CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guide explains how to complete this form.				2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Michael		J		USE ONLY	
NAME	NICKNAME Mike	LAST Meadors		SUFFIX	Date Received	1-2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JOYCE HUTMAN, 215 Leeward Way Freeport TX 77541						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER	EXTE	ENRION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Cynthia		мі А		Amount	
NAME	NICKNAME LAST SUFFIX			Date Processed Date Imaged			
	Cindy	Hall NO PO BOX PLEASE); APT / SI	urc # C	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS	1	așco Surfside Bea		-	SIAIL,	19	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 483-3677	EXTE	ENSION			
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day af treasurer a (Officeholde		
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month 2	Day Year / 5 / 24	THROUGH	Month 2	Day Year / 27 / 24	,	
11 ELECTION	ELECTION DA	l _	D	ELECTION TYPE	<u> </u>		
	Month Day 3 / 4	Year Primary 24 General	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) County Commissioner Pct 1						
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(\$)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	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

CAMPAIGI	1 HARIOL ILLI OILI						
15 C/OH NAME Michael Meadors		16 Filer ID (Ethics 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)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00					
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLL LAST DAY OF THE REPORTING PERIOD	* 0.00					
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. Machael Meachael Meachael							
Signature of officer administer	which, witness my hand and seal of office. ring oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declarati							
My name is	, and my date of birth is						
My address is							
	(street) (city) (s	state) (zip code) (country)					
Executed in	County, State of, on the day of(month	, 20					
	Signature of Candid	date/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	3. SCHEDULE B: PLEDGED,CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 500.00	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ONS RETURNED \$	

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above)		
1 Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME 1 Michael Meadors			3 Filer ID (Ethics Commission Filers)		
4 Date 02/14/2024	5 Payee name TNT					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
500.00	2400 Taft St. Houston TX 77006					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing	Tshirts				
	(c) Check if traval outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office sought Of			
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	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		j 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				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED			