CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME Mr. Michael W Date Stock office AME NOCKAME LAST SUFFIX Date Received Date Received 4 CANDIDATE / OFFICEHOLDER MALING ADDRESS / PO BOX APT / SUTE K DITY STATE ZIP CODE 4 CANDIDATE / OFFICEHOLDER PLONE ADDRESS / PO BOX APT / SUTE K DITY STATE ZIP CODE 5 CANDIDATE / OFFICEHOLDER AREA CODE PHONE NUMBER Extension Date Fracescreter Dity 6 CAMPAIGN TREASURER NAME AREA CODE PHONE NUMBER Extension Date Hand-delivered or Date Proteinatese 7 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Date Indeceded Date							
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6 CAMPAIGN TREASURER NAME MS. MRS. // RST First MI Mr. Mr. Michael W MMR. First MI MR. Michael W MMR. First MI Mr. Michael W MAME Mike Fulton 7 CAMPAIGN TREASURER ADDRESS Street Abbress (No Po Nox PLASE), APT / SUITE #. OTY. 7 CAMPAIGN TREASURER PHONE Street Abbress (No Po Nox PLASE), APT / SUITE #. OTY. 8 CAMPAIGN TREASURER PHONE Street Abbress (No Po Nox PLASE, APT / SUITE #. OTY. 9 REPORT TYPE January 15 30h day before election Runoff 'Sh day Abr cample'n wasser apportment (Other board Month 9 PEROD Month Day Year Month Day Year 10 PERIOD Month Day Year Month Day Year 11 ELECTION ELECTION DATE ELECTION TYPE Image: Campaign (Campaign (Cam	OFFICEHOLDER			EXTENSION			
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GO TO PAGE 2		-	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		1	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	COVEN	
15 C/OH NAME Mike Fulton		16 Filer ID (Eth	nics 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)	\$	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 LAS OF REPORTING PERIOD	T DAY \$	981.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct an	d includes all information
	Please complete either option below		eholder
(1) Affidavit			
NOTARY STAMP/SEA	L		
Swom to and subscribed	before me by this the	day	of
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of	officer administering oath

(2) Unsworn Declaration

My name is Mike Fulton	, and my date of birth is July 19, 1971				
My address is 119 South	ern Oaks Drive	Lake Jackson	TX	77566	USA
Executed in Brazoria	(street) County, State of Texas	(city) , on the <u>26</u> day of For <i>Hup 1</i> Signature of 0	month)	(zip code) , 20 <mark>24</mark> (year	·

OR

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Mike	mmiss	ion Filers)		
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
٩.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,700.00
2.	SCHEDULEA2: 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:
² FILER NAME Mike Fulto	ิก		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Alex Kamkar Campaign	7 Amount of contribution (\$)	
02/12/2024	6 Contributor address; City; , Pearlar	700.00	
8 Principal occu Politician / Re	pation / Job title (See Instructions) Baltor	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
02/13/2024	Brian Malass Contributor address; City; Lake Jackso	State; Zip Code on, TX 77566	2,000.00
Principal occu Business Ow	pation / Job title (See Instructions)	Employer (See Instruct Killum Pest Control	ions)
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 Instruct	ions)
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 Instruct	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

	EXPENDITURES MADE		SCH	EDULE F1
If the requested inf	ormation is not applicable, DO NOT inclu	de this page in the r	eport.	
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement se Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundrais Transportetion Equip Travel In District Travel Out Of Distri Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton		3 Filer ID (Ethic	s Commission Filers)
4 Date 02 02 24	5 Payee name Home Depot		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
68,84	140 Bypass 35	Alvin	TX	IIZAT
8	(a) Category (See Categories listed atthetop of this schedu	ile) (b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Wood & Sci	tens	
	(c) Check if travel outside of Trexas. Complete Schedule	T. Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date <u>2113</u> Amount (\$) 1,524.38	Payee name Thomas Graphics Payee address: 9501 N. HwyI35	city; Austin	State;	Zip Code 16753
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Ad Expanse	e) Description		3
	Check if travel outside of Texas. Complete Schedule		in, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
3/14/24	Payee name Thomas Graphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,525.00	9501 N. Hwy 135	Austin	ΤX	78753
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Ad Expense	e) Description		
9	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living	l expense
Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEI	EDED	

POLITICAL I	POLITICAL EXPENDITURES MADE					
	TICAL CONTRIBUTIONS SCHEDULE F1					
If the requested inf	ormation 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/Officehoider/Politica Credit Card Payment						
1 Total pages Schedule F1:						
4 Date 20124	5 Payee name Tractor Supply					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
192,41	203 Huy 332 L.J. TX 775866					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Ad Expense T-Posts					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
Galaciay	Facebook					
Amount (\$)	Payee address; City; State; Zip Code					
920 ao	1 Hacker Way Menlo Park CA 94025					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Ad Expense Online Ads					
	Check if fravel outside of Texas. Complete Schedule T. 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					
Calallay	Voice Broadcast					
Amount (\$)	Payee address; City; State; Zip Code					
18.10	1527 South Cooper St. Minster TX 76010					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Ad Expense Text a Voice Marketing					
	Check if iravel outside of Texas, Complete Schedule T, 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					
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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Pelitica Credit Card Payment	Fee Foo y Gift/ al Committee Leg	int Expense s d/Beverage Expense Awards/Memonials Expense al Services ne Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Exp Salarles/Wa	/ment/Reimbursement head/Rental Expense ense pense ages/Centract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Mike Fulton				3 Filer ID (Ethi	cs Commission Filers)
4 Date allay	5 Payee name					
6 Amount (\$)	7 Payee addres			City;	State;	Zip Code
53.01	DO TX	332		L.J.	ТX	-TIS26
8	(a) Category (Se	e Categories listed at the top of this	schedule)	(b) Description		
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	(c) Chec	k if traveloutside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name			200 A		
1						
Amount (\$)	Payee addres	38;		City;	State;	Zip Code
PURPOSE	Category (See	Categories listed at the top of this s	schedule)	Description		7
OF EXPENDITURE						
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Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Officeholder name		Office sought		Office held
Date	Payeename				2//	
Amount (\$)	Payee addres	35;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this s	schedule)	Description		
	Chec	k if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
	ATTAC	HADDITIONAL COPIES	OF THIS	SCHEDULEASNE	EDED	