

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |                                  |  |  |                                |      |
|---|--|---|----------------------------------|--|--|--------------------------------|------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00020073 | <b>2</b> Total pages filed:<br>4 |  |  |                                |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.   | FIRST<br>Michael L.   | MI                               | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/13/2023 |  |                                |      |
|   | NICKNAME   | LAST<br>Galloway  | SUFFIX                           |  |  |                                |      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>P.O. Box 956<br><br>Tomball, TX 77377-0956   |   | ZIP CODE                         | Date Hand-delivered or Date Postmarked   |  |                                |      |
|   |  |   |                                  | Receipt #  |  |                                |      |
|   |  |   |                                  | Amount   |  |                                |      |
|   |  |   |                                  | Date Processed   |  |                                |      |
|   |  |   |                                  | Date Imaged  |  |                                |      |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.  | FIRST<br>Angela D.  | MI                               |  |  |                                |      |
|   | NICKNAME   | LAST<br>Galloway  | SUFFIX                           |  |  |                                |      |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>19 Oak Crest Cir<br><br>Magnolia, TX 77354  |   |                                  |  |  |                                |      |
|   |  |   |                                  |  |  |                                |      |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                        |  |  |                                |      |
|   | (281)  | 356-6987  |                                  |  |  |                                |      |
| <b>8</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |                                  |  |  |                                |      |
| <b>9</b> PERIOD COVERED   | Month  | Day   | Year                             | THROUGH  | Month  | Day                            | Year |
|   | 01   | 01  | 2023                             |  | 06   | 30                             | 2023 |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year  |   |                                  | ELECTION TYPE  |  |                                |      |
|   |  |   |                                  | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff                                | <input type="checkbox"/> Other |      |
|   |  |   | <input type="checkbox"/> General | <input type="checkbox"/> Special   |  |                                |      |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>State Senator District 4 Montgomery  |   |                                  |  | <b>12</b> OFFICE SOUGHT (if known)<br>State Senator District 4 |                                |      |
|   |  |   |                                  |  |  |                                |      |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME      Galloway, Michael L. (Mr.)      **14** Filer ID      (Ethics Commission Filers)  
00020073

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |        |
|-------------------------------|---|----|--------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00   |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00   |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00   |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 0.00   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 523.07 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00   |

**17** AFFIDAVIT

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.

Mr. Michael L. Galloway  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |   |
|--|---|
| <b>18 FILER NAME</b><br>Galloway, Michael L. (Mr.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00020073 |
|--|---|

| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$              |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$              |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$              |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$              |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                    | \$              |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$              |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$              |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$              |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                              | \$              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# TEXT ANNOTATION

Sch: 1/1 Rpt: 4/4

FILER NAME

Galloway, Michael L. (Mr.)

Filer ID (Ethics Commission Filers)

00020073

Schedule

Cover Sheet

Information entered by filer as a memo:

No activity this period (01/01/2023 thru 06/30/2023)