CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1		ics Commission Filers)	2 Total pages filed	l:			OFFICE U	SE ONLY
	00069397		8				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael E.			MI	ELECTRONICAL 07/15/2024	LY FILED
		NICKNAME	LAST			SUFFIX		
			Collier				Date Hand-delivered or D	Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff		Other (s	pecify)		
		X July 15	Exceeded modifi	ed reporting lin	nit		Receipt #	Amount
		30th day before election	15th day after ca		er			
		8th day before election	Final Report (Att				Date Processed	
5	ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGI	Month	Day 30/2024	Year	Date Imaged	
6	EXPLANATION OF (<u>.</u>	
		lly recorded in error, as Nov	eniber 5, 2022. This					
7	AFFIDAVIT			wear, or affir d correct.	m, under pe	enalty of perjury	v, that this corrected i	report is true
			С	neck the box	next to any	and all applical	ble statements:	
				was mad	e in good fa	ith and without	affirm that the origina an intent to mislead ned in the report.	
			C	report no that the re swear, or	t later than t eport as orig	the 14th busine ginally filed is in any error or on	that I am filing this c ss day after the date accurate or incomple nission in the report a	l learned ete. l
						Mr. Michael E	. Collier	
			_		Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
		ribed before me, by the said					ne	day
	Signature of offic	er administering oath	Printed name of	officer admir	istering oat	h -	Title of officer admini	stering oath
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00069397		2 Total pages f	iled: 8
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Mr.	Michael E.			OFFICE	
NAME		Michael E.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Collier				
				710 0005	Data Lland delivered	ar Data Destmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		IY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	2334 Cumberland Oak Ct				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Kingwood, TX 77345				Date Processed	
					Date Processed	
					Date Imaged	
					Date inaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Michael E.				
NAME	IVII .					
	NICKNAME	LAST		SUFFIX		
		Collier				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	2334 Cumberland Oak Co	ourt				
(Residence or Business)	Kingwood, TX 77345					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER PHONE	(281) 435-2817					
8 REPORT					_	
TYPE	January 15	30th day befor	e election	Runoff	15th day after ca appointment (off	ampaign treasurer
	X July 15	8th day before		Exceeded modified	Final Report (Att	
		our day before		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	т	HROUGH	06/30/2024		
	01/01/2024			00/30/202	+	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary		Other	
	11/08/2022					
		X	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				Lieutenant Gover	rnor	
	1			1		
		60.	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 8

13 C / OH NAME	Collier, Michael E. (M	r.)	14 Filer ID (I 00069397	Ethics Commissio	on Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	the candidate's or office	holder's knowled	ge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	90.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$	204.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 42	9,500.00
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
			Michael E. Collier		
		Signature of	Candidate or Officehold	ber	
AFFIX NOT	FARY STAMP / SEAL ABO	DVE			
		aid rtify which, witness my hand and seal of office.	, this the	da <u>y</u>	у
-	er administering	Printed name of officer administering		administering oa	

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 4 of 8
18 FILER NAME Collier, Michael E. (Mr.)	19 Filer ID 00069397	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 90.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 1,000.00
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 15.00

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

				EXPENDITUR	E CATEGO	RIES FOR	BO)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nmittee L	vent Expense ees bod/Beverage Expens ift/Awards/Memorials egal Services 'he Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
_				ne instruction Gu	nue explains	now to con	npie	te this form.	_		(=.1.)	· · · · ·
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/8	2	FILER NAME Collier, Micha	ael E. (Mr.)						Filer ID 00069397	(Etnics C	Commission Filers)
4	Date	5	Payee name									
	01/31/2024		Chase Bank									
6	Amount (\$) \$15.00	7	Payee address 712 Main St Houston, TX	-	State	; Zip Coo	de					
8	PURPOSE	(a)	Category (See	Categories listed at th	ne ton of this sch	(eluber	(b)	Description				
	OF EXPENDITURE		Accounting/B			ieduie)		Check if travel		de of Texas. Com officeholder living		ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office soug	ght			Office he	eld	
	Date		Payee name									
	02/29/2024		Chase Bank									
	Amount (\$)		Payee address	; City;	State	; Zip Coo	de					
	\$15.00		712 Main St Houston, TX	77002-3201								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Accounting/B	Categories listed at tr anking	ne top of this sch	nedule)				de of Texas. Com officeholder living		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office soug	ght			Office he	eld	
	Date		Payee name									
	04/30/2024		Chase Bank									
	Amount (\$) \$15.00		Payee address 712 Main St	; City;	State	; Zip Coo	de					
			Houston, TX	77002-3201								
	PURPOSE OF EXPENDITURE	(a)	Category (See Accounting/B	Categories listed at th anking	ne top of this sch	nedule)				de of Texas. Com officeholder living		ule T.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office soug	ght			Office he	eld	

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/Politica Credit Card Payment	Fe Fo G nmittee Le	vent Expense bes bod/Beverage Expense ft/Awards/Memorials Exp egal Services he Instruction Guid e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/2 Rpt: 6/8	Collier, Micha	el E. (Mr.)					00069397		
4	Date 03/29/2024	Payee name Chase Bank								
6	Amount (\$) \$15.00	Payee address 712 Main St Houston, TX		State;	; Zip Coo	le				
8	PURPOSE OF EXPENDITURE	Category _{(See} Accounting/B	Categories listed at the t anking	op of this sche	edule)			de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	C	Office soug	ht		Office he	eld	
	Date	Payee name								
	05/31/2024	Chase Bank								
	Amount (\$) \$15.00	Payee address 712 Main St	; City;	State;	Zip Coo	le				
		Houston, TX								
	PURPOSE OF EXPENDITURE	Category (See Accounting/B	Categories listed at the t anking	op of this sche	edule)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	C	Office sou	ht		Office he	eld	
	Date	Payee name								
	06/28/2024	Chase Bank								
	Amount (\$) \$15.00	Payee address 712 Main St	; City;	State;	; Zip Coo	le				
		Houston, TX	77002-3201							
	PURPOSE OF EXPENDITURE	Category _{(See} Accounting/B	Categories listed at the t anking	op of this sche	edule)			de of Texas. Com officeholder livinç		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	C	Office soug	ht		Office he	eld	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 1/1 Rpt: 7/8	2 FILER NAME Collier, Michael E. (Mr.)	3 Filer ID (Ethics Commission Filer 00069397
Date	5 Payee name	
03/08/2024	Collier, Michael	
Amount (\$)	7 Payee Address; City; State; Zip	
1,000.00	2334 Cumberland Oak Ct	
1,000.00		
	Kingwood, TX 77345-2150	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	
OF EXPENDITURE	Loan Repayment/Reimbursement	Partial loan repayment

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		ages Schedule K: ./1 Rpt: 8/8		
2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Collier, Mich	ael	E. (Mr.)		00069	397	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	06/05/2024						\$15.00
		6	Address of person from whom amount is received; City; State; Zip Code				
			Kingwood, TX 77345-2150				
		7		if polition	cal conti	ribution returned to filer	
			Refund of service fee				