

# 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>00083440 | <b>2</b> Total pages filed:<br>13  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Ms.   | FIRST<br>Michelle L.  | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/17/2023 |
|   | NICKNAME   | LAST<br>Palmer  | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1415 S Voss, Suite 110-161<br><br>Houston, TX 77057  |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |
|   |  |   | Receipt #  | Amount   |
|   |  |   | Date Processed   |  |
|   |  |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Ms.   | FIRST<br>Mary   | MI   |  |
|   | NICKNAME   | LAST<br>Morrison  | 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>5823 Doliver<br><br>Houston, TX 77057   |   |  |  |
|   |  |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(713)   | PHONE NUMBER<br>829-6079                                    | EXTENSION  |  |
| <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<br>01/01/2023   | THROUGH   |  | Month    Day    Year<br>06/30/2023   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/08/2022  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |  |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)   |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Board Of Education District 6  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 13

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Palmer, Michelle L. (Ms.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00083440 |
|---|---|

|   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
|---|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages   | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |  |  |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b> |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> SPECIFIC  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |

|                                |   |    |           |
|--------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 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)   | \$ | 1,014.34  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 270.17    |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 11,421.48 |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.

Ms. Michelle L. Palmer  
\_\_\_\_\_  
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

|   |   |   |
|---|---|---|
| <b>18 FILER NAME</b><br>Palmer, Michelle L. (Ms.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00083440 |
| <b>20 SCHEDULE SUBTOTALS</b>                      |   | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,014.34   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 0.00   |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 270.17   |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 0.00   |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$ 0.00   |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0.00   |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 0.00   |
| 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 | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | 1 Total pages Schedule A1:<br>Sch: 1/7 Rpt: 4/13      |
| 2 FILER NAME<br>Palmer, Michelle L. (Ms.)                           |  | 3 Filer ID (Ethics Commission Filers)<br>00083440     |
| 4 Date<br>01/23/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeMyer, Stacey | 7 Amount of Contribution (\$) \$48.02                 |
|   | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77433                                |   |
| 8 Principal occupation / Job title (See Instructions)<br>Maker      |  | 9 Employer (See Instructions)<br>Self                 |
| Date<br>02/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeMyer, Stacey   | Amount of Contribution (\$) \$48.02                   |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77433                                  |   |
| Principal occupation / Job title (See Instructions)<br>Maker        |  | Employer (See Instructions)<br>Self                   |
| Date<br>03/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeMyer, Stacey   | Amount of Contribution (\$) \$48.02                   |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77433                                  |   |
| Principal occupation / Job title (See Instructions)<br>Maker        |  | Employer (See Instructions)<br>Self                   |
| Date<br>01/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hagen, Kara      | Amount of Contribution (\$) \$24.01                   |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77091                                  |   |
| Principal occupation / Job title (See Instructions)<br>Not Employed |  | Employer (See Instructions)                           |
| Date<br>01/08/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.) | Amount of Contribution (\$) \$48.02                   |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                  |   |
| Principal occupation / Job title (See Instructions)<br>Physician    |  | Employer (See Instructions)<br>Next Level Urgent Care |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |  | 1 Total pages Schedule A1:<br>Sch: 2/7 Rpt: 5/13        |
| 2 FILER NAME<br>Palmer, Michelle L. (Ms.)                          |  | 3 Filer ID (Ethics Commission Filers)<br>00083440       |
| 4 Date<br>02/08/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.) | 7 Amount of Contribution (\$)<br><br>\$48.02            |
|  | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                  |   |
| 8 Principal occupation / Job title (See Instructions)<br>Physician |  | 9 Employer (See Instructions)<br>Next Level Urgent Care |
| Date<br>03/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.)   | Amount of Contribution (\$)<br><br>\$48.02              |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)<br>Next Level Urgent Care   |
| Date<br>04/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.)   | Amount of Contribution (\$)<br><br>\$48.02              |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)<br>Next Level Urgent Care   |
| Date<br>05/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.)   | Amount of Contribution (\$)<br><br>\$48.02              |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)<br>Next Level Urgent Care   |
| Date<br>06/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jeudy, Wil (Dr.)   | Amount of Contribution (\$)<br><br>\$48.02              |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)<br>Next Level Urgent Care   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/7 Rpt: 6/13  |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440 |
| <b>4</b> Date<br>01/22/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lahey, Marieke | <b>7</b> Amount of Contribution (\$)<br><br>\$19.21      |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77006 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Engineer     |   | <b>9</b> Employer (See Instructions)<br>Exxon Mobil      |
| Date<br>02/22/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lahey, Marieke          | Amount of Contribution (\$)<br><br>\$19.21               |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77006          |   |  |
| Principal occupation / Job title (See Instructions)<br>Engineer              |   | Employer (See Instructions)<br>Exxon Mobil               |
| Date<br>03/22/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lahey, Marieke          | Amount of Contribution (\$)<br><br>\$19.21               |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77006          |   |  |
| Principal occupation / Job title (See Instructions)<br>Engineer              |   | Employer (See Instructions)<br>Exxon Mobil               |
| Date<br>04/22/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lahey, Marieke          | Amount of Contribution (\$)<br><br>\$19.21               |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77006          |   |  |
