JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commi 00085697 | , | 2 Total pages | filed: |
|-------------------------|---------------------------|------------------|---|--------------------|---------------------|---|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | |
| OFFICEHOLDER NAME | Mr. | Michael | | | Date Received | USE ONLY |
| | | | | | ELECTRONIC | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 02/04/2024 | |
| | | Ritter | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; AP | T / SUITE #; CI | ΓY; | ZIP CODE | Date Hand-delivered | l or Date Postmarked |
| OFFICEHOLDER MAILING | 8000 IH 10 West | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | San Antonio, TX 78230 | | | | | |
| | | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | | MI | |
| TREASURER | Ms. | Jenna C. | | | | |
| NAME | 1015. | Jenna C. | | | | |
| | NICKNAME | LAST | | | SUFFIX | |
| | NICRIANE | | | | 301117 | |
| | | Castleman | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | | ۷D. | T / SUITE #; CITY; | C- | TATE; ZIP CODE |
| TREASURER | | DOX FLEASE), | AF | 1730ITE#, CITT, | 5 | TATE, ZIF CODE |
| ADDRESS | 8000 IH-10 West | | | | | |
| (Residence or Business) | | | | | | |
| | San Antonio, TX 78230 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | NE NUMBER | EXTENSION | | | |
| TREASURER | (210) 816-6949 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | _ | |
| TYPE | January 15 | X 30th day befor | e election | Runoff | | campaign treasurer fficeholder only) |
| | July 15 | 8th day before | | Exceeded modified | - | ttach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2024 | Т | HROUGH | 01/25/202 | | |
| | | | | 01,10,101 | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | | Primary | Runoff | Other | |
| | 03/05/2024 | | | | | |
| | | | General | Special | | |
| | | | | 1 | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | | | | Court Of Appeals | s, Justice Place | e 3 District 4 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO | TO PAGE 2 | | | |
| Forms provided by Te | exas Ethics Commission | www.e | thics.state.tx.u | S | Ver | sion V3.5.1.9000c47 |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 11

L

| 13 C / OH NAME | Ritter, Michael (Mr.) | | 14 Filer ID 00085697 | (Ethics Commission Filers) |
|--|----------------------------------|---|--------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information | the candidate's or offic | ceholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | | | 2) | \$ 839.70 |
| EXPENDITURE | | PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES | 5) | • 40 50 |
| TOTALS | | | | \$ 48.59 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 9,056.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 3,272.12 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 15,000.00 |
| 17 AFFIDAVIT | | | | |
| | | l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | |
| | | М | . Michael Ritter | |
| | | | Candidate or Officeho | older |
| | TARY STAMP / SEAL AB | OVE | | |
| | | | | |
| | | aid | , this the | day |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Forms provided by Te | xas Ethics Commissior | www.ethics.state.tx.us | | Version V3.5.1.9000c47 |

FORM JC/OH COVER SHEET PG 3

| 3 | of | 11 | |
|---|----|----|--|
| | | | |

| Ritter, Mic | 8 FILER NAME 19 Filer ID (E Ritter, Michael (Mr.) 00085697 | | | | | |
|-------------|--|----------|----|-----------------|--|--|
| | E SUBTOTALS SCHEDULE | | s | SUBTOTAL AMOUNT | | |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 839.70 | | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | |
| 3. X | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | 0.00 | | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 6 | \$ | 9,056.00 | | |
| 6. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | |
| 7. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | |
| 9. X | X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | | | |
| | | | | | | |

SUBTOTALS - JC/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| The Instrue | ction Guide explains how to complete this t | form. | 1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/11 |
|-------------------------------|---|--|---|
| 2 FILER NAME Ritter, Micha | el (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00085697 |
| 4 Date 01/03/2024 | 5 Full name of contributor out-of-state PAC (ID#: Altamura, Shannon (Ms.) 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 |
| | Asheboro, NC 27203 | | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title Partner | |
| | | | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | |
| | ker, Aycoth & Altamura LLP | Garrett, Walker, Aycoth | & Altamura LLP |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/01/2024 | Baruch, Charles | | \$100.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75043 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | - F F | Partner | |
| _ | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Johnson Tob | | | |
| | s a child, law firm of parent(s) (if any) | | |
| Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#: Smith, David (Mr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$239.70 |
| | Rockwall, TX 75087 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Attorney | | Lawyer | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Smith & Lee, | Lawyers PC | | |
| If contributor is | s a child, law firm of parent(s) (if any) | 1 | |
| Forms provided | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V3.5.1.9000c47 |

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

| The lines | mustice Cuide combine how to comple | to this form | 1 Total pages Sche | dule B(J): | |
|--|--|---------------------------------|-------------------------|--------------------------|-----------------------|
| | ruction Guide explains how to comple | ete this form. | Sch: 1/1 Rpt: 5/11 | | |
| 2 FILER NAME | | | | nics Commission | Filers) |
| Ritter, Michael (| Mr.) | | 00085697 | 1 | |
| ⁴ TOTAL OF UN | NITEMIZED PLEDGES | | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#:_ |) | 8 Amount of pledge (\$) | 9 In-kind de (If appl | escription icable) |
| 7 Pledgor Address; City; State; Zip Code | | | 1 | | |
| | | | | | |
| | | | | | |
| | | | Check if travel out | side of Texas. C | omplete Schedule T. |
| 10 Pledgor's principa | l occupation | 11 Pledgor's job title | | | |
| | | | | | |
| 12 Pledgor's employe | er/iaw tirm | 13 Law firm of pledgor's | spouse (If any) | | |
| 14 If pledgor is a child | d, law firm of parent(s) (if any) | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| | | | | EXPENDITURE | CATEGO | RIES FOR | BOX 8(a) | | | |
|---|---|-----|-----------------|---|-----------------|---|--|---------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid | xpense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimburseme rhead/Rental Expense pense pense ages/Contract Labor | nt e | Transportation Travel in Distri Travel Out of E | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/5 Rpt: 6/11 | | Ritter, Mich | nael (Mr.) | | | | | 00085697 | , |
| 4 | Date | 5 | Payee name | 9 | | | | | | |
| | 01/16/2024 | | Alamo City | Republican Wom | en | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | ; Zip Co | de | | | |
| | \$30.00 | | 2186 Jacks | son Keller Road, S | Ste 129 | | | | | |
| | | | | | | | | | | |
| | | | San Antoni | io, TX 78213 | | | | | | |
| 8 | PURPOSE | (a) | Category (| See Categories listed at the | ton of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Event Expe | | | cuuc) | | vel out | side of Texas. Co | omplete Schedule T. |
| | EXPENDITORE | | | | | | | | X, officeholder livi | ng expense |
| | | | | | | | Luncheon | Fee | | |
| _ | - | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Of | ficeholder name | C | Office sou | ght | | Office I | held |
| | Date | | Payee name | 9 | | | | | | |
| | 01/02/2024 | | Alamo Pac | hyderm Club | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | ; Zip Co | de | | | |
| | \$10.00 | | 8620 N Ne | w Braunfels Ave | | | | | | |
| | | | San Antoni | io Petroleum Club | | | | | | |
| | | | San Antoni | io, TX 78217 | | | | | | |
| | PURPOSE | (a) | | See Categories listed at the | ton of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Event Expe | | | cuuc) | | vel out | side of Texas. Co | omplete Schedule T. |
| | EXPENDITORE | | | | | | | | X, officeholder livi | ng expense |
| | | | | | | | Attend Eve | ent | | |
| | | | Canadialata (Of | fiechelder verse | | | vlat | | Office | bold |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Januluale/OI | ficeholder name | Ĺ | Office sou | gni | | Office I | neia |
| _ | Data | | | | | | | | | |
| | Date 01/16/2024 | | Payee name | e hyderm Club | | | | | | |
| | | | | | Ctata | 7:0 00 | | | | |
| | Amount (\$) \$40.00 | | Payee addre | ess; City; w Braunfels Ave | State; | ; Zip Co | be | | | |
| | φ40.00 | | 0020 11 110 | w braumers Ave | | | | | | |
| | | | San Antoni | io, TX 78217 | | | | | | |
| | PURPOSE | (a) | Category (S | See Categories listed at the | top of this sch | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Event Expe | ense | | | | | | mplete Schedule T. |
| | | | | | | | | | x, officeholder livit | |
| | | | | | | | WEINDEISI | າມ ເບ | | |
| - | Complete ONLY if direct | Ļ | Candidate/Of | ficeholder name | | Office soug | nht | | Office I | held |
| | expenditure to benefit C/Oł | | | | | 21100 3000 | | | Onice I | |
| - | | | | | | | | | | |
| | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | | | EXPENDITURE CATE | | OR E | 3OX 8(a) | | | |
|---|---|-----|---|---|---|---|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan R Office C Polling Printing Salarie: | epayn Dverhe Exper Expe S/Wag | nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 2/5 Rpt: 7/11 | - | Ritter, Michael (Mr.) | | | | | 00085697 | (, |
| 4 | Date | 5 | Payee name | | | | | | |
| | 01/22/2024 | | Alamo Pachyderm Club | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; S | State; Zip (| Code | 9 | | | |
| | \$10.00 | | 8620 N New Braunfels Ave | | | | | | |
| | | | | | | | | | |
| | | | San Antonio, TX 78217 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of the | his schedule) | (t |) Description | | | |
| | OF EXPENDITURE | | Event Expense | | | Check if travel | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITORE | | | | | | | , officeholder living | expense |
| | | | | | | Luncheon (N | o F | ood) | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office so | ough | it | | Office he | eld |
| | Date | | Payee name | | | | | | |
| | 01/08/2024 | | Amazon | | | | | | |
| | Amount (\$) | | Payee address; City; S | State; Zip (| Code | 2 | | | |
| | \$21.62 | | | | Jour | | | | |
| | Φ21.02 | | 410 Terry Ave N | | | | | | |
| | | | Seattle, WA 98109 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of the | nis schedule) | (t |) Description | | | |
| | OF | | Advertising Expense | , | | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | 5 1 | | | Check if Austir | n, TX, | , officeholder living | expense |
| | | | | | | Ties for Sign | s | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | bugh | nt | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | |
| - | Date | | Payee name | | | | | | |
| | 01/10/2024 | | Best Value Copy | | | | | | |
| | | | | | | | | | |
| | Amount (\$) | | | State; Zip (| 2006 | 2 | | | |
| | \$399.88 | | 1150 Sixth Ave 7th Fl | | | | | | |
| | | | | | | | | | |
| | | | New York, NY 10017 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of the | his schedule) | (k |) Description | | | |
| | OF | | Advertising Expense | , | | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | 5 | | | Check if Austir | n, TX, | , officeholder living | expense |
| | | | | | | Flyers | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | . (| Candidate/Officeholder name | Office so | bugh | nt | | Office he | eld |
| | expenditure to benefit C/OI | H | | | - | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services 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. | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/5 Rpt: 8/11 | Ritter, Michael (Mr.) | 00085697 | | | |
| 4 | Date | 5 Payee name | | | | |
| | 01/22/2024 | Bexar County Republican Women | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$32.00 | 13423 Blanco Rd. #317 | | | | |
| | | | | | | |
| | | San Antonio, TX 78216 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF | | utside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, | TX, officeholder living expense | | | |
| | | Luncheon | | | | |
| | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 01/08/2024 | JVC Media, LLC | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$3,945.71 | 3106 Fall Crest Dr | | | | |
| | | | | | | |
| | | San Antonio, TX 78247 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | | Signs | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 01/23/2024 | San Antonio Express News | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$0.99 | 301 Avenue E | | | | |
| | | | | | | |
| | | San Antonio, TX 78205 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | | Subscription | TX, Officenoider inving expense | | | |
| | | Cussonphon | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| ┣ | | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | | | |
|--|---|--|--------------------------------------|--|--|--|
| | EXPENDITURE CATEG | ORIES 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 | Solic Tran Trav Trav OTH | | | |

