

# 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 Filer ID</b> (Ethics Commission Filers) 00085953	<b>2 Total pages filed:</b> 47	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Dr.	FIRST Michael C.	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 02/05/2024
	NICKNAME Mike	LAST Olcott	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 247  Aledo, TX 76008		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Edgar L.	MI	
	NICKNAME Ed	LAST Huddleston	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 122 Red Oak St. S  Weatherford, TX 76087		APT / SUITE #;	CITY;      STATE;      ZIP CODE
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (817)	PHONE NUMBER 878-6391	EXTENSION	
<b>8 REPORT TYPE</b>	<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 PERIOD COVERED</b>	Month    Day    Year 01/01/2024	THROUGH	Month    Day    Year 01/25/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 60	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME      Olcott, Michael C. (Dr.)      **14** Filer ID      (Ethics Commission Filers)  
00085953

**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  <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)	\$	505.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	90,979.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	141,529.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	115,860.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500,000.00

**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.

Dr. Michael C. Olcott  
\_\_\_\_\_  
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> Olcott, Michael C. (Dr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00085953
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,560.94
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 42,418.24
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 141,529.29
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: Sch: 1/32 Rpt: 4/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Janet <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adamson, Mark <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) TSI Flow Products
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adhikari, Kapi <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Calvin <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Askew, John <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/32 Rpt: 5/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atwood, Monica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atwood, Monica <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Babb, John <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baber, Lynn <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$1,513.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnett, Michael <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Tutor Electric		Employer (See Instructions) Vice President

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/32 Rpt: 6/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartoli, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckman, A D <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benefiel, Joey <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Dove ridge vineyard
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Mike <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Besse, Paul <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Besse Management

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/32 Rpt: 7/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Carmen	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082		
<b>8</b> Principal occupation / Job title (See Instructions) student		<b>9</b> Employer (See Instructions) student
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blankenship, Susan	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanton, Joey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanton, Joshua	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boggs, Gregory	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76085		
Principal occupation / Job title (See Instructions) Truck Fleet owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/32 Rpt: 8/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonham, Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Gm		<b>9</b> Employer (See Instructions) River ranch
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brasovan, Mike <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) THIGBE LLC
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bratten, Judith <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buckner, Jerry <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Sandra <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/32 Rpt: 9/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carus, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Head In The Cloud IT
<b>Date</b> 01/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caynak, Eric <hr/> <b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76085	<b>Amount of Contribution (\$)</b>  \$40.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 01/19/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Candace <hr/> <b>Contributor address; City; State; Zip Code</b>  Lipan, TX 76462	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Nextlink
<b>Date</b> 01/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb, Thomas <hr/> <b>Contributor address; City; State; Zip Code</b>  Colleyville, TX 76034	<b>Amount of Contribution (\$)</b>  \$5,000.00
<b>Principal occupation / Job title (See Instructions)</b> Real Estate		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/09/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Abbie <hr/> <b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	<b>Amount of Contribution (\$)</b>  \$110.00
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/32 Rpt: 10/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colman, Ronin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compton, Ken <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Harlan <hr/> Contributor address; City; State; Zip Code  Gordon, TX 76453	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Jayne <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Copeland, Todd <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Lockheed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/32 Rpt: 11/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coulter, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Covel, Bill <hr/> Contributor address; City; State; Zip Code  Gatesville, TX 76528	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Craver, Ray <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Rafael <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Grace for America
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danley, Tad <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/32 Rpt: 12/47
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Judy	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Ron	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVine, Gaylyn	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) DeVine Promotions & Printing
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiLullo, Joanne	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Sales Account Manager		Employer (See Instructions) TE, Inc
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ditty, Patrick	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Gordon, TX 76453	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/32 Rpt: 13/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dosdson, Allen	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) E Thibault, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Weatherford, TX 76085		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elston, Carole	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fawcett, Judy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Gordon, TX 76453		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fenton, Lyndon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Millsap, TX 76066		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/32 Rpt: 14/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) T&W TIRE
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fitch, Bonnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flenniken, John Kathryn <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forgey, James <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Caren <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/32 Rpt: 15/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Caren	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008		
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frantz, Bruce	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Roy	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Lipan, TX 76462		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glick, Caleb	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) State Inspector		Employer (See Instructions) Car Country
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glick, Steve	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Lockheed Martin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/32 Rpt: 16/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gore, Rex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735	<b>7</b> Amount of Contribution (\$)  \$2,024.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) CleanScapes
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Mary <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Steven <hr/> Contributor address; City; State; Zip Code  Gordon, TX 76453	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haas, Jim <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Beth <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$200.00
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: Sch: 14/32 Rpt: 17/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond, Gayle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Azle, TX 76020	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrell, Greg <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Donald <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawley, Patrick <hr/> Contributor address; City; State; Zip Code  Whitney, TX 76692	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Concrete		Employer (See Instructions) Philip eby
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Robin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/32 Rpt: 18/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heffelfinger, Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions) Southwest Architects, Inc.
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heizer, Richard <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Kayla <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Reception		Employer (See Instructions) Medical Allociates at Willow Park
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensley, Debra <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hester, Laura <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Chris' Plumbing, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/32 Rpt: 19/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Charlie	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Willow Park, TX 76087		
<b>8</b> Principal occupation / Job title (See Instructions) Actor		<b>9</b> Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hognestad, Sandra	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Willow Park, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Steve	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Med Gas Consultant		Employer (See Instructions) Fred Evans Medical Gas Consulting, LLC
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Kim	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/32 Rpt: 20/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Cathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Millsap, TX 76066	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Karen <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Dave <hr/> Contributor address; City; State; Zip Code  Palo Pinto, TX 76484	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) AMR
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Elizabeth <hr/> Contributor address; City; State; Zip Code  Palo Pinto, TX 76484	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Lee <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/32 Rpt: 21/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kammire, Patti	<b>7</b> Amount of Contribution (\$) \$350.00
	<b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keil, Byron	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keil, Byron	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Aledo, TX 76008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keil, Byron	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Aledo, TX 76008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keil, Vanessa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Aledo, TX 76008	
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: Sch: 19/32 Rpt: 22/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keyes, Julia	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkpatrick, Ernest	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Willow Park, TX 76087		
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Self
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kolinofsky, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Gordon, TX 76453		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Korpai, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76085		
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: Sch: 20/32 Rpt: 23/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Reimagined, remodeling and roofing
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Daniel <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindholm, Robert <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, James <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) LPC		Employer (See Instructions) Self
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCallum, Carolyn <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/32 Rpt: 24/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty, Shelley <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClelland, Richard Contributor address; City; State; Zip Code  Gordon, TX 76453	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCulloh, Teri Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Tour Operator		Employer (See Instructions) Ya'lla Tours
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuinness, Patrick Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLaughlin, Ann Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Rental		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/32 Rpt: 25/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLemore, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLendon, David <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Engineer
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLeod, Don <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meadows, Melvin <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melberg, Bruce <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) SABER

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/32 Rpt: 26/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnich, Richard <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnich, Susan <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, Mike <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Operations Safety Mgr-Aeronautics National Team		Employer (See Instructions) Servicon
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neverdousky, Richard <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$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: Sch: 24/32 Rpt: 27/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Bannon, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glendale, AZ 85302	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paez, Tom <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) TSI Labs
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Larry <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Linda <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$15.94
Principal occupation / Job title (See Instructions) Janitor		Employer (See Instructions) ERN Services
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, William <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/32 Rpt: 28/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parrish, Pattie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paulukaitis, Rob <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Southwest Airlines
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perkins, Edward <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76247	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Animal Breeder		Employer (See Instructions) Self
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pittman, Judy <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richerson, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76133	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Richerson Enterprises

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/32 Rpt: 29/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ringnald, Joe <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Self
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roye, John M <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Sr Software Engineer		Southwest Airlines
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saffer, Jeanie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salcedo, Chris <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$60.00
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: Sch: 27/32 Rpt: 30/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawyer, David	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086		
<b>8</b> Principal occupation / Job title (See Instructions) Musician / Artist		<b>9</b> Employer (See Instructions) Self
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scarborough, Wanda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlech, Barry	Amount of Contribution (\$) \$2,503.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlech, Cheyanne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schoolfield, Susan	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Apex capital corp

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/32 Rpt: 31/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensky, Destin	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Benbrook, TX 76116		
<b>8</b> Principal occupation / Job title (See Instructions) Small Business Owner		<b>9</b> Employer (See Instructions) Self
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cape Coral, FL 33914		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spelios, Angelo	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spelios, Angelo	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suchocki, Connie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Willow Park, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/32 Rpt: 32/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swancy, Ruth	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086		
<b>8</b> Principal occupation / Job title (See Instructions) None		<b>9</b> Employer (See Instructions) None
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague Kennon, Glenda	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Lance	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Abilene, TX 79601		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Stasney
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Lori	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Solon, IA 52333		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traeger, Robert	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Solon, IA 52333		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/32 Rpt: 33/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trout, Lynda	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Gordon, TX 76453		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Francie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vann, John	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Annetta, TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Venable, Kyndee	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Azle, TX 76020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vinyard, Charla	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/32 Rpt: 34/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Michele	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Gordon, TX 76453		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Melinda	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Azle, TX 76020		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FW ISD
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will, Alyson	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jami Jo	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  White Settlement, TX 76108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Emma	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/32 Rpt: 35/47
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Ray <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions) Self

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 36/47	
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/24/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$42,303.20	9 In-kind contribution description Digital Advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 78757	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monaco, Lynn	Amount of contribution (\$) \$25.85	In-kind contribution description Event supplies
	Contributor address; City; State; Zip Code  Weatherford, TX 76085	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passariello, Susan	Amount of contribution (\$) \$89.19	In-kind contribution description Event Decorations
	Contributor address; City; State; Zip Code  Argyle, TX 76226	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) VP of Marketing		Employer (FOR NON-JUDICIAL) (See instructions) DATCU	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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: Sch: 1/11 Rpt: 37/47	<b>2</b>	FILER NAME Olcott, Michael C. (Dr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00085953
<b>4</b>	Date 01/19/2024	<b>5</b>	Payee name Albertsons		
<b>6</b>	Amount (\$) \$25.85	<b>7</b>	Payee address; City; State; Zip Code 225 E Spring  Weatherford, TX 76086		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/05/2024		Payee name Amazon Com Inc		
	Amount (\$) \$122.21		Payee address; City; State; Zip Code 410 Terry Avenue North  Seattle, WA 98109		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consumables		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/24/2024		Payee name Amazon Com Inc		
	Amount (\$) \$48.65		Payee address; City; State; Zip Code 410 Terry Avenue North  Seattle, WA 98109		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accessories		
		Complete <u>ONLY</u> 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: Sch: 2/11 Rpt: 38/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 01/25/2024	<b>5</b> Payee name Anedot Inc
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<b>6</b> Amount (\$) \$892.97	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Processing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2024	Payee name Benning, Donna
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Amount (\$) \$320.00	Payee address; City; State; Zip Code 123 Meadow Creek Dr  Weatherford, TX 76085
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Cake
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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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Date 01/24/2024	Payee name Bulk Party Supplies
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Amount (\$) \$136.65	Payee address; City; State; Zip Code 40477 Murrieta Hot Springs Rd Ste D-01 PMB 108 Murietta, CA 92563
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consumables
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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: Sch: 3/11 Rpt: 39/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 01/13/2024	<b>5</b> Payee name Cathy Scott & Co
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen Street Suite 373 Fort Worth, TX 76109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Cimpress
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Amount (\$) \$123.70	Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Prints
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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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Date 01/08/2024	Payee name Clark, Marshall
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 150 N Oakridge Dr  Hudson Oaks, TX 76087
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security Service
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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: Sch: 4/11 Rpt: 40/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/11/2024	<b>5</b> Payee name Crazy Water Hotel	
<b>6</b> Amount (\$) \$530.00	<b>7</b> Payee address; City; State; Zip Code 401 N Oak Ave  Mineral Wells, TX 76067	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental Deposit
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name Crazy Water Hotel	
Amount (\$) \$3,097.26	Payee address; City; State; Zip Code 401 N Oak Ave  Mineral Wells, TX 76067	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental and Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Direct Texas Marketing Group	
Amount (\$) \$221.91	Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
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: Sch: 5/11 Rpt: 41/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/11/2024	<b>5</b> Payee name Direct Texas Marketing Group	
<b>6</b> Amount (\$) \$1,082.50	<b>7</b> Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name Direct Texas Marketing Group	
Amount (\$) \$6,579.82	Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name Direct Texas Marketing Group	
Amount (\$) \$6,847.42	Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail
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: Sch: 6/11 Rpt: 42/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/22/2024	<b>5</b> Payee name East Parker County Chamber of Commerce	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 100 Chuckwagon Trail  Willow Park, TX 76087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Table
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Graphics Management	
Amount (\$) \$5,234.35	Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75231	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs and Stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name Griffin Communications	
Amount (\$) \$3,255.40	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach
Complete <u>ONLY</u> 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: Sch: 7/11 Rpt: 43/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/04/2024	<b>5</b> Payee name Griffin Communications	
<b>6</b> Amount (\$) \$19,012.77	<b>7</b> Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Griffin Communications	
Amount (\$) \$12,864.20	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Griffin Communications	
Amount (\$) \$75,000.00	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Buy
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: Sch: 8/11 Rpt: 44/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/21/2024	<b>5</b> Payee name Johnson, Willie	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 150 N Oakridge Dr  Hudson Oaks, TX 76087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name Lettuce Cook	
Amount (\$) \$781.56	Payee address; City; State; Zip Code 5101 White Settlement Rd  Fort Worth, TX 76114	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name MailChimp	
Amount (\$) \$106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000  Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
Complete <u>ONLY</u> 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: Sch: 9/11 Rpt: 45/47	<b>2</b>	FILER NAME Olcott, Michael C. (Dr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00085953
<b>4</b>	Date 01/08/2024	<b>5</b>	Payee name Parker County Sheriff's Posse		
<b>6</b>	Amount (\$) \$1,500.00	<b>7</b>	Payee address; City; State; Zip Code 2251 Mineral Wells Hwy PO Box 28 Weatherford, TX 76086		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental		
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/05/2024		Payee name Taylor's Rental Equipment Company		
	Amount (\$) \$321.51		Payee address; City; State; Zip Code PO Box 470764  Fort Worth, TX 76147		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Cloth Rental		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/05/2024		Payee name Walmart Supercenter		
	Amount (\$) \$173.06		Payee address; City; State; Zip Code 2801 E Interstate 20  Hudson Oaks, TX 76087		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments		
		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: Sch: 10/11 Rpt: 46/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 01/05/2024	<b>5</b> Payee name Walmart Supercenter
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<b>6</b> Amount (\$) \$45.90	<b>7</b> Payee address; City; State; Zip Code 1836 S Main St  Weatherford, TX 76086
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consumables
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2024	Payee name Walmart Supercenter
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Amount (\$) \$12.51	Payee address; City; State; Zip Code 8840 Benbrook Blvd  Benbrook, TX 76126
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consumables
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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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Date 01/04/2024	Payee name Walmart Supercenter
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Amount (\$) \$27.56	Payee address; City; State; Zip Code 8840 Benbrook Blvd  Benbrook, TX 76126
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consumables
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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: Sch: 11/11 Rpt: 47/47	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 01/21/2024	<b>5</b> Payee name Willow Park Baptist Church	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 777 Crown Pointe Blvd  Willow Park, TX 76087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name WinRed Technical Services LLC	
Amount (\$) \$4.93	Payee address; City; State; Zip Code 1776 Wildon Blvd Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name i360, LLC	
Amount (\$) \$1,860.00	Payee address; City; State; Zip Code 2300 Clarendon Blvd Suite 800 Arlington, VA 22201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held