

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00051444	<b>2</b> Total pages filed:  20	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael G.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/10/2025
	NICKNAME Mike	LAST Lee	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4441 Norris St.  Dallas, TX 75214		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael G.	MI	
	NICKNAME Mike	LAST Lee	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4441 Norris St.  Dallas, TX 75214		APT / SUITE #;	CITY;      STATE;      ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	725-5401		
<b>8</b> 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)			
<b>9</b> PERIOD COVERED	Month      Day      Year	THROUGH	Month      Day      Year	
	10/27/2024		12/31/2024	
<b>10</b> ELECTION	ELECTION DATE Month      Day      Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 12 District 5 Dallas		<b>12</b> OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 12 District 5	

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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<b>13 C / OH NAME</b> Lee, Michael G. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00051444
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.	
<input checked="" type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input checked="" type="checkbox"/> GENERAL	Dallas Police Officers PAC
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b> 1412 Griffin Street East  Dallas, TX 75215
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Janse, Kevin
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> 1412 Griffin Street East  Dallas, TX 75215

<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)	\$ 8,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,216.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,244.56
<b>OUTSTANDING LOAN TOTALS</b>	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. Lee  
\_\_\_\_\_  
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.

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Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM **JC/OH**  
ADDENDUM

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C / OH NAME	Lee, Michael G. (Mr.)	Filer ID	(Ethics Commission Filers)
		00051444	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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 ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Judicial Fairness PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		919 Congress Ave. Ste. 455 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Parsley, E. Lee
	COMMITTEE CAMPAIGN TREASURER ADDRESS	919 Congress Ave. Ste. 455 Austin, TX 78701

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Lee, Michael G. (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00051444
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 8,250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,464.99
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,738.19
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,060.25
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/2 Rpt: 5/20
<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Better Dallas PAC	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231		
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts Amicus Fund	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Houston, TX 77002		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP Political Action Committee	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Dallas, TX 75201-2725		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/2 Rpt: 6/20
<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 11/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rockwall County Republican Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75087-1354	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# 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: 1/3 Rpt: 7/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 11/13/2024	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$1,269.41	<b>7</b> Payee address; City; State; Zip Code P.O. Box 650448  Dallas, TX 75265-0448	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Payment of charges for political expenditures
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name American Express	
Amount (\$) \$463.51	Payee address; City; State; Zip Code P.O. Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Payment of charges reflected in report
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Collin County Republican Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2963 West 15th St. Suite 2961 Plano, TX 75075	
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 Election watch party sponsorship
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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 8/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 12/03/2024	<b>5</b> Payee name Dallas County Council of Republican Women	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 11617 N. Central Expwy Suite 240  Dallas, TX 75243	
<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 DCCRW Christmas party registration
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name Dallas County Republican Party	
Amount (\$) \$363.95	Payee address; City; State; Zip Code 11617 N. Central Expwy Suite 240 Dallas, TX 75243	
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 County party Christmas Party sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name Republican Party of Rockwall County	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 112 Kenway  Rockwall, TX 75087-0863	
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 Sponsorship of county party Christmas party.
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: 3/3 Rpt: 9/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 12/31/2024	<b>5</b> Payee name Republican Party of Rockwall County	
<b>6</b> Amount (\$) \$259.07	<b>7</b> Payee address; City; State; Zip Code 112 Kenway  Rockwall, TX 75087-0863	
<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 Reagan Day dinner sponsorship
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Sheraton McKinney	
Amount (\$) \$498.98	Payee address; City; State; Zip Code 1900 Gateway Blvd  McKinney, TX 75070	
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 Suite for election watch party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name The Old Iron Post	
Amount (\$) \$45.07	Payee address; City; State; Zip Code 101 North Travis St.  Sherman, TX 75090	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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 Lunch with supporter
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 1/7 Rpt: 10/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 10/29/2024	(c) Date(s) Credit Card Issuer Paid 11/13/2024
<b>7</b> PAYEE	(a) Payee name Collin County Republican Party		(b) Payee address; City, State, Zip Code 2963 West 15th St. Suite 2961 Plano, TX 75075
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Election watch party sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$498.98	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 11/13/2024
<b>PAYEE</b>	(a) Payee name Sheraton McKinney		(b) Payee address; City, State, Zip Code 1900 Gateway Blvd McKinney, TX 75070
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Suite for election watch party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$275.00	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuer Paid 11/13/2024
<b>PAYEE</b>	(a) Payee name State Bar of Texas		(b) Payee address; City, State, Zip Code 1414 Colorado St. Austin, TX 78701
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Texas Bar College Dues and Endowment Fund
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 2/7 Rpt: 11/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$6.48	(b) Date of Charge 11/09/2024	(c) