

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083440	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Michelle L.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/05/2025
	NICKNAME	LAST Palmer	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1415 S Voss, Suite 110-161 Houston, TX 77057		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Mary	MI	
	NICKNAME	LAST Morrison	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5823 Doliver Houston, TX 77057			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	829-6079		
8 REPORT TYPE	<input checked="" 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 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)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/03/2026		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Palmer, Michelle L. (Ms.)	14 Filer ID (Ethics Commission Filers) 00083440
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	58.29
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	519.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	21.42
	4. TOTAL POLITICAL EXPENDITURES	\$	21.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	13,137.45
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.

Ms. Michelle L. Palmer

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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18 FILER NAME Palmer, Michelle L. (Ms.)		19 Filer ID (Ethics Commission Filers) 00083440
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 519.27
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 21.42
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/7
2 FILER NAME Palmer, Michelle L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00083440
4 Date 07/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.)	7 Amount of Contribution (\$) \$33.61
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Next Level Urgent Care
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.)	Amount of Contribution (\$) \$33.61
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.)	Amount of Contribution (\$) \$33.61
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.)	Amount of Contribution (\$) \$33.61
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.)	Amount of Contribution (\$) \$33.61
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/7
2 FILER NAME Palmer, Michelle L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00083440
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeudy, Wil (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$33.61
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Next Level Urgent Care
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxon Mobil
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxon Mobil
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxon Mobil
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxon Mobil

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/7
2 FILER NAME Palmer, Michelle L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00083440
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$19.21
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Exxon Mobil
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lahey, Marieke <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Exxon Mobil
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$24.01
Principal occupation / Job title (See Instructions) Field Engineer		Employer (See Instructions) Microsoft
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$24.01
Principal occupation / Job title (See Instructions) Field Engineer		Employer (See Instructions) Microsoft
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$24.01
Principal occupation / Job title (See Instructions) Field Engineer		Employer (See Instructions) Microsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/7
2 FILER NAME Palmer, Michelle L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00083440
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$24.01
8 Principal occupation / Job title (See Instructions) Field Engineer		9 Employer (See Instructions) Microsoft
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$24.01
Principal occupation / Job title (See Instructions) Field Engineer		Employer (See Instructions) Microsoft
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