| Principal occupation / Job title (See Instructions)<br>Engineer              |   | Employer (See Instructions)<br>Exxon Mobil               |
| Date<br>05/22/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lahey, Marieke          | Amount of Contribution (\$)<br><br>\$19.21               |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77006          |   |  |
| Principal occupation / Job title (See Instructions)<br>Engineer              |   | Employer (See Instructions)<br>Exxon Mobil               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/7 Rpt: 7/13      |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440     |
| <b>4</b> Date<br>06/22/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lahey, Marieke   | <b>7</b> Amount of Contribution (\$)<br><br>\$19.21          |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77006 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Engineer     |  | <b>9</b> Employer (See Instructions)<br>Exxon Mobil          |
| Date<br>05/27/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McCollom, Jerome          | Amount of Contribution (\$)<br><br>\$9.60                    |
| Contributor address; City; State; Zip Code<br><br>Milwaukee, WI 53215        |  |  |
| Principal occupation / Job title (See Instructions)<br>Warehouseman          |  | Employer (See Instructions)<br>Amazon                        |
| Date<br>01/21/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Milner, Deborah ("Carly") | Amount of Contribution (\$)<br><br>\$48.02                   |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77008          |  |  |
| Principal occupation / Job title (See Instructions)<br>Lawyer                |  | Employer (See Instructions)<br>Fogler Brar O'Neil & Gray LLP |
| Date<br>01/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morrison, Mary            | Amount of Contribution (\$)<br><br>\$19.43                   |
| Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057          |  |  |
| Principal occupation / Job title (See Instructions)<br>Benefits Manager      |  | Employer (See Instructions)<br>MHIA                          |
| Date<br>02/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morrison, Mary            | Amount of Contribution (\$)<br><br>\$19.43                   |
| Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057          |  |  |
| Principal occupation / Job title (See Instructions)<br>Benefits Manager      |  | Employer (See Instructions)<br>MHIA                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/7 Rpt: 8/13  |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440 |
| <b>4</b> Date<br>03/08/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morrison, Mary<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.43      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Benefits Manager |   | <b>9</b> Employer (See Instructions)<br>MHIA             |
| Date<br>04/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morrison, Mary<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057                   | Amount of Contribution (\$)<br><br>\$19.43               |
| Principal occupation / Job title (See Instructions)<br>Benefits Manager          |   | Employer (See Instructions)<br>MHIA                      |
| Date<br>05/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morrison, Mary<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77057                   | Amount of Contribution (\$)<br><br>\$19.43               |
| Principal occupation / Job title (See Instructions)<br>Benefits Manager          |   | Employer (See Instructions)<br>MHIA                      |
| Date<br>01/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578                       | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Field Engineer            |   | Employer (See Instructions)<br>Microsoft                 |
| Date<br>02/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578                       | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Field Engineer            |   | Employer (See Instructions)<br>Microsoft                 |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/7 Rpt: 9/13  |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440 |
| <b>4</b> Date<br>03/20/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578 | <b>7</b> Amount of Contribution (\$)<br><br>\$24.01      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Field Engineer |   | <b>9</b> Employer (See Instructions)<br>Microsoft        |
| Date<br>04/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Field Engineer          |   | Employer (See Instructions)<br>Microsoft                 |
| Date<br>05/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Field Engineer          |   | Employer (See Instructions)<br>Microsoft                 |
| Date<br>06/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Say, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Manvel, TX 77578                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Field Engineer          |   | Employer (See Instructions)<br>Microsoft                 |
| Date<br>01/09/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017                | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Personal Assistant      |   | Employer (See Instructions)<br>Self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/7 Rpt: 10/13 |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440 |
| <b>4</b> Date<br>02/07/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017 | <b>7</b> Amount of Contribution (\$)<br><br>\$24.01      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Personal Assistant |  | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>03/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Personal Assistant          |  | Employer (See Instructions)<br>Self                      |
| Date<br>04/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Personal Assistant          |  | Employer (See Instructions)<br>Self                      |
| Date<br>05/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Personal Assistant          |  | Employer (See Instructions)<br>Self                      |
| Date<br>06/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, Mindy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017                   | Amount of Contribution (\$)<br><br>\$24.01               |
| Principal occupation / Job title (See Instructions)<br>Personal Assistant          |  | Employer (See Instructions)<br>Self                      |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 11/13

2 FILER NAME  
Palmer, Michelle L. (Ms.)

3 Filer ID (Ethics Commission Filers)  
00083440

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 12/13  |
| <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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/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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 13/13            | <b>2</b> FILER NAME<br>Palmer, Michelle L. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083440  |
| <b>4</b> Date<br>06/30/2023   | <b>5</b> Payee name<br>ACT Blue   |   |
| <b>6</b> Amount (\$)<br>\$41.81                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Funding raising platform fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/23/2023  | Payee name<br>Host Gator  |   |
| Amount (\$)<br>\$212.38   | Payee address; City; State; Zip Code<br>5005 Mitchelldale<br>Suite 100<br>Houston, TX 77092       |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Hosting               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/26/2023  | Payee name<br>Zoom  |   |
| Amount (\$)<br>\$15.98  | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>Suite 600<br>San Jose, CA 95113        |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Teleconference Service | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Zoom monthly subscription.    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |