APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	1 Total pages filed:				
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
NAME	GREGORY 5	Filer ID #			
	NICKNAME LAST SUFFIX	RECEIVED			
	MIKEL	NEVLIVLU			
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JUN 16 2023			
ADDRESS	218 N. BARON ST. BELLVILLE, TX 77418	AUSTIN COUNTY			
	,	Date Edu Ed Cord to Chinaked			
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$			
111014	(979) 587-1503	Date Processed			
5 OFFICE HELD (if any)		Date Imaged			
6 OFFICE SOUGHT					
(if known)	AUSTIN COUNTY COMMISSIONER POT 1				
7 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX			
NAME	BECKY L.	WILLIAMS			
8 CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE			
STREET ADDRESS	12304 N. FM 331 BELLVILLE,	Tx 77418			
(residence or business)					
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE	(979) 877-5637				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.			
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
	I am aware of the restrictions in title 15 of the Election 0 from corporations and labor organizations.	Code on contributions			
	Sugar S. mikel	6/16/2023			
	// Signature of Candidate	Date Signed			
GO TO PAGE 2					

11 CANDIDATE NAME	GREGORY S. MIKEL
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies Year of election(s) or election cycle to Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP **COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair

RECEIVED Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

JAN 1 2 2024

AUSTIN COUNTY **ELECTIONS**

Date Hand-delivered or Postmarked Date Processed Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	MI
(PLEASE TYPE OR PRINT)	GREGORY	5
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	MIKEL	
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(979) 587-1503	
5 ADDRESS OF CANDIDATE	STREET/POBOX; APT/SUITE#; C	STATE; ZIP CODE
(PLEASE TYPE OR PRINT)	218 N. BARON ST. BEG	LVILLE TX 77418
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	AUSTINI COUNTY COMMISS.	IONER PRECINT 1
7 NAME OF COMMITTEE		
(PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.) FIRST	MI
TREASURER	BECKY	4
(PLEASE TYPE OR PRINT)	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	WILLIAMS	

