

# 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>00070612 | <b>2</b> Total pages filed:<br>11 |   |                                  |                                |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Michelle Anderson                                  | MI                                | <b>OFFICE USE ONLY</b>  |                                  |                                |      |
|   | NICKNAME<br>Mikki   | LAST<br>Bonton  | SUFFIX                            |   |                                  |                                |      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>13118 Ryaneagles Drive<br><br>Houston, TX 77044  |   |                                   | Date Received<br><b>ELECTRONICALLY FILED</b><br>02/05/2024      |                                  |                                |      |
|   |   |   |                                   | 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>Michelle Anderson                                  | MI                                |   |                                  |                                |      |
|   | NICKNAME<br>Mikki   | LAST<br>Bonton  | 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>13118 Ryaneagles<br><br>Houston, TX 77044  |   |                                   |   |                                  |                                |      |
|   |   |   |                                   |   |                                  |                                |      |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                         |   |                                  |                                |      |
|   | (832)   | 356-4378  |                                   |   |                                  |                                |      |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |                                   |   |                                  |                                |      |
|   | <input 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 |
|   | 01/01/2024  |   |                                   |   | 01/25/2024                       |                                |      |
| <b>10</b> ELECTION  | ELECTION DATE   |   |                                   | ELECTION TYPE   |                                  |                                |      |
|   | Month   | Day   | Year                              | <input checked="" type="checkbox"/> Primary                     | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other |      |
|   | 03/05/2024  |   |                                   | <input type="checkbox"/> General                                | <input type="checkbox"/> Special |                                |      |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   |                                   | <b>12</b> OFFICE SOUGHT (if known)<br>State Senator District 15 |                                  |                                |      |
|   |   |   |                                   |   |                                  |                                |      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 11

|  |   |
|--|---|
| <b>13 C / OH NAME</b> Bonton, Michelle Anderson (Mrs.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00070612 |
|--|---|

|   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |
|---|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|
| <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:25%"><b>COMMITTEE TYPE</b></td> <td><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) | \$ | 100.00    |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 1,560.00  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 20,949.85 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 1,560.00  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 50,000.00 |

**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.

Mrs. Michelle Anderson Bonton  
\_\_\_\_\_  
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>Bonton, Michelle Anderson (Mrs.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00070612 |
|--|---|

| <b>20 SCHEDULE SUBTOTALS</b> |   | <b>SUBTOTAL AMOUNT</b> |
|------------------------------|---|------------------------|
| <b>NAME OF SCHEDULE</b>      |   |                        |
| 1.                           | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,560.00            |
| 2.                           | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3.                           | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                     |
| 4.                           | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 50,000.00           |
| 5.                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 20,949.85           |
| 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 | \$                     |

# 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: 1/3 Rpt: 4/11  |
| <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.)                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612 |
| <b>4</b> Date<br>01/13/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BROWN, ANTOINETTE | <b>7</b> Amount of Contribution (\$) \$100.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77040 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>UNKNOWN      |  | <b>9</b> Employer (See Instructions)<br>UNKNOWN          |
| Date<br>01/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brown, Taiesha             | Amount of Contribution (\$) \$5.00                       |
| Contributor address; City; State; Zip Code<br><br>spring, TX 77373           |  |  |
| Principal occupation / Job title (See Instructions)<br>unknown               |  | Employer (See Instructions)<br>unknown                   |
| Date<br>01/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>HARRIS, JACQUELINE         | Amount of Contribution (\$) \$50.00                      |
| Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77092          |  |  |
| Principal occupation / Job title (See Instructions)<br>SEAMSTRESS            |  | Employer (See Instructions)<br>SELF EMPLOYED             |
| Date<br>01/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>JOHNSON, BRIAN             | Amount of Contribution (\$) \$100.00                     |
| Contributor address; City; State; Zip Code<br><br>LAKEWAY, TX 78734          |  |  |
| Principal occupation / Job title (See Instructions)<br>Self-Employed         |  | Employer (See Instructions)                              |
| Date<br>01/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LEWIS, MICHELLE            | Amount of Contribution (\$) \$65.00                      |
| Contributor address; City; State; Zip Code<br><br>RICHMOND, TX 77407         |  |  |
| Principal occupation / Job title (See Instructions)<br>FINANCE SPECIALIST    |  | Employer (See Instructions)<br>UNKNOWN                   |

# 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: 2/3 Rpt: 5/11                               |
| <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.)                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612                              |
| <b>4</b> Date<br>01/20/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LaCour, Jenny<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Humble, TX 77338 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                                   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Nutrition Program Specialist |   | <b>9</b> Employer (See Instructions)<br>KALEIDOSCOPE YOUTH DEVELOPMENT SERVICES, INC. |
| Date<br>01/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Latham, Jo<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77091                     | Amount of Contribution (\$)<br><br>\$100.00   |
| Principal occupation / Job title (See Instructions)<br>UNKNOWN                               |   | Employer (See Instructions)<br>UNKNOWN  |
| Date<br>01/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>MILLER, ASHLEY<br><hr/> Contributor address; City; State; Zip Code<br><br>HUMBLE, TX 77338                  | Amount of Contribution (\$)<br><br>\$250.00   |
| Principal occupation / Job title (See Instructions)<br>EDUCATOR                              |   | Employer (See Instructions)<br>KALEIDOSCOPE YOUTH DEVELOPMENT SERVICES, INC.          |
| Date<br>01/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>NED, SYBL<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77040                      | Amount of Contribution (\$)<br><br>\$65.00  |
| Principal occupation / Job title (See Instructions)<br>Counselor                             |   | Employer (See Instructions)<br>UNKN   |
| Date<br>01/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>POPE, ROBBYN<br><hr/> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77041                   | Amount of Contribution (\$)<br><br>\$100.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |

# 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: 3/3 Rpt: 6/11  |
| <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.)                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612 |
| <b>4</b> Date<br>01/12/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SMITH, ALTON<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77088 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>RETIRED |   | <b>9</b> Employer (See Instructions)<br>RETIRED          |
| <b>Date</b><br>01/21/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>sherrard, linda<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Houston, TX 77015  | <b>Amount of Contribution (\$)</b><br><br>\$100.00       |
| <b>Principal occupation / Job title (See Instructions)</b><br>Retired   |   | <b>Employer (See Instructions)</b>                       |

# 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: 7/11  |
| <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.)                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b>   |
| <b>5</b> Date of loan<br>01/22/2024   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>bonton, michelle | <b>9</b> Loan Amount (\$)<br>\$50,000.00  |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Houston, TX 77044                            | <b>10</b> Interest Rate   |
|   |  | <b>11</b> Maturity Date<br>12/31/2024   |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>CANDIDATE                |  | <b>13</b> Employer (See Instructions)<br>RETIRED  |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" 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: 1/4 Rpt: 8/11      | <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612   |
| <b>4</b> Date<br>01/12/2024                                  | <b>5</b> Payee name<br>Angry Pg Media  |  |
| <b>6</b> Amount (\$)<br>\$1,500.00                           | <b>7</b> Payee address; City; State; Zip Code<br>945 McKinney<br>#533<br>Houston, TX 77002     |  |
| <b>8</b> 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>Graphic design                 |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/18/2024   | Payee name<br>FED EX KINKO'S   |  |
| Amount (\$)<br>\$5.00  | Payee address; City; State; Zip Code<br>13630 EAST FREEWAY<br>SUITE 700<br>HOUSTON, TX 77015   |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing 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>FAX SENDING                    |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/23/2024   | Payee name<br>GRIGSBY, COURTNEY  |  |
| Amount (\$)<br>\$1,750.00                                    | Payee address; City; State; Zip Code<br>708 Main<br><br>Houston, TX 77002                      |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting 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>Campaign management consultant |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |



# 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: 2/4 Rpt: 9/11 | <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612 |
|---|---|--|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>01/22/2024 | <b>5</b> Payee name<br>HARRIS, JORDAN |
|-----------------------------|---------------------------------------|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$1,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>7113 ROBIN MEADOWS<br><br>PEARLAND, TX 77581 |
|------------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> 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>Marketing and message creation |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>01/08/2024 | Payee name<br>Kimble, Jessica |
|--------------------|-------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$750.00 | Payee address; City; State; Zip Code<br>13835 Sandover<br><br>Houston, TX 77014 |
|-------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <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>Admin Support for Campaign - Independent Contractor |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>01/23/2024 | Payee name<br>LAST WORD STRATEGIES |
|--------------------|------------------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$8,146.00 | Payee address; City; State; Zip Code<br>700 CAMP STREET<br><br>NEW ORLEANS, LA 70130 |
|---------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <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>DIGITAL MARKETING |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# 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: 3/4 Rpt: 10/11 | <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612 |
|--|---|--|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>01/12/2024 | <b>5</b> Payee name<br>SHE BRIDGES PR |
|-----------------------------|---------------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$2,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>3133 buffalo speedway<br>#7206<br>Houston, TX 77098 |
|------------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <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>Campaign Management support |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>01/16/2024 | Payee name<br>TEXAS DEMOCRATIC PARTY |
|--------------------|--------------------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$4,000.00 | Payee address; City; State; Zip Code<br>P.O. BOX 15707<br><br>AUSTIN, TX 78761 |
|---------------------------|--|

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|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling 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>voter action network database |
|-------------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>01/23/2024 | Payee name<br>THE KIMBLE GROUP |
|--------------------|--------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$750.00 | Payee address; City; State; Zip Code<br>13835 Sandover<br><br>Houston, TX 77015 |
|-------------------------|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <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>Admin support for campaign |
|-------------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# 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: 4/4 Rpt: 11/11 | <b>2</b> FILER NAME<br>Bonton, Michelle Anderson (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00070612 |
|--|---|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>01/22/2024 | <b>5</b> Payee name<br>amegy bank |
|-----------------------------|-----------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$15.00 | <b>7</b> Payee address; City; State; Zip Code<br>12312 east freeway<br><br>Houston, TX 77015 |
|---------------------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <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>Funds transfer fee |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>01/24/2024 | Payee name<br>american leadership forum |
|--------------------|---|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$33.85 | Payee address; City; State; Zip Code<br>1801 Main Street<br>suite 910<br>Houston, TX 77002 |
|------------------------|--|

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|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <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>Networking event |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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