CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr. Michael NAME Date Received SUFFIX Throckmorton 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 1221 N.Wall Shamrock TX 79079 **MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) 676-5735 PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR Mi **TREASURER** Michael 29 mr. Date Processed NAME NICKNAME SUFFIX Date Imaged Throckmostun STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** Shanrock 1221 N- Wall **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (806) 676-5735 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Dav Year COVERED THROUGH 24 ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Day Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE NONY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fil	ler ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT					
OUTSTANDING LOAN TOTALS	\$					
	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and includes all information				
	Me-					
	Signature of Candidate	e or Officeholder				
Please complete either option below:						
(1) Affidavit						
(1) Alliques						
NOTARY STAMP/SEA						
Swom to and subscribed	before me by Michael Throckmorton this the 27	day of Feb.,				
1	which, witness my hand and seal of office.	On Clerk				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is	, and my date of birth is					
My address is	(street) (city) (state)	(zip code) (country)				
Executed in	(street) (City) (state) County, State of , on the day of (month)					
	Signature of Candidate/O	fficeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH

	COVER S	HEE	T PG 3			
19	9 FILER NAME 20 Filer ID (Ethics Con					
	11 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0			
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 CONTRIBUTIONS	\$				
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 FUNDS	\$	0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

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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 thi	1 Total pages Schedule A1:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor ut-of-state PA	7 Amount of contribution (\$)				
		6 Contributor address; City;	State; Zip Code				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
	Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date		C (ID#:)	Amount of contribution (\$)			
		Contributor address; City;	State; Zip Code				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
	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 PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing E Salaries/	verhead/Re xpense Expense Wages/Cor	eimbursement ental Expense	Travel In District Travel Out Of Dis	uipment & Related Expense
		The Instruction Guide expla	ains how to	complete	this form.		
1 Total pages Schedule G:	2 FILER NAME SFILER ID (Ethics Com					ics Commission Filers)	
4 Date	5 Payee nar	me					
6 Amount (\$)	7 Payee address; City; Stat					State	; Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Des	scription		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.		Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office s	ought		Office held
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;			City;	State	; Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	De	scription		
		Check if travel outside of Texas. Complete	Schedule T.		Check if Austin	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/0							
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Des	scription		
		Check if travel outside of Texas. Complete S	Schedule T.		Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office s	sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							