ate) (zip /, 2

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILE Mike	mmis	sion Filers)		
21 SCH NAM		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	42,876.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			8,100.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00
4.	4. SCHEDULE E: LOANS			0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	26,174.09
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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:
<sup>2</sup> FILER NAME Michael (N	/like) Fulton		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date		) (ID#:)	7 Amount of contribution (\$)
8.31-23	6 Contributor address; City;	State; Zip Code $\sim TX TTSU$	\$60 <u>∞</u>
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l
Law End	Folcement	Harris Count	y Sheriff Dept.
Date		C (ID#:)	
(COLOR)			\$ (500
8-31-23	Contributor address; <u>City;</u>	State; Zip Code	
		(lute TX 7753)	
	ation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	$C \rightarrow D$		
8-31-23	Cindy Hammons City;	State; Zip Code	2005
		TX 77515	3.7.9
	pation / Job title (See Instructions)	Employer (See Instruc	
Rusin	less Owner	CANDY Barl B	ionds
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	CK Millsap	· (ID#/	Amount of contribution (#)
8-21-22	<u>Con</u> tributor address; City;	State; Zip Code	\$ 20 1 20
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	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
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	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

SCHEDULE A1

The	Instruction Guide explains how to con	nplete this	form.	1 Intal pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Michael (N	/like) Fulton			
4 Date	5 Full name of contributor out	t-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Tiffary Savoie			
8.31-23	· · · · · · · · · · · · · · · · · · ·			\$ 3 0 <u>e</u>
		-	State; Zip Code	510 -
	A	Ivin	ווזרר אד	
	pation / Job title (See Instructions)	!	9 Employer (See Instruc	
Lan E	inforcement		Hairis County	Sheriff Dept
Date	Full name of contributor out	it-of-state PAU	(ID#:)	Amount of contribution (\$)
	Michelle Parris	h		\$UD39
8-31-23	Contributor address; C	City;	State; Zip Code	* 40 <del>-</del>
	La	ke Jacks	on TX 77566	
	pation / Job title (See Instructions)		Employer (See Instruc	
Palks	+ Aec		Unte (City	of)
Date	Full name of contributor ou	that atota PAC	4D4.	
Dale		I-01-State FAG	(10#:/	Amount of contribution (\$)
8-31-23	Kalen Land			\$759
			State; Zip Code	13 -
	La	kedak	s Tx 77566	
i	bation / Job title (See Instructions)		Employer (See Instruc	ctions)
Retin	ed		MA	
Data				
Date		ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Steve Upton			f
8-31-23			State; Zip Code	= Cb1
	t	leepo.H	TX 17541	
Principal occur	pation / Job title (See Instructions)	<u> </u>	Employer (See Instruc	ctions)
Law E	nsoleement		City of (lu	
			F THIS SCHEDULE AS M	
	If contributor is out-of-state PAC, pleas			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Michael (N	/like) Fulton		3 Filer ID (Ethics Commission Filers)
4 Date 8-31-23	Debbie Coates 6 Contributor address; City;	(ID#:) State; Zip Code Veod TX 77515	7 Amount of contribution (\$) 47250
	pation / Job title (See Instructions)	9 Employer (See Instruc Self:	tions)
Date 5-31-23	Full name of contributor out-of-state PAC Lisa Greak Contributor address; City;	: (ID#:) State; Zip Code ۲٫۰٫٫٫٫٫٫٫٫٫]	Amount of contribution (\$) $35 \stackrel{CG}{\subseteq}$
· · · · ·	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 8-31-23	Contr <u>ibutor_addr</u> esCity;	State; Zip Code	Amount of contribution (\$) $\Im \supset \odot$
Principal occup Retite	bation / Job title (See Instructions)	Employer (See Instruc	tions)
<sup>Date</sup> S-31- <del>}</del> 3	Lisq Gleak Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occur Glave	MR	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1		
If the reques	sted information is not applicable, <b>DO NOT</b> in	nclude this page in the	report.		
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME Michael (Mike) Fulton			<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Samantha Bullidge	7 Amount of contribution (\$)			
8/31/23	6 Contributor address; City;	State; Zip Code TX 77566	#60 <i>≅</i>		
· · · ·	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state P/ Kim Welch	AC (ID#:)	Amount of contribution (\$)		
8-31-23		State; Zip Code TX 77566	* 50 <del>2</del>		
Principal occur Reti	Ned	Employer (See Instruct NIA	tions)		
Date 8-31-23	Full name of contributor out-of-state P Da plene Mc Gnatay Contributor address; City;	State; Zip Code	Amount of contribution (\$)		
Principal occu Owns	pation / Job title (See Instructions)	Employer (See Instruction Caks Plants			
Date &-31-33	Full name of contributor out-of-state P Debb re Cog tes Contributor address; City;	AC (ID#:) State; Zip Code Scal TX 77515	Amount of contribution (\$) $\overrightarrow{1}$		
	Principal occupation / Job title (See Instructions) BUSINESS OWNER				
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins				

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	; form.	1 Jotal pages Schedule A1:	
<sup>2</sup> FILER NAME Michael (N	/like) Fulton	3 Filer ID (Ethics Commission Filers)		
4 Date 8-31-23	5 Full name of contributor Pase Flickder berg 6 Contributor address; City;	C (ID#:) State; Zip Code T X 77566	7 Amount of contribution (\$) H O	
8 Principal occu Teach	pation / Job title (See Instructions)	9 Employer (See Instruct SWRN		
Date 8-31-23	Contributor address; City;	C (ID#:) State; Zip Code N TX 77515	Amount of contribution (\$)	
	bation / Job title (See Instructions) N	Employer (See Instruc	tions)	
Date	Contributor address; City;	C (ID#:) State; Zip Code TX T7J75 Emptøyer (See Instruc		
ket.		NA		
Date S-31-23	Contributor address; City;	C (ID#:) State; Zip Code TX 77566	Amount of contribution (\$) $\ddagger 90$	
Principal occupation / Job title (See Instructions) Employer (See Instructions) $Self$				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED	
	If contributor is out-of-state PAC, please see Instr			

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Revised 8/17/2020

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Aqtal pages Schedule A1: The Instruction Guide explains how to complete this form. ð 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton Full name of contributor Day lene McConstMy instar address; City; State; Zip Code 5559 4 Date 7 Amount of contribution (\$) 6-31-23 6 Contributor address; 9 Employer (See Instructions) Ogks Plantation 8 Principal occupation / Job title (See Instructions) Owner Full name of contributor it-of-state PAC (ID#: Date Amount of contribution (\$) Wædkill -ind Sev \$100% 8-31-23 State; Zip Code Contributor address; City; Jule KT 7753 Principal occupation / Job title (See Instructions) Gun Shep Employer (See Instructions) )LA Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Debbie (oates *बरट*ब्ह 8-31-23 Contributor address; City; State; Zip Code Richneed TX 77575 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bussiness Owner Self Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Chris Wrigh 32200 \$1 731-73 State; Zip Code Contributor address; City; Richwood TX 7531 Employer (See Instructions) Tise HVPrincipal occupation / Job title (See Instructions) Owner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

				1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.				All pages ouriedule AT.
<sup>2</sup> FILER NAME Michael (	Mike) Fulton			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Darlene McConath	1	C (ID#:)	7 Amount of contribution (\$)
8-31-23	6 Contributor address;	City;	State; Zip Code	\$ 100 <u>s</u>
	Restoren	<u>хт</u>	77583	
8 Principal occu	upation / Job title (See Instructions) ↓ℓ {		9 Employer (See Instruct Caks Plantati	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8-31-23	Joe Friedlichs Contributor address;	City;	State; Zip Code	\$12599
		LJ	TX 77566	
Principal occu Ret	pation / Job title (See Instructions)		Employer (See Instruct Se)C	ctions)
Date	Full name of contributor Tyles Bullidge	>	C (ID#:)	Amount of contribution (\$)
8-31-23	Contributor address;	City;	State; Zip Code TX 77566	\$70°
	pation / Job title (See Instructions) dent			ctions)
Date	Full name of contributor Will Rlackstack	out-of-state PA	C (ID#:)	Amount of contribution (\$)
831-33	Contributor address:	Allin Argle Aer	State; Zip Code TX 77515	\$758
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS I ruction guide for additional	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 "Total pages Schedule A1: The Instruction Guide explains how to complete this form. $\mathcal{O}$ 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# ONRS 8-31-23 6 Contributor address City; State; Zip Code dute TX 77531 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) inner AIC Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) (nahlen) Demare \$ 7, 99 8-31-23 Citv: State; Zip Code Contributor address: TX 7515 Alven Principal occupation / Job title (See Instructions) Employer (See Instructions) Deticd NN Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Bridget Miller 8-31-23 Contributor address; City; State; Zip Code Mylotu TX TOIS Vat Med - Geld Gost Principal occupation / Job title (See Instructions) Admin Nestor. Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: KI'I Kle JUOR # 8-31-22 City; State; Zip Code address; Stafford TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Crime Victing Ligison 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 If the requested information is not applicable, DO NOT include this page in the report. 1\_Total pages Schedule A1: The Instruction Guide explains how to complete this form. C 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Ritter Lotte 8-31 Contributor address City; State; Zip Code T1515 Andeto TX 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Bass NUNEr Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) Denhie Coates 8-31-2 City; State; Zip Code Contributor address; Richweel TX 7515 Principal occupation / Job title (See Instructions) Employer (See Instructions) ЯH Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 8-2)-2. State: Zip Code Contributor addres Citv Mileton msis N Principal occupation / Job title (See Instructions) Employer (See Instructions) OhrONN Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# ゆのり RIVESP 8-31-22 Contributor address; City; State; Zip Code TX 77578 Monrel Principal occupation / Job title (See Instructions) Employer (See Instructions) of Mone LAWVRI ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1		
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The	Instruction Guide explains how to complete this	form.	1, Total pages Schedule A1:		
<sup>2</sup> FILER NAME Michael (Mike) Fulton			3 Filer ID (Ethics Commission Filers)		
4 <sub>Date</sub> 8-31-23	5 Full name of contributor Sametha Buftidge 6 Contributor address; City;	7 Amount of contribution (\$) 47525			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date S-31-23		State; Zip Code TX 77566	Amount of contribution (\$) 508		
	pation / Job title (See Instructions)	Employer (See Instruc	lions)		
Date 831-23	Eric Hendelson Contributor address; City;	State; Zip Code	Amount of contribution (\$) $ \qquad \qquad$		
Principal occu Rezin	pation / Job title (See Instructions) $\mathcal{E}_{\mathcal{A}}$	Employer (See Instruct	tions)		
<sup>Date</sup> 8-31-73	Full name of contributor Ricky Richards Contributor address; City;	State; Zip Code	Amount of contribution (\$) 43325		
	Principal occupation / Job title (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.					

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SCHEDULE A1

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The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Michael (	Mike) Fulton		3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
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8-31-23	6 Contributor address; City;	State; Zip Code	VC 4
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	upation / Job title (See Instructions)	9 Employer (See Instruc	-
Law U	havenent	Harris Counti	y 5.0
Date	5.00	AC (ID#:)	Amount of contribution (\$)
	littery Savere		4000
851-23	Contributor address; City;	State; Zip Code	\$ 25 0
	Alvin	TY T751)	
	pation / Job title (See Instructions)	Employer (See Instruc	
La	v Enforcement	Harris (ant	y SC)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
831-23		State; Zip Code	\$CASS
	Denberry	ŤΧ	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	L
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
ann	Kachel Houston		Anrase
רטיביצ	Contributor address; City; 人にん	State; Zip Code TX 7751)	+ asc >
1 . ·	Ipation / Job title (See Instructions)	Employer (See Instruct RH 3 B, C.	utions)
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	If contributor is out-of-state PAC, please see Inst		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
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The Instruction Guide explains how to complete this form.	1 Fotal pages Schedule A1:				
2 FILER NAME Michael (Mike) Fulton	3 Filer ID (Ethics Commission Filers)				
A Date 5 Full name of contributor and of other BAC (ID#	7 Amount of contribution (ft)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)				
S-31-22 <u>6</u> Contributor address; City; State; Zip Code					
5 Full name of contributor Karren Berezin 6 Contributor address; City; State; Zip Code Dichensen TX 77539					
8 Principal occupation / Job title (See Instructions) 8 Refired 9 Employer (See Instructions) NIA	tructions)				
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)				
Contributor address; City; State; Zip Code	#250g				
Manuel TX TISTE					
Principal occupation / Job title (See Instructions) Employer (See Ins	itructions)				
Onner RV Rossi	Portk				
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Chris Seymour	#750 20				
Contributor address; City; State; Zip Code	#d20_				
· (J TX 775/66					
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Brian Maless	the se				
S-3-33 Contributor address; City; State; Zip Code	#d50 =				
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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		3 Filer ID (Ethics Commission Filers)
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6 Contributor address; City;	State; Zip Code	±500=
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pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Ner	Selt	
Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
Janice Day		\$1100 00
Contributor address: City;	State; Zip Code	· 400 -
	12 1 105 [	
ved	Employer (See Instruct Refired	tions)
Alguist	/	Amount of contribution (\$)
Contributor addre <u>ss;</u> City;	State; Zip Code	\$ 90000
	TX 77566	
pation / Job title (See Instructions)	Employer (See Instruc	tions)
NS VIANCE OWNER		
Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
Cody Vasut		\$7 OB
Contributor address; City;	State; Zip Code	# 500=°
Angletov	TX 1016	
pation / Job title (See Instructions)	Employer (See Instruct Texes	itions)
ate Rep		
	6 Contributor address; City; Angleten Dation / Job title (See Instructions) Ner Full name of contributor Contributor address; City; Aldie Aleust Contributor address; City; Contributor address; City; Contributor address; City; Full name of contributor Aldie Aleust Contributor address; City; Full name of contributor Contributor address; City; Full name of contributor Contributor address; City; Full name of contributor Contributor address; City; Contributor address; City;	5       Full name of contributor       out-of-state PAC (ID#)         0       S.d.i       Duarte         6       Contributor address;       City;       State;       Zip Code         0       S.d.i       Duarte       Image: State;       Zip Code         0       S.d.i       Duarte       Image: State;       Zip Code         0       S.d.i       Duarte       Image: State;       Zip Code         0       S.d.i       Duarte       State;       Zip Code         0       S.d.i       Duarte       State;       Zip Code         0       S.d.i       Dation / Job title (See Instructions)       Pactore       State;       Zip Code         1       Dation / Job title (See Instructions)       City;       State;       Zip Code         1       Dation / Job title (See Instructions)       Put-of-state PAC (ID#:)         1       Dation / Job title (See Instructions)       Employer (See Instructions)         1       Dation / Job title (See Instructions)       Employer (See Instructions)         1       Dation / Job title (See Instructions)       Employer (See Instructions)         1       Dation / Job title (See Instructions)       Employer (See Instructions)         1       Dation / Job

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1. Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/like) Fulton		
4 Date	5 Full name of contributor Chris Wrisht	C (ID#:)	7 Amount of contribution (\$)
8-31-23	6 Contributor address; City;	State; Zip Code TX 7753]	a1900=
8 Principal occu	pation / Job title (See Instructions) $\mathcal{P}$	9 Employer (See Instruc Tile fly	ctions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
8-31-23	Contributor address; City;	State; Zip Code	\$500 es
		TX 77566	
Principal occur	oation / Job title (See Instructions) ∧	Employer (See Instruct $\mathcal{NOW}$	tions)
Date	Full name of contributor JRIRMY Williams	C (ID#:)	Amount of contribution (\$)
8-31-23	Contributor address; City;	State; Zip Code	-#300 ==
	pation / Job title (See Instructions)	Employer (See Instruct Retric	l ctions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
5.31-23	David Ihacker Contributor address; City;	State; Zip Code	\$ 70000
	(J	TX 77566	
	Dation / Job title (See Instructions)	Employer (See Instruc	. 0 . 1
Lan	Enforcement Constable	Brazeria (en	suty Pet.1
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED
	If contributor is out-of-state PAC, please see Inst	ruction 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. Total pages Schedule A1: 1. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Brawner # City; State; Zip Code Contributor address: Angleton TX T515 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Constable Pct. 4 Blazeria County Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) Welc Kon 8-31-2 Contributor address: City; State; Zip Code 77566 L) TΧ Employer (See Instructions) Principal occupation / Job title (See Instructions) Daw Dow Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) 75A99 Citv: State; Zip Code Contributor address: Angletion TX 77515 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) JUTez 8-31-2 Contributor address; City; State; Zip Code 7566 IΧ L.). Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Enfolkment ANILLA' ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

3-31-33       Chris       Wright         Principal occupation / Job title (See Instructions)       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Tirefly         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       City;       State;       Zip Code         S-31-33       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       City;       State;       Zip Code         S-31-33       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Tirefly         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Tirefly         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	The	e Instruction Guide explains how	to complete this form.	1 Jotal pages Schedule A1:
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Bits of our solution of our solution of contribution of contribution (\$)         Principal occupation / Job title (See Instructions)         Owner       Tirefly         Date       Full name of contributor         Out-of-state PAC (ID#	3-31-23			\$(00%)
Owner       Trefly       Tildy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         5-31-33       Datbie       Contributor address;       City;       State:       Zip Code         Frincipal occupation / Job title (See Instructions)       Employer (See Instructions)       State:       State:       Zip Code         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         3-31-33       Contributor address;       City:       State:       Zip Code         Missurf, City TX TTISS       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Til GOO 29         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Til GOO 29       Til GOO 29         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)       Til GOO 29         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)       Til GOO 29 <t< td=""><td></td><td></td><td></td><td></td></t<>				
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S-31-33       Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Business       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Bate       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         B-31-33       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       TX 7759         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       TO 00 29         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       TO 00 29         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         S-31-33       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         S-31-33       Contributor address;	Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business       Owned       Set H         Date       Full name of contributor       out-of-state PAC (ID#	- 71.77			\$11 AA CE
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Business Owned       Set F         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contribution (\$)       Amount of contribution (\$)         P-AH:       M:16         Contributor address;       City;         State;       Zip Code         M:sour CANTX TIV59       Mosour CANTX TIV59         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         S-31-33       Out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         S-31-33       Out-of-state PAC (ID#:)         Most 9 avy       TX 77316	5-510)	Contributor address;		1600 -
Business Owned     Set 4       Date     Full name of contributor     out-of-state PAC (ID#)       3-31-23     Full name of contributor address;     City;     State;     Zip Code       Missouri City TX TTV59     Full name of contributor     Employer (See Instructions)     Full name of contributor       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contribution (\$)       S31-23     Contributor address;     City;     State;     Zip Code       Mowtogowy TX 77376     Mowtogowy TX 77376     Mowtogowy TX 77376     Mowtogowy TX 77376				
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       3-31-33     Contributor address;     City;     State;     Zip Code       Missoury City TX TTV59     Missoury City TX TTV59     Full name of contributor       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Contributor address;     City;     State; Zip Code     Missoury TX 77316	~			uctions)
B-31-23       Patti M.15         Contributor address;       City;       State;       Zip Code         Missum City TX TTV59       Missum City TX TTV59       \$600 \$9         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         S-31-23       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         B-31-23       Contributor address;       City;       State; Zip Code       Montogony TX 77316				
D-SI-33       Contributor address;       City;       State;       Zip Code         Missouri City TX TTV59       Missouri City TX TTV59       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         S-31-33       Contributor address;       City;       State;       Zip Code         Movtogory TX 77316       Movtogory TX 77316       Movtogory TX 77316	Date	Full name of contributor $\Pi_{i}$ $\Lambda_{i}$ $\Lambda_{i}$	out-of-state PAC (ID#:	) Amount of contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       S-31-33     Contributor address;     City;       State;     Zip Code       Mox to gory     TX 77376	8-31-23			\$ M 200 20
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         SUMMEY       B/Y9N         Contributor address;       City;       State; Zip Code         Montogony       TX				
Date Full name of contributor out-of-state PAC (ID#:) SUMMEY B/Y9N Contributor address; City; State; Zip Code MONTO 90NY TX 77316	Principal occu	upation / .lob title (See Instructions)		uctions)
8-31-23 Contributor address; City; State; Zip Code Montogony TX 77316				
8-31-23 Contributor address; City; State; Zip Code Monitogony TX MBR	Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
Montogony TX 77316		Summer Blyan		Stinne 2
	४-३१-२९	Contributor address;		1600 -
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Montogony TX 773K	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instru	uctions)

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. notal pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Roy Welch \$ 1000 C 8-31-73 Contributor address; City; State; Zip Code L TX 7531 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 8 100Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) <risty Callso 8-31-2 State; Zip Code City; Contributor address; TX 71566 L) Employer (See Instructions) Principal occupation / Job title (See Instructions Lew Enforcement Lake Jackson Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Wood fi jdsev \$16009 8-31-23 City; Contributor ad Zip Code State: Clute イン 77531 Principal occupation / Job title (See Instructions) Employer (See Instructions) AJC Owner Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: CK 111:115 8-31-23 Contributor address City; State; Zip Code Freepatt TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Retirent 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							
	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how to c	complete this	s form.	Fotal pages Schedule A1:			
<sup>2</sup> FILER NAME Michael (N	Mike) Fulton			3 Filer ID (Ethics Commission Filers)			
4 Date 8-31-73	Patton Ritter 6 Contributor address;	City;	c (ID#:) State; Zip Code T X 17515	7 Amount of contribution (\$) \$1400 =			
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Bass Gap	tions)			
<sub>Date</sub> S-31-23	Full name of contributor Kevin Welch Contributor address;	out-of-state PAC	c (ID#:) State; Zip Code T X TTS66	Amount of contribution (\$) $\Rightarrow 3000^{22}$			
	pation / Job title (See Instructions) EACOCCEMENT		Employer (See Instruc Lake Jackso/	tions) V			
Date 8-31-23	JASON Hearn Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code TX 77531	Amount of contribution (\$) I = I = I = I = I = I = I = I = I = I =			
6	pation / Job title (See Instructions)		Employer (See Instruct				
Date 8-31-73	Ray Welch	out-of-state PAC	с (ID#:) State; Zip Code ТХ 77546	Amount of contribution (\$) $4 GOO \stackrel{\text{OO}}{=}$			
Principal occu	pation / Job title (See Instructions)			tions)			
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. ntal plages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael (Mike) Fulton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# Melass 8-31-23 Contributor address; Zip Code City; State; TISC L) IX Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Killuns Owner Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) Ha mmon indu 8-31-Contributor address; City: State; Zip Code TX TSIS Andeton Principal occupation / Job title (See Instructions) Employer (See Instructions) GWNRY Beníl 302010 Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) -QUIDN 8-31-2-Zip Code Contributor address; City State; ΤX noton 7566 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# $\mathcal{D}\mathcal{O}$ Q 8-31-2: City; State; Zip Code Contributor address; TX 7515 Principal occupation / Job title (See Instructions) Employer (See Instructions) State Ror ICXqS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1				
If the reques	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how to complete this	form.	1-Total pages Schedule A1:				
2 FILER NAME Michael (	Vike) Fulton		3 Filer ID (Ethics Commission Filers)				
4 Date 8-3(-23	5 Full name of contributor out-of-state PAC Ricky Richards 6 Contributor address; City;		7 Amount of contribution (\$) 472000				
8 Principal occu	upation / Job title (See Instructions) $\sim$	9 Employer (See Instruc	tions)				
Date S-31-73	Full name of contributor out-of-state PAC Lee Savoie Contributor address; City; Pearland	State; Zip Code	Amount of contribution (\$)				
	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor out-of-state PAC STUAT CAYED Contributor address; City; CILTE pation / Job title (See Instructions)	State; Zip Code	Amount of contribution (\$) \$700 \$				
Date 8-31-23	Full name of contributor out-of-state PAC DUKE DOM CON Contributor address; City; Angleton	State; Zip Code	Amount of contribution (\$) $\frac{1}{2} \int OO \overset{\text{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}}{\overset{(s)}{\overset{(s)}}{(s)$				
Principal occu P1251	pation / Job title (See Instructions)	Employer (See Instruction	tions) of Dierms (SOD)				
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If the reques	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:				
<sup>2</sup> FILER NAME Michael (N	Mike) Fulton		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)				
8-31-23	6 Contributor address; City;	State; Zip Code T): T153]	\$1700=				
	ipation / Job title (See Instructions)	9 Employer (See Instruct	itions)				
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)				
8-31-23	Contributor address; City;	State; Zip Code	\$700 se				
	c for	Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)				
12-13-23	Contributor address; City;	State; Zip Code	\$500 2				
	pation / Job title (See Instructions)	Employer (See Instruction Seff	xtions)				
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc					
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	a contributor is out-or-state r AC, please see ma	struction guide for additional	reporting requirements.				

### SCHEDULE A2

	ne Instruction Guide explains how to complete this forn	n.	1 Total pages Sched	ule A2:
<sup>2</sup> FILER NAME Michael F			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3000	0.00
5 Date	- Rick Wright			9 In-kind contribution description Houston Texans
8-31-23	7 Contribu <u>tor address:</u> LJ TX -	Zip Code	Check if travel outsi	Tickets ide of Texas, Complete Schedule T.
	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
<sub>Date</sub> 8,31-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description DUMP Trash Truck
0	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)
	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
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### SCHEDULE A2

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2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
Michael F	Fulton			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 <sub>Date</sub> S-31-23		Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Astics Tickets
	LJ TX -	TOGO	Check if travel outsi	 ide of Texas, Complete Schedule T.
1 67. 1	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ Bigzer	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR <b>(</b> JL	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ſ		
Date 8-3)-73	Full name of contributor out-of-state PAC (ID#: DRAUNG Shepald Contributor address; City; State;	Zip Code	Arrount of Contribution \$	In-kind contribution description And Amed Flas fort att de of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
Phe	tosrapher	Sel	£,	-,(,
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Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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### SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:	
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Michael Fulton		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ Q.Q ()	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	B Amount of 9 In-kind contribution     Contribution     description	ution
SID James Branner	Contribution \$ description	
3'Sr address;         City;         State;	Zip Code '200 Portiant	
Wet GL TX	Check if travel outside of Texas, Complete	Schedule T.
10 Principal occupation / Job_title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instruction	s)
Constable Pet. 4	Brazeria County	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instru	ictions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JU	DICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of	ution
an Jason Hearn	Contribution \$ description	
Conmetor address; City; State;	Zip Code \$700 Print Tab	1P
	7701	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instruction	
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instru	ictions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JU	DICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L	
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If contributor is out-of-state PAC, please see Instruct		

### SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total-pages Schedule A2:
<sup>2</sup> FILER NAME Michael Fulton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	$sutions \ (O, O, O)$
5 Date 5 Date 6 Full name of contributor □ out-of-state PAC (ID#: Lindsey Weedfield tor address; City; State; City; State;	8       Amount of Contribution \$       9       In-kind contribution description         Zip Code       300       Shift GUN         7753       Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>
Date       Full name of contributor       out-of-state PAC (ID#:	Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)
Law Enforment	Blazoria County
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR J <b>∲</b> DICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	

### SCHEDULE A2

	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	Jle A2:
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
Michael F	Fulton			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0,00	)
5 <sub>Date</sub> F31-B3	5 Date     6 Full name of contributor     0ul-of-state PAC (ID#:)       33-33     7 Contributor address;     City;     State;     Zip Code			9 In-kind contribution description Rol FReel
	Manuel TX	•	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Bier	er (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
Date	Full name of contributor out-of-state PAC (ID#: Chance McClain Contributor address; City; State; Tembel) T	Zip Code	Amount of Contribution \$ 5000 2	In-kind contribution description Videos
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)
<u>Gwn</u>	vel	Herita	ige Films	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct	-		g requirements.

### SCHEDULE F1

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

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 B Candidate/Officeholder/Politica Credit Card Payment	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	erhead/Rental Expense Transportation Equipment & Related I kpense Travel In District Expense Travel Out Of District					
,	The Instruction Guide explain	s how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Mike Fulton	3 Filer ID (Ethics	Commission Filers)				
4 Date 7/17/23	5 Payee name Pristing Auction						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
83.90	Pristine Auticn, con	N					
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF EXPENDITURE	Event Exponse	Autosiap	hed Item				
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Au	stin, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
าโตโฉร	Sticker Mule						
Amount (\$)	Payee address;	City;	State;	Zip Code			
100.67	Sticker Mule, con	λ					
	Category (See Categories listed at the top of this s	chedule) Description					
PURPOSE OF EXPENDITURE	Adverting Expense Stick						
	Check if travel outside of Texas, Complete S	chedule T. Check if Au	stin, 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						
7/17/23	Pristine Auction						
Amount (\$)	Payee address;	City;	State;	Zip Code			
[7].07	Pristine Audien.com						
	Category (See Categories listed at the top of this s	chedule) Description					
PURPOSE OF EXPENDITURE	Event Expense	Autosiaph	ed Hem				
	Check if travel outside of Texas, Complete S	chedule T. Check if Au	stin, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED				

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### SCHEDULE F1

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in the requested information is not applicable, bo not include this page in the report.							
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fee Foo y Gif al Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
	T	he Instruction Guide explain	nshow to c	omplete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Mike Fultor				3 Filer ID (Ethic	s Commission Filers)	
4 Date 7/2//23	5 Rayee name KOSCO	Impriviting					
6 Amount (\$)	7 Payee addre	ss;		City;	State;	Zip Code	
69620	Rosco		F	1.eepott	ТХ		
8	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Plintin	y Expense		Shirtsth	iats		
	( <b>c)</b> Che	ck if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livir	ig expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
Date	Payee name						
7124183		ne Auction	)				
Amount (\$) 48,96	Payee addre	ss; Ne Auction-r	iom	City;	State;	Zip Code	
	Category (Se	e Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense			Autosigphed Hem			
	Check if travel outside of Texas, Complete Schedule T.			Check if Aus	tin, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
Date	Payee name	e Depot					
Amount (\$)	Payee addre	ss;		City;	State;	Zip Code	
86.45				Lake Jacks	en TX	77586	
	Category (Se	e Categories listed at the top of this	schedule)	Description	and the second		
PURPOSE OF EXPENDITURE	Alverti	ng Expense		General	Items		
	Che	ck if travel outside of Texas, Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
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SCHEDULE	F1
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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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
	0				<b>3</b> Elle ID (Elle)		
1 Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME Mike Fulton				3 Filer ID (Ethi	cs Commission Filers)	
4 Date 8-1-23	1 63112	Payee name CAFILE Deport					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
57.45		Lake Jackson TX 77566					
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event	Expense		General +	tems		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date 8/1/23	Payee na Pris	tine Auction	2				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
61,98	Pris	tive Auctionic	cem				
	Category	y (See Categories listed at the top of this	schedule)	Description	0 01		
PURPOSE OF EXPENDITURE	Event Expense			Autosiaphed Hem			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame		······································			
8/2/23	-	Postal Offic	R				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
183.12			C	lute	XT	77531	
	Category	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Office Overhead (Rental Expanse P.O. Box Renta)						
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
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### SCHEDULE F1

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	EXPENDITURE C	ATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense se Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
31	Mike Fulton						
4 Date 8323	5 Payee name 1820 Marketing						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
54.13	1820 Coffee	Alvin	τX				
8	(a) Category (See Categories listed at the to	p of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Ad Expense	In house	Markoting				
	(c) Check if travel outside of Texas. Co	mplete Schedule T. Check if Aust	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
8/7/23	Hebby Lobby						
Amount (\$)	Payee address;	City;	State; Zip Code				
32.46		Lake Dackson	J TX 77531				
	Category (See Categories listed at the top	of this schedule) Description					
PURPOSE OF EXPENDITURE	Ad Expense	Frames					
	Check if travel outside of Texas. Co	mplete Schedule T. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	1						
Date	Payee name						
8/7/23	Boot Barn						
Amount (\$)	Payee address;	City;	State; Zip Code				
227.30		Lake Jacks	on TX 77566				
	Category (See Categories listed at the top		2				
PURPOSE OF EXPENDITURE	Event Expense	General it	ens for Meetd Glaet				
	Check if travel outside of Texas, Con	mplete Schedule T. Check if Aust	in, TX, officeholder living expense				
Complete         ONLY         if direct         Candidate / Officeholder name         Office sought         Office held           expenditure to benefit         C/OH         Complete         Office sought         Office held							
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### 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 Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)				
4	0				• • • • • • • • • • • • • • • • • • • •	<b>9</b> Elliste (Ellist		
1 Total pages Schedule F1:	}	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date 8/10/23	5 Payee na	Payee name Pristing Audion						
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code	
170.63	Pric	stine	Action ce	$\sim$				
8	(a) Categor	y (See Categ	pories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Even	t Ext	rnse		Autosiap	Autosiaphed Hems		
	(c)	Check if trave	l outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Office	eholder name		Office sought		Office held	
Date 8-14/23	Payee na	ame	Mugs					
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code	
154,9]	Pisce	Mtru	uss com					
	Category	/ (See Catego	ories listed at the top of this	schedule)	Description			
PURPOSE	No ENDRES			Koostar				
OF EXPENDITURE	A Expanse keezies							
	Check if travel outside of Texas, Complete Schedule T.			Check if Austi	in, TX, officeholder living	g expense		
Complete <u>ONLY</u> if direct	Candid		eholder name		Office sought		Office held	
expenditure to benefit C/OF					550g.n			
Date	Payee n	ame						
8-14-23			- Boy Scort	OF AM	erica			
Amount (\$)	Payee ad	ddress;	· · · · · · · · · · · · · · · · · · ·	····· <u>``</u>	City;	State;	Zip Code	
3008								
	Category	(See Catego	pries listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense			Table				
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candid	ate / Offic	eholder name		Office sought		Office held	
expenditure to benefit C/OF	1				-			
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### 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement 3 Overhead/Rental Expense 1g Expense 1g Expense 1es/Wages/Contract Labor to complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense			
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)				
4 Date 8130/23	s Payee name Performence Rental						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
344,27		Richweed	ХT	7753]			
8	(a) Category (See Categories listed at the top of this schedu	e) (b) Description					
PURPOSE OF EXPENDITURE	Evend Expense	P.pedDia	Pe				
	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Aust	in, TX, officeholder livir	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
8130123	<neck#1009< td=""><td></td><td></td><td></td></neck#1009<>						
Amount (\$)	Payee address;	City;	State;	Zip Code			
150 29	Bay Scorts of America	N					
	Category (See Categories listed at the top of this schedule	) Description					
PURPOSE OF EXPENDITURE	Ad Expense	Denstien	d Brackf	ँडर्न			
	Check if travel outside of Texas, Complete Schedule	T. Check if Aust	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
9)5/23	Asiels						
Amount (\$)	Payee address;	City;	State;	Zip Code			
64.B	Dixie	Clute	TX	77531			
	Category (See Categories listed at the top of this schedule						
PURPOSE OF EXPENDITURE	Food Expense	Mreting					
	Check if travel outside of Texas. Complete Schedule	r. Check if Aust	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
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### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gitt/Awards/Memorials Expense       Printing Expense         Legal Services       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)					
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)			
31	Mike Fulton								
4 Date 9523		Payee name Signs 365							
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code			
297.60	Sign	Signs365-con							
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	AdE	xpense		Flyers   B	annels				
	(C)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder livir	ng expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held			
Pl 6 23	=123 Check #100-Event Planning								
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code			
70099			Lake	<b>beksen</b>	ХT	-77566			
	Category	/ (See Categories listed at the top of this s	schedule)	Description					
PURPOSE OF EXPENDITURE	ENRN	t Expanse		Event Plenner					
	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/OF		late / Officeholder name		Office sought		Office held			
Date 9/7/23	Payee n	ame Shis 365							
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code			
122.80	Sish	5 365 com							
	Category	/ (See Categories listed at the top of this s	schedule)	Description	n				
PURPOSE OF EXPENDITURE	Ad Expense Flyeos 1				banners				
		Check if travel outside of Texas. Complete S	chedule T.	e T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
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## SCHEDULE F1

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if the requested information is not applicable, DO NOT include this page in the report.							
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	ann <u>aindeanach ainn an Anntainn ainne</u> Mennin ann an A				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement se Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor w to complete this form.	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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
3	Mike Fulton						
4 Date 917123	5 Payee name Ret Super Market						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
143.41	dute TX 77537						
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description					
PURPOSE OF EXPENDITURE	AL Expanse	SPCA Don	SPCA Donation				
	(c) Check if travel outside of Texas, Complete Schedule	eT. Check if Aus	tin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
9/7/23	Express Self Storage						
Amount (\$)	Payee address;	City;	State; Zip Code				
983 <del>6</del>		Ayleton	TX T1515				
	Category (See Categories listed at the top of this schedul	le) Description					
PURPOSE OF EXPENDITURE	Event Expense	Stolage a	Stolage of Event Herry				
	Check if travel outside of Texas, Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
918123	Pristine Auction						
Amount (\$)	Payee address;	City;	State; Zip Code				
279.63	Pristine Autien.com						
	Category (See Categories listed at the top of this schedul	e) Description					
PURPOSE OF EXPENDITURE	Event Expense	Actesraph	red Hem				
	Check if travel outside of Texas, Complete Schedule	eT. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
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#### SCHEDULE F1

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office           Food/Beverage Expense         Polling           by         Gift/Awards/Memorials Expense         Printin	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	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 F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	ану <u>, р</u> анд айман араа			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
56-83	WX,COM				
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Ad Expense	website	website		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date 9/11/23	Payee name Plistine Auction				
Amount (\$)	Payee address;	City;	State; Zip Code		
169.77	Prostine Auction .com				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) E-1977 ALEXPENSE	Description Autoslapt	ned item		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/11/23	Qteso				
Amount (\$)	Payee address;	City;	State; Zip Code		
26100		Indian pol.s	$\mathbb{N}$		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	SOD C	alq		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	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 B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Ove           Food/Beverage Expense         Polling Exp           y         Gift/Awards/Memorials Expense         Printing Exp		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 c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)				
4 Date 9/11/23	5 Payee name Check TON Dowid Thack 7 Payee address;	2 Campaign	V				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
700 99	52 Sundiop A	LJ	TX 7566				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Ete Ad Expense	Findrasser					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
9/13/23	Coasle						
Amount (\$)	Payee address;	City;	State; Zip Code				
1,58	Gagsle.com						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Ad Expense	Cloud Sta	w/ge				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
9/18/23	Amazon						
Amount (\$)	Payee address;	City;	State; Zip Code				
66.56	Amazon, Cerr						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Ad Expense	General 1	lens				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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## SCHEDULE F1

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		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)			
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31	Mike Fu	lton	- <u></u>				
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6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
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8	(a) Categor	ry (See Categories listed at the top o	f this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Ad Expense			Mentership			
	(c)	Check if travel outside of Texas, Compl	lete Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
9/18/23	BCH	((					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
350 ° <u>e</u>				Fleeport	TX	775	
	Categor	y (See Categories listed at the top of	this schedule)	Description			
PURPOSE OF EXPENDITURE	Adı	Etpense		Membership			
	Check if travel outside of Texas, Complete Schedule T.			Check if Aus	tin, TX, officeholder livir	ng expense	
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Date	Payee n	ame					
9/19/23	Prist	time Audien	)				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
152.05	PIrs	the Audion	1001	$\wedge$			
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PURPOSE OF EXPENDITURE	Ρg	Expense		Autogra	shed Hen		
		Check if travel outside of Texas. Compl	ete Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense	
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memonals Expense F al Committee Legal Services S	oan 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 I	how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)				
4 Date 9121123	5 Bayeen name Refuse for Women						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
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8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description					
PURPOSE OF EXPENDITURE	Ad Expense	Table tio	ket				
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held				
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	Category (See Categories listed at the top of this sche	edule) Description	_				
PURPOSE OF EXPENDITURE	Ad Expense	Denation	d ticket				
	Check if travel outside of Texas, Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
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9122123	Rosco Imprinting						
Amount (\$)	Payee address;	City;	State; Zip Code				
360 z		Freepott	TX				
	Category (See Categories listed at the top of this sche	edule) Description					
PURPOSE OF EXPENDITURE	Ad Expense	T-Shart	S				
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## SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor a how to complete this form.	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 F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)					
4 Pate 12523	5 Payee name							
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
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8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description						
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	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held					
9/25/23	Payee name Cariell Jens							
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Ad Expense		fundiaise/					
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held					
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Amount (\$)	Payee address;	City;	State; Zip Code					
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	Category (See Categories listed at the top of this sch	hedule) Description						
PURPOSE OF EXPENDITURE	Food Expense	Donation.	of Biackfost					
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held					
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## SCHEDULE F1

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

		EXPENDITURE CATI				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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 expla	ains how to c	omplete this form.		
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6 Amount (\$)	7 Payee ac			City;	State;	Zip Code
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8	(a) Categor	y (See Categories listed at the top of the	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ad	Expense	1772 - T	Autosiaphe	d Hem	
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
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Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
126-50	Aw	y 35		Angleton	Ťχ	-77515
	Category	(See Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	Fre	5		Stage		
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
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Date	Payee na	ame				
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Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
150 00	H.	NY 35		Astoter	TX	77515
	Category	(See Categories listed at the top of thi	is schedule)	Description		
PURPOSE OF EXPENDITURE	ENRN	tExpense		Sisn-Ho	le Gotf	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
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## SCHEDULE F1

