

# 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><br>(Ethics Commission Filers)<br>00088062 | <b>2 Total pages filed:</b><br>7   |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>Mr.  | FIRST<br>Michael G.   | MI   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/15/2024 |
|   | NICKNAME  | LAST<br>Braxton   | SUFFIX<br>Sr.  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1504 W. Walker St.<br><br>Denison, TX 75020   |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |
|   |   |   |  | Receipt #      Amount  |
|   |   |   |  | Date Processed   |
|   |   |   |  | Date Imaged  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>Ms.  | FIRST<br>Lana M.  | MI   |  |
|   | NICKNAME  | LAST<br>Nunneley  | SUFFIX   |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>805 N. Travis St.<br>Suite 100<br>Sherman, TX 75090  |   |  |  |
|   |   |   |  |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE   | PHONE NUMBER  | EXTENSION<br>(903) 816-2367  |  |
| <b>8 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)          |   |  |  |
|   | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR) |   |  |  |
| <b>9 PERIOD COVERED</b>   | Month      Day      Year<br>05/19/2024  | THROUGH   |  | Month      Day      Year<br>06/30/2024   |
| <b>10 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)  |   | <b>12 OFFICE SOUGHT (if known)</b><br>State Senator District 30  |  |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Braxton Sr., Michael G. (Mr.) **14 Filer ID** (Ethics Commission Filers)  
00088062

**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<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |          |
|-------------------------------|---|----|----------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 330.00   |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 1,432.25 |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 1,432.25 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00     |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Michael G. Braxton Sr.  
\_\_\_\_\_  
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><br>Braxton Sr., Michael G. (Mr.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088062 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>           |  | <b>SUBTOTAL AMOUNT</b> |
|--|--|------------------------|
| <b>NAME OF SCHEDULE</b>                |  |                        |
| 1. <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 330.00              |
| 2. <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00                |
| 3. <input checked="" type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00                |
| 4. <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$ 0.00                |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 1,432.25            |
| 6. <input checked="" type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00                |
| 7. <input checked="" type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ 0.00                |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00                |
| 9. <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 0.00                |
| 10. <input type="checkbox"/>           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11. <input type="checkbox"/>           | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12. <input type="checkbox"/>           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7   |
| <b>2</b> FILER NAME<br>Braxton Sr., Michael G. (Mr.)                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088062 |
| <b>4</b> Date<br>05/29/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fletcher, Jan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Sherman, TX 75092 | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>05/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGill, Timo<br><hr/> Contributor address; City; State; Zip Code<br><br>Wichita, KS 67218                    | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Nurse            |  | Employer (See Instructions)<br>Meridian Nursing Home     |
| Date<br>05/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGraw, Pamela<br><hr/> Contributor address; City; State; Zip Code<br><br>Sherman, TX 75090                  | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Attorney         |  | Employer (See Instructions)<br>Self Employed             |
| Date<br>05/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mientjes, Lauren<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75035                 | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Sales Associate  |  | Employer (See Instructions)<br>St. Bernard               |
| Date<br>06/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Williams, Staci<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75229                  | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>District Judge   |  | Employer (See Instructions)<br>State of Texas            |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 5/7

2 FILER NAME  
Braxton Sr., Michael G. (Mr.)

3 Filer ID (Ethics Commission Filers)  
00088062

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 6/7  |
| <b>2</b> FILER NAME<br>Braxton Sr., Michael G. (Mr.)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088062   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

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|   |  |
|---|--|
| <b>1 C/OH NAME</b><br>Braxton Sr., Michael G. (Mr.) | <b>2 Filer ID</b> (Ethics Commission Filers)<br>00088062 |
|---|--|

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
 Mr. Michael G. Braxton Sr.  
 Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder \*\***

**A CAMPAIGN FUNDS**

**Check only one:**

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

**B ASSETS**

**Check only one:**

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

\_\_\_\_\_  
 Mr. Michael G. Braxton Sr.  
 Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder \*\***

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder