

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|---|---|---|--|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 7 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Michael | MI W | OFFICE USE ONLY <hr/> Date Received FILED 2-26-2024 JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS BY <i>[Signature]</i> DEPUTY | | |
| | NICKNAME Mike | LAST Fulton | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2040 Clute Texas 77531 | | | | | |
| | Change of Address | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (979) | PHONE NUMBER 824-9680 | EXTENSION | | Date Hand-delivered or Date Postmarked | |
| | 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Michael | | MI W | Receipt # |
| NICKNAME Mike | | LAST Fulton | SUFFIX | Amount \$ | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 119 Southern Oaks Drive, Lake Jackson, TX 77566 | | | Date Processed | | |
| | (Residence or Business) | | | Date Imaged | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (979) | PHONE NUMBER 824-9680 | EXTENSION | | | |
| | 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | |
| <input type="checkbox"/> July 15 | | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | 2 | 6 | 24 | THROUGH | 2 | 26 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |
| | | 3 | 5 | 24 | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) N/A | | | 13 OFFICE SOUGHT (if known) Constable Pct. 1 | | |
| | 14 NOTICE FROM POLITICAL COMMITTEE(S) | | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | | | | | |

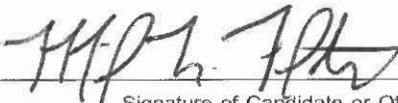
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|------------------------------------|---|---|
| 15 C/OH NAME Mike Fulton | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. 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) | \$ 2,700.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,631.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 981.21 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

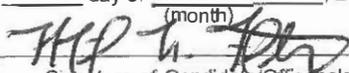
Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Mike Fulton, and my date of birth is July 19, 1971
 My address is 119 Southern Oaks Drive, Lake Jackson, TX, 77566, USA
(street) (city) (state) (zip code) (country)
 Executed in Brazoria County, State of Texas, on the 26 day of February, 2024.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mike Fulton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-------------|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,700.00 |
| 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 | \$ 3,631.74 |
| 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: 1 |
| 2 FILER NAME Mike Fulton | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/12/2024 | 5 Full name of contributor out-of-state PAC (ID#: _____) Alex Kamkar Campaign 6 Contributor address; City; State; Zip Code , Pearland, TX 77584 | 7 Amount of contribution (\$) 700.00 |
| 8 Principal occupation / Job title (See Instructions) Politician / Realtor | | 9 Employer (See Instructions) Self |
| Date 02/13/2024 | Full name of contributor out-of-state PAC (ID#: _____) Brian Malass Contributor address; City; State; Zip Code Lake Jackson, TX 77566 | Amount of contribution (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Killum Pest Control |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Mike Fulton | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

| | |
|---------------------------|-----------------------------------|
| 4 Date 02/09/24 | 5 Payee name Home Depot |
|---------------------------|-----------------------------------|

| | | | | |
|-------------------------------|--|-----------------------|---------------------|--------------------------|
| 6 Amount (\$) 68.84 | 7 Payee address: 140 Bypass 35 | City: Alvin | State: TX | Zip Code 77511 |
|-------------------------------|--|-----------------------|---------------------|--------------------------|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Wood d Screens |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------------|
| Date 2/13/24 | Payee name Thomas Graphics |
|------------------------|--------------------------------------|

| | | | | |
|--------------------------------|--|------------------------|---------------------|--------------------------|
| Amount (\$) 1,524.38 | Payee address: 9501 N. Hwy 135 | City: Austin | State: TX | Zip Code 78753 |
|--------------------------------|--|------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description Mailer |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------------|
| Date 2/14/24 | Payee name Thomas Graphics |
|------------------------|--------------------------------------|

| | | | | |
|--------------------------------|--|------------------------|---------------------|--------------------------|
| Amount (\$) 1,525.00 | Payee address: 9501 N. Hwy 135 | City: Austin | State: TX | Zip Code 78753 |
|--------------------------------|--|------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description Mailer |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|-----------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Mike Fulton | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|-----------------------------|---------------------------------------|

| | |
|--------------------|--------------------------------|
| 4 Date 02/20/24 | 5 Payee name Tractor Supply |
|--------------------|--------------------------------|

| | | | | |
|-------------------------|---------------------------------|---------------|--------------|--------------------|
| 6 Amount (\$) 192.41 | 7 Payee address; 203 Hwy 332 | City; L.J. | State; TX | Zip Code 775866 |
|-------------------------|---------------------------------|---------------|--------------|--------------------|

| | | |
|------------------------------------|---|----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Ad Expense | (b) Description T-Posts |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|------------------------|
| Date 02/20/24 | Payee name Facebook |
|------------------|------------------------|

| | | | | |
|----------------------------------|--------------------------------|---------------------|--------------|-------------------|
| Amount (\$) 250 ⁰⁰ | Payee address; 1 Hacker Way | City; Menlo Park | State; CA | Zip Code 94025 |
|----------------------------------|--------------------------------|---------------------|--------------|-------------------|

| | | |
|------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description Online Ads |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|-------------------------------|
| Date 02/11/24 | Payee name Voice Broadcast |
|------------------|-------------------------------|

| | | | | |
|----------------------|---|--------------------|--------------|-------------------|
| Amount (\$) 18.10 | Payee address; 1527 South Cooper St. | City; Arlington | State; TX | Zip Code 76010 |
|----------------------|---|--------------------|--------------|-------------------|

| | | |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description Text & Voice Marketing |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Mike Fulton | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date cal 1/24 | 5 Payee name Academy |
|---------------------------|--------------------------------|

| | | | | |
|-------------------------------|---------------------------------------|----------------------|---------------------|--------------------------|
| 6 Amount (\$) 53.01 | 7 Payee address; 120 TX 332 | City; L.J. | State; TX | Zip Code 77566 |
|-------------------------------|---------------------------------------|----------------------|---------------------|--------------------------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Text Stakes & Misc Exp Items |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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