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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
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<sup>4</sup> IC 3 23	5 Payee na	Marketing					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
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8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description			
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	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
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PURPOSE OF EXPENDITURE	Adn	Expanse		General	Hens		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
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PURPOSE OF EXPENDITURE	PY	Expense		Sign 1-	iems		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
	1	•	S HOW LO CO				
1 Total pages Schedule F1:	2 FILER N Mike Fu				3 Filer ID (Ethic	s Commission Filers)	
4 Date 1013123	5 Payee n	Marketing					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
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8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Ad	Ad Expense Sis					
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sou H					Office held	
Date	Payee n	ame					
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Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
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	Categor	y (See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Ad	Expense		Signess			
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held	
Date	Payee r	name					
10/6/23	Ted	Biogidus					
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PURPOSE OF EXPENDITURE	6A.	Expense		(ADD)	Fundiai	, Sev	
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
3	Mike Fulton					
4 Date	5 Payee name Check 1013 HLSR (	olf. Tours				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
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8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Ad Expense Hole sponsor					
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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	Category (See Categories listed at the top of this sc	hedule) Description				
PURPOSE OF EXPENDITURE	Al Expanse	Gale Spons	50-1			
	Check if travel outside of Texas, Complete Sch	hedule T. Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
10-16-23	Lowes					
Amount (\$)	Payee address;	City;	State; Zip Code			
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	Category (See Categories listed at the top of this sc	hedule) Description				
PURPOSE OF EXPENDITURE	Ad Expanse	Woed for	SIRS			
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising     Expense     Event Expense       Accounting/Banking     Fees       Consulting Expense     Food/Beverage Expense       Contributions/Donations Made By     Gift/Awards/Memorials Expense       Candidate/Officeholder/Political Committee     Legal Services       Credit Card Payment     The Instruction Guide et			ionals Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense		
1 Total pages Schedule F1:	2 FILER N	IAME				3 Filer ID (Eth	lics Commission Filers)		
3	Mike Fu								
4 Date	5 <sub>,</sub> Payee n	ame							
10-17-23	Lowe	Lowes							
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code		
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8	(a) Catego	ry (See Categories I	isted at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Ad	Ad Eypense			Wood for Signs				
	(c)	Check if travel outsid	e of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder liv	ving expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI					Office sought		Office held		
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		Check if travel outsid	e of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder liv	ring expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officehold	er name		Office sought		Office held		
Date	Payeen	ame							
10-17-31	Low	25							
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code		
118,21	Long	es Why	722		$\Box$	XT	77566		
	Categor	y (See Categories lis	ted at the top of this	schedule)	Description		- 1999		
PURPOSE OF EXPENDITURE	Νſ	Expens	e		Sign M	aterial			
		Check if travel outside	e of Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder liv	ing expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officehold	ler name		Office sought		Office held		
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I al Committee Legal Services Salaries/	Expense 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 Mike Fulton		<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date 10/17/22	5 Payee name US Postal				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
166.00	US Postal	Clute	TX 77531		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	P.O. Box Rental & Stamps			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
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	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Ad Expense	Banner	S		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
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Date	Payee name				
10-79-23	Lones				
Amount (\$)	Payee address;	City;	State; Zip Code		
31600	Lones Huy 288	LJ	TX 77566		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Ad Exponse	Sign H	ems		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
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### SCHEDULE F1

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		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
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4 Date 10-23-23	5 Payee na	NOLA SUL	fabores s	-2-12-5		
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
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8	(a) Catego	Y (See Categories listed at the	e top of this schedule)	(b) Description		
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	Categor	(See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	LA	Expense		Sign Hens		
	Check if travel outside of Texas. Complete Schedule T.		Check if A	ustin, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name	•	Office sought		Office held
Date	Payee n	ame				
10-26-23	Lowe	25				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
47.61	Lone	s Hury 28	8	LJ	ТХ	77566
	Category	/ (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ad	Expense		Sign	Hans	
		Check if travel outside of Texas.	Complete Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder nam	e	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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## SCHEDULE F1

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

		de this page in the re	port.		
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	nking Fees Office Over ense Food/Beverage Expense Polling Exp ionations Made By Gift/Awards/Memorials Expense Printing Ex		Solicitation/Fundraising Expens Transportation Equipment & Rel Travel In District Travel Out Of District Other (enter a category not listed	ated Expense	
Credit Card Payment	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F1: ろ)	<sup>2</sup> FILER NAME Mike Fulton		3 Filer ID (Ethics Commiss	sion Filers)	
4 Date - 30-23	5 Payee name Tg Karg SUShi				
6 Amount (\$)	7 Payee address;	City;	State; Zip C	ode	
91.55	Taking Sushi	Pearland	TX		
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description			
PURPOSE OF EXPENDITURE	Food Expense	Binner	Meeting		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office h	eld	
Date	Payee name			10-74	
10/38-23	AMAZON				
Amount (\$)	Payee address;	City;	State; Zip C	ode	
238.10	Amazon, Com				
	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	Ad Expense	Sign He	in S		
	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/OI	Candidate / Officeholder name H	Office sought	Office he	eld	
Date	Payee name				
11623	ELTORO				
Amount (\$)	Payee address;	City;	State; Zip C	Code	
114.65	EI TOIO	Oute	TX TX	531	
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	Food Expense	Lonch	Meeting		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office h	neld	
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### 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/Politica Credit Card Payment	F F V G	vent Expense ees ood/Beverage Expense ift/Awards/Memorials E egal Services		Office Overl Polling Expe Printing Exp		Travel In District Travel Out Of Dis	ulpment & Related Expense
		The Instruction Gui	de explains	how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAM					3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee name	Communi	tu (e	llese			
6 Amount (\$)	7 Payee addr	ess;	·y <u> </u>		City;	State;	Zip Code
103-50	AIVIN	Compunit	try Gi	lese	Alurn	ΤX	
8	(a) Category (	See Categories listed at t	he top of this se	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	AJ E	-Xpense			Gelq		
	(c) Cł	neck if travel outside of Texa	is. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder nan	ne		Office sought		Office held
Date 11/13/23	Payee nam	ne Auti	$\sim$				
Amount (\$)	Payee addr	ess;			City;	State;	Zip Code
138,06	Prist	ine Auti	or .co	$\sim$			
	Category (S	See Categories listed at th	ne top of this scl	hedule)	Description	_	
PURPOSE OF EXPENDITURE	AJE	Yparse			Autostap	bod Hen	$\wedge$
	Cł	neck if travel outside of Texa	is. Complete Scł	nedule T.	Check if Au	stin, TX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder nan	ne		Office sought		Office held
Date	Payee nam	16					
11/13/23	Harve	st for	Hong	17			
Amount (\$)	Payee addr	ess;			City;	State;	Zip Code
550 <u></u>	Harves	161	lonsk	)	Oyster (le	ek TX	
	Category (S	See Categories listed at th	e top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Ad E	pense			Galq		
	Cł	neck if travel outside of Texa	is, Complete Sch	edule T.	Check if Aus	stin, TX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder na	me		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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#### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Of           Food/Beverage Expense         Po           y         Gift/Awards/Memorials Expense         Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Iling Expense nting Expense Iaries/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 he	ow to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)		
4191t20/23	5 Payee name Home Deport				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
264,28	Home Depot	LJ	TX 71566		
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
PURPOSE OF EXPENDITURE	A d Expense	Sign Item	ns		
	(c) Check if travel outside of Texas. Complete Schedu	ule⊺. 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				
11/20/23	Check ICIS-Repu Party				
Amount (\$)	Payee address;	City;	State; Zip Code		
1000 st	Republican Party	LJ	TX 736		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Fees	Filins Fee			
	Check if travel outside of Texas, Complete Schedu	ule T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
martas	Expless Stolage				
Amount (\$)	Payee address;	City;	State; Zip Code		
141.50	Explose Storage Huy 35	5 Asleta	TX 77515		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Ad Expense 100	Storage			
	Check if travel outside of Texas, Complete Schedu	lle T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	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)**

	Accounting/Banking Fees Office O Consulting Expense Food/Beverage Expense Polling I Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Candidate/Officeholder/Political Committee Legal Services Salaries		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	e
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)	
4 Date 11 [22] 23	5 Payee name Fear EX			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
12.00	FedEx 288B	Richneed	TX 753]	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Ad Expense	Moiling 1-	tems	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/22/23	FedEx			
Amount (\$)	Payee address;	City;	State; Zip Code	
12.BY	Fel Ex 288B	Richwood	TX 77531	
	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE	Ad Expense	Mailing	tens	
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-24-23	Fed Ex			
Amount (\$)	Payee address;	City;	State; Zip Code	
20,49	Fed Ex 258B	Richwed	TX (753)	
	Category (See Categories listed at the top of this sch	edule) Description	4 .	
PURPOSE OF EXPENDITURE	Ad Expense	Mailing	Hens	
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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 F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/28	5 Payee name Sign 325			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
138.13	519-5365.Com			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Ad Expense	Banners		
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		ana dinggana Minanadan dinaka dinakan dinakan dinakan	
11/27/23	Tractor Supply			
Amount (\$)	Payee address;	City;	State; Zip Code	
262.70	Tractor Supply	Alvin	TX 775	
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Ad Expanse	T-Posts		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, 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			
11/29/23	5955365			
Amount (\$)	Payee address;	City;	State; Zip Code	
90.73	5: 353 365 cm			
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Al Expense	Bannerg		
	Check if travel outside of Texas, Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics	Commission Filers)	
4 Date 1 11/30/23	5 Payee name Facebook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
236,54	Facebook com				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Ad Expense	Guline	Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date 1	Payee name				
12/11/23	Takara Soushi				
Amount (\$)	Payee address;	City;	State;	Zip Code	
53,52	Takata Sushi Alvir	$\vee$	ΎТ	77526	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expense	Dinner	Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	iceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	n			
12-11-23	Trader Supply				
Amount (\$)	Payee address;	City;	State;	Zip Code	
129.68	Tractor Supply	LJ.	TX	77566	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Ad Expense	T-Post	<b>,</b>		
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THI	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)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ounting/Banking Fees Office Over sulting Expense Polling Ex- tributions/Donations Made By Gift/Awards/Memorials Expense Printing E indidate/Officeholder/Political Committee Legal Services Salaries/V		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 F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethics Commission Filers)		
4 Date D 11 33	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
369,13	Kates Montrose	Heister	, TX		
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	4		
PURPOSE OF EXPENDITURE	Feed Expense	Lunch	Meeting		
	(c) Check if travel outside of Texas, Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
nalatas	Signs 365				
Amount (\$)	Payee address;	City;	State; Zip Code		
146.55	Signs 365 com				
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE OF EXPENDITURE	Ad Expense	Flyers			
	Check if travel outside of Texas, Complete Sch	edule T. Check if Aust	in, ⊤X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12-18-23	Home Depot				
Amount (\$)	Payee address;	City;	State; Zip Code		
80,53	Home Depot	LJ	TX 77566		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Ad Expense	Sign ite	m5		
	Check if travel outside of Texas, Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF					
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#### SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

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 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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ڰ Mike Fulton 4 Date 5 Payee name 2-18 lada 6 Amount (\$) 7 Payee address City; State; Zip Code 129. Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Sprint DPrint 12-13-23 City; State; Zip Code Amount (\$) Heuster )7œ) Description Categories listed at the top of this schedule) PURPOSE =7 pense OF Dign EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date 12-19-25 Amount (\$ Payee address Zip Code City; State; T/QQ) 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 Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

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#### SCHEDULE F1

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

in the requested lift	JINAUUHIS	not applicable, DO NOT	nciuue L	ins page in the re	hour	
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
		<u> </u>				
1 Total pages Schedule F1:	2 FILER N Mike Fu				3 Filer ID (Ethic	s Commission Filers)
12-21-23	5 Payee na SIDIR	ame 55 STOV 98C				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
141,50	Explos	5 Starge /	å	Moleton	Тх	77515
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Expand	Expense		Stolage		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na					
12/21/23	Ama	rcn				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
251.11	Ama	Nov, com				
	Categor	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	A1.	Expense		Sign He	ns	
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payeen	ame		•		
nababas	Check	1016 Sprout	to	Prost		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1 501.43	Sprix	ta Print		Haiston	TX	77001
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	AJ	Expanse		Signs		
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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## SCHEDULE F1

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

Advertising     Expense       Accounting/Banking     Fees       Consulting Expense     Food/Beverage Expense       Contributions/Donations Made By     Gift/Awards/Memorials Expense       Candidate/Officeholder/Political Committee     Legal Services       Credit Card Payment     The Instruction Guide explain		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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 F1:	2 FILER NAME Mike Fulton		<b>3</b> Filer ID (Ethics Commission Filers)	
4 Date 12.126-22	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
68,79	lowes	LJ,	TX 756	
8	(a) Category (See Categories listed at the top of this s			
PURPOSE OF EXPENDITURE	Ad Expense	Weed f	à signs	
	(C) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
12/26/23	Facebook			
Amount (\$)	Payee address;	City;	State; Zip Code	
250 9	Facebook 100m			
	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE OF EXPENDITURE	Ad Expense	6A		
	Check if travel outside of Texas, Complete So	chedule T. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
12/22/23	5:3~5 365. com			
Amount (\$)	Payee address;	City;	State; Zip Code	
11000	Signs 365.com			
	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE OF EXPENDITURE	Ad Expense	Flyers		
	Check if travel outside of Texas. Complete So	chedule T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# SCHEDULE F1

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					<u> </u>		
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees     Office C       Food/Beverage Expense     Polling       Gift/Awards/Memorials Expense     Printing		pense ages/Contract Labor	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 F1:	F1: 2 FILER NAME Mike Fulton				3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name						
12-31-23	Squa	fe					
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code	
788.78	Sque	te-com					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE					on Fre		
:					if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF				Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, officeholder living	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas, Complete S	travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							