CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how t | o complete this form. | 1 Filer ID (Ethics Commission File | ors) 2 Total pages filed: |
|--|--|--|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR Mr | FIRST Michael | MI W | OFFICE USE ONLY |
| NAME | NICKNAME Mike | LAST Fulton | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; P.O. Box 204 | APT / SUITE #; 0, 0, Clute Texas 77 | | JOYCE HUDMAN, CULTY CLYAK, BRAZORIA CO., TEXA |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (979) | PHONE NUMBER 824-9680 | EXTENSION | Date Hand-delivered Date Postmarked Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Michael | MI W. | Receipt # Amount \$ |
| | Mike | Fulton | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS | SANTAGE CALCAD CONTRACTOR CONTRACTOR (A) | no po box please); APT / S n Oaks Drive, Lake | e Jackson, TX 77566 | STATE; ZIP CODE |
| (Residence or Business) | | | | |
| 8 CAMPAIGN TREASURER PHONE | (979) | 824-9680 | EXTENSION | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before ele | ection Exceeded Modifie Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 1 | Day Year / 1 / 24 | THROUGH 2 | nth Day Year / 5 / 24 |
| 11 ELECTION | Month Day | Year | Descript | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (IF) Constable Po | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURE | S MAY HAVE BEEN MADE WITHOUT THE | RES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Addilional Pages | GENERAL | COMMITTEE ADDRESS | | |
| · · · | SPECIFIC | COMMITTEE CAMPAIGN TRI | EASURER NAME | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | |
| | | GO TO | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Mike Fulton (for Cons | able Pct. 1) | 16 Filer ID (E | ithics Commission Filers) | |
|---|--|-----------------------|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 250.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 15,864.68 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | ST DAY \$ | 2,253.08 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | F THE \$ | 0.00 | |
| required to be reported by me under Title 15, Election Code. Hand Hand Hand Hand Hand Hand Hand Hand | | | | |
| (1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed | | da | ıy of | |
| | which, witness my hand and seal of office. | | | |
| Signature of officer administ | ering oath Printed name of officer administering oath | Title | of officer administering oath | |
| (2) Unsworn Declarat | on | | <u> </u> | |
| My name is Mich My address is 119 5 Executed in Broce | Southern Oaks Dr. Lake Jackson Southern Cake Dr. Lake Jackson Southern County, State of Texas, on the 5 day of Feb | (state) (zip (| 19, 1971 566, USA code) (country) to au (year) | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | FILER NAME ike Fulton 20 Filer ID (Ethics Com | ımiss | sion Filers) |
|-----|--|-------|--------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 250.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | SCHEDULE E: LOANS | \$ | 0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 15,864.68 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | 0.00 |
| 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 | \$ | 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| The | Instruction Guide explains how | to complete this | form. | 1 Total pages Schedule A1: |
|---------------------------|--|------------------|---|---------------------------------------|
| 2 FILER NAME Mike | Fulton | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | C (ID#:) | 7 Amount of contribution (\$) |
| 1-24-24 | Michelle Arch 6 Contributor address; | esbay. | State; Zip Code | 250 °° |
| 8 Principal occu Sales | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| | Contributor address; | City; | State; Zip Code | |
| Principal occuş | l pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| | Contributor address; | City; | State; Zip Code | |
| Principal occu | I pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| | Contributor address; | City; | State; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | etions) |
| | | | | |
| | ATTACH ADDIT | | OF THIS SCHEDULE AS No cuction guide for additional | |

SCHEDULE F1

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

| | EX | PENDITURE CATE | GORIES F | DR BOX 8(a) | | |
|--|-----------------------------|---|--|-------------------|---|-----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Gift/Awa | verage Expense rds/Memorials Expense | Office Overh Polling Expe Printing Exp | | Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of District Other (enter a catego | ment & Related Expense t |
| Credit Card Payment | The In | struction Guide explain | s how to co | mplete this form. | | |
| 4 4 9 | 2 FILER NAME Mike Fulton | | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | effe | | | | |
| 6 Amount (\$) | 7 Payee address; | | | City; | State; | Zip Code |
| 154.13 | 419 W.S | edy | | dvin | TX | 77511 |
| 8 | (a) Category (See Ca | tegories listed at the top of this | schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Advertisi | ng Expense | • | Monketin | s in Store | 2 |
| | (c) Check if tra | avel outside of Texas. Complete 5 | ichedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oł | Candidate / Off | iceholder name | | Office sought | | Office held |
| Date | Payee name | | | | | |
| गै al a4 | Facebeal | K | | | | |
| Amount (\$) | Payee address; | | | City; | State; | Zip Code |
| 69.58 | 1 Hacker | Lane | MeV | io Park | CA | 94025 |
| | Category (See Cat | egories listed at the top of this | schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advetisi | ns Expanse | | Moutetins | Online | |
| | Check if to | avel outside of Texas, Complete S | Scheduje T. | Check if Aust | in, TX, officeholder living | g ехрепse |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | iceholder name | | Office sought | | Office held |
| Date | Payee name | | | | | |
| 1/3/24 | Signs | 365 | | | | |
| Amount (\$) | Payee address: | | | City; | State; | Zip Code |
| (6 00 | SIB45 F. | lamena Dr. | S | nelby Town | whip MI | 48315 |
| | Category (See Cat | egories listed at the top of this | schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Adverting | Expuse | | Marketing | 3 | |
| | Check if tr | avel outside of Texas, Complete | Schedule T. | Check if Aust | in, TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder 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 By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Giti/Awards/Memorials Expense Legal Services The Instruction Guide expla | Office Overling Experienting Experienting Experience Salaries/Wa | ense ges/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NA Mike Ful | | | | 3 Filer ID (Ethio | cs Commission Filers) |
| 4 Date | 5 Payee na | | | · · · · · · · · · · · · · · · · · · · | | |
| 114124 | EYPHE | 255 Stelage | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | | City; | State; | Zip Code |
| 126,50 | Mny | 32 | Ar | usleton | ΙΧ | 19515 |
| 8 | (a) Categor | y (See Categories listed at the top of ti | nis schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | | | | | | |
| most misself Will | (c) | Check if travel outside of Texas, Complete | e Schedule T. | Check if Austi | in, TX, officeholder livi | ng expense |
| O Complete ONLY if disent | L. <u></u> | ate / Officeholder name | | Office sought | ,, | Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | alo: Omonoido namo | | | | · |
| Date | Payee na | me | | | | |
| 115/24 | Sign | s 365 | | | | |
| Amount (\$) | Payee ac | ldress; | | City; | State; | Zip Code |
| 1100 | 5124 | 5 Filomena Dr. | . S | helby Towns | ship MI | 48315 |
| | Category | (See Categories listed at the top of th | is schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Adver | EXP | | Markelin | g Banna | 5 |
| | | Check if travel outside of Texas, Complet | e Schedule T. | Check if Aust | in, TX, officeholder livi | ng expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ate / Officeholder name | | Office sought | | Office held |
| Date . | Payee n | ame | | | | |
| 115/24 | Ande | rson's | | | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code |
| 113.63 | 4875 | White Bear Pour | λ MI | hite Ben Lak | k MW | 55110 |
| | Category | (See Calegories listed at the top of th | is schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Adve | r Exp | | Parade Flo | व्य | |
| | | Check if Iravel outside of Texas. Complet | te Schedule T. | Check if Aust | in, TX, efficeholder livi | ng expense |
| Complete ONLY if direct expenditure to benefit C/O | | late / 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 By Candidate/Officeholder/Political | Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memonals Expense Printing I | | | ejated Expense | |
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Mike Fulton | | 3 Filer ID (Ethics Commi | ssion Filers) | |
| 175124 | Dibrell of Associates | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip | Code | |
| 8,350≌ | 4203 Clade Shadow Ct. | Koty | TX 77 | 494 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | General (| Juerall Fee | | |
| | (c) Check if travel outside of Texas, Complete Schedule T. | Check if Aus | stin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name I | Office sought | Office l | held | |
| Date | Payee name | | | | |
| 118/24 | Pristine Audian | | | | |
| Amount (\$) | Payee address; | City; | State; Zip | Code | |
| \$37.50 | Pristine Audien.com | • | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Event Expose | Autograp | shed Hem | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Au | stin, TX, officeholder living expense | ; | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office | held | |
| Date . | Payee name | | | | |
| 1/8/24 | Ameron | | | | |
| Amount (\$) | Payee address; | City; | State; Zip | Code | |
| 352.12 | Amazon, com | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Every Expanse | Table De | icold General (| Sect | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Au | stin, TX, officeholder living expense |) | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office | held | |
| | ATTACH ADDITIONAL COPIES OF TH | IS SCHEDULE AS N | EEDED | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

| Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Wages/Contract Labor (| Fravel Out Of Distric Other (enter a categi | et ory not listed above) |
|---|--|------------------------|--|-----------------------------|
| 1 Total pages Schedule F1: | | | Filer ID (Ethic | s Commission Filers) |
| 1 Date 1 AY | 5 Payes name Fedex | • | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 72.88 | Fedex | Richwood | TX | 17531 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Event Expanse | Mail items | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| Yelill | Halbor Freight | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 13.29 | Harbor Freight | Lake Dickson | TX | 77566 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advert: Expresse | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | | Office held |
| Date | Payee name | | | |
| 1/11/24 | Trader Supply | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 64.84 | Tractor Supply | Lake Jackso | ν TX | 77566 |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Adver, Expense | T-Pasts | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check If Austin, | TX, officeholder livir | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | IS SCHEDULE AS NEED | DED | |

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mike Fulton 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Adver Expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name City; State: Zip Code Amount (\$) Payee address: 105 M: 111: St. 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 Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Mike Fulton 4 Date 5 Payee name -MOSSGVCity; State: Zip Code 6 Amount (\$) Payee address; 191.17 Amazen. con (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Event Expanse Decer Items OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name ADA Cleaners Zip Code City; State: Amount (\$) Payee address; A HW 35 Description Category (See Categories listed at the top of this schedule) PURPOSE Cleaning Expose OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Yosh Sushi City; State; Zip Code Amount (\$) Pavee address: 124.2 Category (See Categories listed at the top of this schedule) Description PURPOSE Food Bev. Exp. OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (only a persecut not listed shows)

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/M | /ages/Contract Labor Othe | r (enter a category not listed above) |
|---|--|---------------------------|---------------------------------------|
| | The Instruction Guide explains how to o | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Mike Fulton | 3 Fi | ler ID (Ethics Commission Filers) |
| 11161 ay | 5 Payee name Klock 1 S | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 14U512 | Oyster Creek Dr. | Clute | 153/T XT |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Event Expense | Food Hem | 15 |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 1/16/24 | Ameron | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 240.90 | Amg-on, can | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Event Exp | Event Hems | Needed |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 1/18/24 | Thomas Graphics | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 1372,57 | 9501 N. H. N. 135 | Austin | TX 78753 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Adv. Expense | Mailer | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |) |
| | | | D |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mike Fulton 4 Date Payee name City; State; Zip Code 7 Payee address; (a) Category (See 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 Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City; State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE Adv. Exponse **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

| | EXPENDITURE CATEGOR | RIES FOR BOX 8(a) | |
|--|---|---|---------------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Fees Off Food/Beverage Expense Pol GifVAwards/Memorials Expense Pri | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense GilVAwards/Memorials Expense Printing Expense | |
| Gredit Card Payment | The Instruction Guide explains ho | w to complete this form. | |
| 1.10 | 2 FILER NAME Mike Fulton | | 3 Filer ID (Ethics Commission Filers) |
| 1 Date | 5 Payee name BH Photo | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 127,74 | BH Proto | N, Y | Ν.Υ |
| 8 | (a) Category (See Categories listed at the top of this scheme | dule) (b) Description | |
| PURPOSE OF EXPENDITURE | Adv. Eyp, Event Exp | p. PhotoPap | e/ |
| | (c) Check if travel outside of Texas, Complete Schedu | leT. Check if Aust | tin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| 11311a4 | Payee name Facebook | | |
| Amount (\$) 581.12 | Payee address; | Menio Palk | State; Zip Code |
| - • | I MICKE UV | | |
| PURPOSE OF EXPENDITURE | Category (See Calegories listed at the top of this sched | | Marketing |
| EAR ERESTIVING | Check if travel outside of Texas, Complete Sched | Ja 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 | | |
| oalilay | Houston Livestock | Show | |
| Amount (\$) | Payee address; Dance of Dinn | e/ City; | State; Zip Code |
| 400° | Houston Livestock | ndelena | Tx 755 |
| | Category (See Categories listed at the top of this sched | ule) Description | |
| PURPOSE OF EXPENDITURE | Event Exp. | Table Fe | re |
| | Check if travel outside of Texas. Complete Schede | ule T. Check if Aus | tin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name H | Office sought | Office held |
| | | | |

Revised 1/1/2024

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 Paymed

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (writers extension and listed charge)

| Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | | ng Expense Travel Out Of District es/Wages/Contract Labor Other (enter a category | not listed above) |
|--|---|---|--------------------|
| | The Instruction Guide explains how | to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME Mike Fulton | 3 Filer ID (Ethics C | Commission Filers) |
| 4 Date 2 2 | 5 Payee name Alvinson News Paper | | |
| 6 Amount (\$) | 7 Payee address; | City; State; | Zip Code |
| 8750 | Alvinson 5 | 70 Dula St Alvint | (1751) |
| 8 | (a) Category (See Categories listed at the top of this schedule | e) (b) Description | |
| PURPOSE OF EXPENDITURE | Adv. Exp | Print & Online A | ds |
| | (c) Check if travel outside of Texas, Complete Schedule | T. Check if Austin, TX, officeholder living e | xpense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name ł | Office sought C | ffice held |
| Date, | Payee name | | |
| alala4 | 1820 Coffee | | |
| Amount (\$) | Payee address; | City; State; | Zip Code |
| 54.13 | 419 m. Sealy | Alvin. TX | M511 |
| | Category (See Calegories listed at the top of this schedule |) Description | |
| PURPOSE OF EXPENDITURE | Adv. Exp. | Marketing | |
| | Check if travel outside of Texas. Complete Schedule | T. Check if Austin, TX, officeholder living e | хрепѕе |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought C | ffice held |
| Date | Payee name | | |
| a/3/a4 | Facts | | |
| Amount (\$) | Payee address; | City; State; | Zip Code |
| 791.78 | 7205 Main St | Clute TX | 1753 |
| | Category (See Categories listed at the top of this schedule |) Description | |
| PURPOSE OF EXPENDITURE | Adv. Exp | Morketing | |
| | Check if travel outside of Texas, Complete Schedule | T. Check if Austin, TX, officeholder living e | xpense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDULE AS NEEDED | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Vages/Contract Labor | Travel Out Of Distric Other (enter a catego | |
|---|--|----------------------|--|----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Mike Fulton | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 114/24 | 5 Payee name Japan | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 159,48 | 15815 Awy288 | Pearland | XT | 77584 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food Bev Exp. | Lunch | Meetins | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Au | stin, TX, officeholder livin | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if traval outside of Texas, Complete Schedule T. | Check if Au | stin, TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Au | ıstin, TX, officeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS N | EEDED | |