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruct	ion Guide explain	s how to compl	ete this form.	1 Filer ID (Ethics Commission	n Filers)	2 Total pages file	od:
3 CANDIDATE NAME	MS / MRS (MR)	FIRST GREGOR	<u>Y</u>	мі .5		OFFICE	ISE ONLY
	NICKNAME	NIKEL		SUFFI)		Date Received	/En
4 CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CO	DE	L. J. L. I. V	
Change of Address	2.18 N. BAI	RON ST.	BELLVILLE	Tx 7741	18	JAN 122	124
5 CANDIDATE PHONE	AREA CODE (979)	587 - 1	503	EXTENSION	A	JSTIN COU ELECTION	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST BECKY	,	мі 4-		Date Hand-delivered	or Date Postmarked
NAME	NICKNAME	LAST WILLIAI	∧a <i>e</i> "	SUFFIX	×	Receipt #	Amount \$
7 CAMPAIGN TREASURER	STREET ADDRESS (N		APT / SUITE #;	CITY; STATE; ZIP	CODE	Date Processed	
ADDRESS (Residence or Business)	12304 N.	FM 331 BE	EUVILLE	TX 77418		Date Imaged	
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
TREASURER PHONE	(979) 877-5637						
9 REPORT TYPE	January 15	30	Oth day before conve	ntion / election		Runoff	
	July 15	8I	th day before conven	tion / election	F	inal report (Attach SC C	/OH - FR)
10 PERIOD COVERED		2/2023	THROUG	Month 3H 12	D: امخد /	y Year / 2023	
11 CONVENTION/	Month C	Day Year	12 OFFICE			STATE CHAIR	
ELECTION DATE	03/0	5/2024	AUSTIN COMMIS PREC	COUNTY SIONER		COUNTY CHAIF	l .
13 POLITICAL				OUNTY (II Applicable)			
PARTY	REI	PUBLICAN					
14 NOTICE FROM POLITICAL	EVOCUNITIES MAY	HAVE REEN MADE W	ITHOUT THE CANDIL	POLITICAL COMMITTEES PATE'S OR OFFICEHOLD LY IF THEY RECEIVE NOTK	ER'S KNO	WLEDGE OK CONSEN	DFFICEHOLDER. THESE T. CANDIDATES AND
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	E				
Additional Pages	GENERAL	COMMITTEE ADDR	RESS				
	SPECIFIC	COMMITTEE CAME	PAIGN TREASURER	NAME			
The state of the s		COMMITTEE CAM	PAIGN TREASURER	R ADDRESS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	BORY S. MIKEL	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 2,669.52			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	(s) \$ 2,669.52			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,669.52 \$ 2,669.52 \$ 2,099.14			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,099.14			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 669.52			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$ O			
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information			
re	quired to be reported by the dilder Title 13, Election Code.	S. mikel			
	Signature of	Candidate or Officeholder			
	Please complete either option bel	ow:			
Sworn to and subscribed before me by Gregory S. Mikel this the 13th day of January.					
20 24 , to certify	y which, witness my hand and seat of office.				
Shannen H		Jotsmy Public			
Signature of officer administ		→ Title of officer administering oath			
(2) Unsworn Declaration					
My name is	, and my date of bird,	lh is·			
My address is	(street) (city)	(state) (zip code) (country)			
Executed in	County, State of, on theday of	· · · ·			
,					
	Signature of Co	andidate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			
	GREGORY S. MIKEL			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,669.52		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 2,099.14		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$ 99. 14		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Date 5 6/23/23 6 2 Principal occupation	Full name of contributor out-of-state PAC (INTEGRAY MIKEL) Contributor address; City; ISN. BARON ST. BELL VILLE, In I Job title (See Instructions)	(ID#:) State; Zip Code	 3 Filter ID (Ethics Commission Filters) 7 Amount of contribution (\$) #200,00
Date 5 6/23/23 6 2 Principal occupation	Full name of contributor out-of-state PAC (IREGORY MIKEL Contributor address; City; IBN. BARON ST. BEWVILLE, I	State; Zip Code	
Principal occupatio	18 N. BARON ST. BELLVILLE,	TX 77418	\$1200,00
Principal occupatio			
Date			ins)
1		((D#:)	Amount of contribution (\$)
1	BECKY WILLIAMS Contributor address; City; 2304 N. FM 331 BEWILLE	State; Zip Code	# 100.00
	/ Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of contribution (\$)
0/23/20	DONNIE WILLIAMS Contributor address; City; 2304 N. FM 331 BELLVILLE	State; Zip Code	# 100.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor Out-of-state PAC ((IDH:)	Amount of contribution (\$)
- / - / -	JOHNNY MIKEL Contributor address; City; 030 QUEBE RD, BRENHAM	State; Zip Code 7X 778 33	\$ 150.00
	n / Job title (See Instructions)	Employer (See Instruction	ons)

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.

The i	nstruction Guide explains how to complete this form	m.	1 Total pages Schedule A1: 2
FILER NAME	EGBRY MIKEL		3 Filer ID (Ethics Commission Filers)
			7 Amount of contribution (\$)
	GREGORY MIKEL 6 Contributor address; City; St 218 N. BARON ST. BEUVILLE, T ation / Job title (See Instructions) 9	tate; Zip Code	# 100,00
) Fillicipai occup	audit / 000 und (000 metronom)		
Date	Full name of contributor		Amount of contribution (\$)
8/11/23	GREGORY MIKEL Contributor address; City; S 218 N. BARON ST, BEUVILLE	State: Zip Code 7X 774/B	\$ 2,000.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		:)	Amount of contribution (\$)
8/7/23	LINDA CHRIS SIVCOSKI Contributor address; City; S 24 FALK RD. NEW WAVERLY	state; Zip Code	19.52
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	<i>j</i> :	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	lions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Others on elegan and isled shows)

Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 GREGORY S. MIKEL 5 Payee name 4 Date VISTAPRINT Zip Code 7 Pavee address; City; State: 6 Amount (\$) 02451 275 WYMAN STREET MA WALTHAM 185.03 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 CAMPATEN CARDS PRINTING EXPENSES **PURPOSE** OF BANNER **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name VISTA PRINT Zip Code State: City; Payee address; 190.71 275 WYMAN STREET WALTHAM MA 02457 Description Category (See Categories listed at the top of this schedule) BANNERS PRINTING EXPENSES PURPOSE CAR MAGNETS 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 Payee name 7/18/23 UNDERGROUNDSHIRTS. COM State; Zip Code Payee address; City: Amount (\$) MI 48103 ANNARBOR 260 METTY DR. STE G 128.99 Description Category (See Categories listed at the top of this schedule) TISHIRTS **PURPOSE** PRINTING EXPENSES OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 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 CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repaymen/Relmbursement 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 (enter a category not listed above)

olour odlov ujimin	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME GREGORY S. MIKEL		3 Filer ID (Ethic	s Commission Filers)
8/22/23	5 Payee name VISTA PRINT			
5 Amount (\$)	7 Payee address;	City;	State;	Zip Code
60.61	275 WYMAN STREET	WALTHAM	MA	02.451
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	CAMPAIGN	CARDS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, olficeholder livin	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
8/30/23	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
158.05	275 WYMAN STREET	WALTHAM	n MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	YARD SI	GNS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9/25/23	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
141.68	275 WYMAN STREET	WALTHAM	MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EX PENSES	BANNER	5	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEI	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 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 Soticitation/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

GREGORY 5. MIKEL 3 Filter ID (Ethics Commission Filers) 5 Payee name 4 Date 10/18/23 VISTA PRINT State: Zip Code 6 Amount (\$) 7 Payee address; City; 275 WYMAN STREET 02451 WALTHAM MA 276.20 (b) Description (a) Category (See Categories tisted at the top of this schedule) 8 CAMPAIGN YARD SIGNS PURPOSE PRINTING EXPENSES 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 11/17/23 AUSTIN COUNTY REPUBLICAN PART City; Zip Code Amount (\$) Pavee address; 856 W. MAIN ST BELLVILLE TX 77418 750,00 Description Category (See Categories listed at the top of this schedule) BAUST FILING FEE **PURPOSE** OTHER OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/6/23 VISTA PRINT State: Zip Code City; Payee address; Amount (\$) 12451 MA 47.30 275 INYMAN STREET WALTHAM Description Category (See Categories listed at the top of this schedule) **PURPOSE** CAMPAION CARDS PRINTING EXPENSES OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 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 CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P I Committee Legal Services S	pan Repayment/Reimbursement ffice Overhead/Rental Expense oiling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
•	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME GREGORY S. MIKEL		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/23	5 Payee name VISTA PRINT		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
112.57	275 WYMAN STREET	WALTHAM	MA 02451
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	CAMPAIGA	POSTERS
	(c) Check if travel outside of Texas. Complete Scher	lule 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		
7/31/23	FIRST NATIONAL BANK	OF BELLVILLE	
Amount (\$)	Payee address;	City;	State; Zip Code
0.00	P.O. BOX 128	BEUVILLE	TX 77418
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	FEE	MAINTEN	IANCE FEE
	Check if travel outside of Texas, Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
8/31/23	FIRST NATIONAL BANG	X OF BELLVILLE	5
Amount (\$)	Payee address;	City;	State; Zip Code
8.00	P.O. BOX 128	BEUNG	LE TX 77418
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	FEE	MAINTE	NANCE FEE
	Check if travel outside of Texas. Complete Sche-	dule T. Check if Aus	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Стеол Сага Раупчени	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER, NAME BREGORY S. MIKEL	3 Filer	ID (Ethics Commission Filers)
4 Date 9/29	5 Payee name FIRSY NATIONAL BANK DA	BEILVILLE	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8.00	P.O. BX 128	BELLVILLE T	77418
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEE	MAINTENANCE	FEE
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	holder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/31/23	FIRST NATIONAL BANK OF	BEUVILLE	
Amount (\$)	Payee address;	City;	State; Zip Code
8.00	P.OBEX 128 BELLVILLE	TX 77	418
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEE	MAINTENANO	E FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, office	oholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/30/23	FIRST NATIONAL BA	VK OF BELLVI	UE
Amount (\$)	Payee address;	City;	State; Zip Code
B. 00	R.O. BOX 128	BELLYLLE 7	TX 77418
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEE	MAINTENANCE	FEE
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	aholder living expense
Complete ONLY if direct expenditure to benefit C/O	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 By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The instruction Guide explains how to d	omplete this form.	· · · · · · · · · · · · · · · · · · ·
Total pages Schedule F1:	GREGORY S. MIKEL		3 Filer ID (Ethics Commission Filers)
Date 12/29/23	5 Payee name FIRST MATIONAL BANK 7 Payee address;	OF BELLVIL	KE
Amount (\$)	7 Payee address:	City;	State; Zip Code
8.00	P.O. BOX 128	BEUVIUE	TX 77418
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	_	11 11 1	1 1 16 10 10
OF EXPENDITURE	FEE	MAINTE	NANCE FEE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE'	Calegory (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living 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	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	= ***	G	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 Sched	dule K:		
2 FILER NAME	s Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	VISTA PRINT				
7/11/23		le; Zip Code	99.14		
,	275 WYMAN STREET WALTHAM MA	02451			
	7 Purpose for which amount is received	political contribution	returned to filer		
	REFUND				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ite; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if political contribution				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if political contribution returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
VI (VALIARALITATE AND INTO AND					