sitation/Fundraising Expense sportation Equipment & Related 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 cor | nplete this form. |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/5 Rpt: 9/11 | Ritter, Michael (Mr.) | 00085697 |
| 4 Date | 5 Payee name | |
| 01/08/2024 | San Antonio Republican Women | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | de |
| \$35.00 | PO Box 700523 | |
| | | |
| | San Antonio, TX 78270 | |
| 8 PURPOSE OF | , | (b) Description |
| EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Luncheon Fee |
| | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sout | yht Office held |
| expenditure to benefit C/O | 1 | |
| Date | Payee name | |
| 01/22/2024 | San Antonio Republican Women | |
| Amount (\$) | Payee address; City; State; Zip Cod | de |
| \$35.00 | PO Box 700523 | |
| | | |
| | San Antonio, TX 78270 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Lanoncom |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | aht Office held |
| expenditure to benefit C/O | | |
| Date | Payee name | |
| 01/17/2024 | Signbusters | |
| Amount (\$) | Payee address; City; State; Zip Co | de |
| \$4,000.00 | PO Box 241018 | |
| | | |
| | San Antonio, TX 78224 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Signs |
| Complete ONLV if direct | Candidate/Officebelder name | abt Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | ght Office held |
| | | |
| | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|--|---------|---|--------------|------------------------|------------------------------|--|---------|---|----------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | Event Expense Loan Repayment Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | pense ages/Contract Labor | ent/Reimbursement ad/Rental Expense se rse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 5/5 Rpt: 10/11 | | Ritter, Micha | ael (Mr.) | | | | | 00085697 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 01/04/2024 | | UPrinting | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$74.32 | | 8000 Haskell Avenue | | | | | | | | |
| | | | Van Nuys, CA 91406 | | | | | | | | |
| 8 | PURPOSE OF | | | | at the top of this sch | edule) | (b) Description | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | tin, TX | ide of Texas. Com , officeholder living | • | |
| | | | | | | | ear magnet | .0 | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Offi | eholder name | C |) Office sou | ght | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 01/08/2024 | | UberPrints | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | Zip Co | de | | | | |
| | \$276.45 | | 115 Ruth Di | | | | | | | | |
| | | | | | | | | | | | |
| | | | Athens, GA | 30601 | | | | | | | |
| | PURPOSE OF | | | | at the top of this sch | edule) | (b) Description | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | | ide of Texas. Com , officeholder living | | |
| | | | | | | | Tee Shirts | , | , | , | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | eholder name | C | Dffice sou | ght | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 01/04/2024 | I | VistaPrint | | | | | | | | |
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| | \$96.44 | | 275 Wyman | | State, | | ie - | | | | |
| | 450.44 | | | 51 | | | | | | | |
| | | | Waltham, M | A 02451 | | | | | | | |
| | PURPOSE OF | | | | at the top of this sch | edule) | (b) Description | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | | ide of Texas. Com , officeholder living | | |
| | | | | | | | Business Ca | | | J CAPELISE | |
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| | Complete ONLY if direct | <u></u> | Candidate/Offic | eholder name | C | Office soug | nht | | Office he | ble | |
| | expenditure to benefit C/OF | | | | | 211100 3000 | <u>, , , , , , , , , , , , , , , , , , , </u> | | Office He | | |
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| OUTSTAN | NDING LOANS | SCHEDULE L |
|-----------------------------------|---|---|
| | on Guide explains how to complete this form. | 1 Total pages Schedule L: Sch: 1/1 Rpt: 11/11 |
| 2 FILER NAME Ritter, Michael (| [Mr.) | 3 Filer ID (Ethics Commission Filers) 00085697 |
| LENDER INFORMATION | 4 Name of lender Ritter, Michael (Mr.) 5 Lender address; City; State; Zip Code | I |
| GUARANTOR | San Antonio, TX 78247 | |
| INFORMATION | 6 Name of guarantor | |
| X not applicable | 7 Guarantor address; City; State; Zip Code | |
| | | |