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruc	llon Guide explain	s how to compl	ete this form.	1 Filer ID (Ethics Commission	Filers)	2 Total pages file	ed:
3 CANDIDATE NAME	MS / MRS /MA	FIRST BREGOR	" ~ <i>.</i>	м _5″		OFFICE	ISE ONLY
	NICKNAME	MIKE	_	SUFFIX		Date Received	EIVED
4 CANDIDATE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP COD	1		
Change of Address	218 N. BAK	ON ST.	BEUVIU	E, TX 774	78	• — …	05 2024
5 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	1500	EXTENSION			I CO. TAX -COLLECTOR
		587 ~	12 03			Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS (MBS) MR	BECKY LAST		SUFFIX		Receipt #	Amount \$
7 CAMPAIGN TREASURER	STREET ADDRESS (N		APT / SUITE #;	CITY; STATE; ZIP	CODE	Date Processed	
ADDRESS (Residence or Business)	12304 N	FM 331	BELLVI	WE, TX 77	418	Date Imaged	
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION							
TREASURER PHONE	(977)	(977) 877 - 5637					
9 REPORT TYPE	January 15 30th day before convention / election Runoff						
	July 15	<u> </u>	ih day before convent	ion / election	Fir	nal report (Attach SC C	/OH - FR)
10 PERIOD COVERED		ay Year		Month	Day		
	01/0	1/2024	/ THROUG	H 02	/ 05	1/2024	,
11 CONVENTION/ ELECTION	Month E	Jay Year	12 OFFICE		(STATE CHAIR	!
DATE	03/05	12024	AUSTIN	ISSIONER OCT +	l	COUNTY CHAIR	3
13 POLITICAL				OUNTY (If Applicable)			
PARTY	, I						
14 NOTICE FROM POLITICAL THIS 80X IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER / OFFICEHOLDERS / OFFICEHOLDERS / OFFICEHOLDERS / OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					DFFIGEHOLDER. THESE IT. CANDIDATES AND		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							
GO TO PAGE 2							

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

15 CANDIDATE NAME	16	Filer ID (Ethics Commission Filers)			
6	REGORY S. MIKEL				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,269.52			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,269.52 \$ 1,269.52			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,231.29			
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,231.29			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 38.23			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ O			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Signature	e of Candidate			
	Please complete either option below	:			
(1) Affidavit					
I I Landware					
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 adminis	tering oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration					
My name is GREGORY 5. MIKEL, and my date of birth is 07/13/1967 My address is 218 N. BARON ST. BEWVILLE, TX, 77418, USA					
My address is 218	· · · · · · · · · · · · · · · · · · ·	tx. <u>77418</u> . <u>USA</u> .			
- A. Ica-		state) (zip code) (country)			
Executed in AVSTIN County, State of TEXAS , on the 5 day of FEB. , 20 24 . (month) (year)					
	Signature of C	Wheel (Declarant)			
1	, Signature of C	ranada (madialan)			

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME	20. Filer ID (Ethics Cor	nmission Filers)
	GREGORY 5, MIKEL		
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,269,52
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 1,231.29
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED	\$
			1

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	GREGORY S. MIKEL	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor	7 Amount of contribution (\$)			
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
	Date	Full name of contributor out-of-state PAC (ID#:) MARK KMIEC Contributor address; City; State; Zip Code 8/2/ ARMSTROUG SCHOOL RD CHAPPEL HILL TK 77426	Amount of contribution (\$)			
	Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	llons)			
	Date	Full name of contributor	Amount of contribution (\$)			
	Principal occu	ctions)				
	Date	Full name of contributor	Amount of contribution (\$)			
	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)			
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I				
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME GREEDRY S. MIKEL		3 Filer ID (Ethic	s Commission Filers)
4 Date 1/7/2029	5 Payee name VISTA PRINT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
519.57	275 WYMAN STREET	WALTHAM	MA.	02457
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	BANNERS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
1/23/2024	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
114.51	275 WYMAN STREET	WALTHAM	MA.	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	BANNER. Check if Austin, TX, officeholder living expense		
	Check if travel outside of Texas, Complete Schedule T.			g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/28/2024	VISTA PRINT			
Amount (\$)	Payee address;	City;	State;	Zip Code
176.41	275 WYMAN STREET	WALTHAM	MA.	02457
*****	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	44.45	· .	CARAS	
EXPENDITURE	PRINTING EXPENSES	BAN	NER	- And the Add the latter to th
	Check if travel outside of Texas. Complete Schedule T.	omplete Schedule T. Check if Austin, TX, officeholder living expanse		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 By Candidate/Officeholder/Political Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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 (enter a category not listed above)		
Clear Cald Paymein	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME GRÊGORY S. M	IKEL	3 Filer ID (Ethics Commission Filers)		
4 Date 1/30/2024	1/30/2024 BELLVILLE CHAMBRER OF COMMERCE				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
50,00	742 W. MAIN ST.	BELLVILLE	Tx 77418		
8	(a) Calegory (See Calegories listed at the top of this so		•		
PURPOSE	EVENT EXPENSE	VEND	OR SPOT		
OF EXPENDITURE	ELCIAL EXITING	MARKE	ET BAY		
	(o) Check if travel outside of Texas. Complete Sch	neduleT. Check if Austi	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				
1/31/2024	Dato				
Amount (\$)	Payee address;	City;	State; Zip Code		
8,00	P. O. BOX 128	BEUVILE	Tx 77418		
	Category (See Categories listed at the top of this sci	hedule) Description			
PURPOSE OF EXPENDITURE	FEE	MAINTE	ENANCE FEE		
	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/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	APPER TO THE PROPERTY OF THE P			
2/3/2024	EL JIMADOR MEXI	ICAN GRILL #5			
Amount (\$)	Payee address;	City;	State; Zip Code		
362.80	864 E. HILL ST.	BEUVILLE	Tx 71418		
	Category (See Categories listed at the top of this sci		~ A		
DE FALL RELIEF DOLL TEV RENGEE		ES FOOD MEET	FOR GND GREET		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	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 THIS SCHEDULE AS NEEDED					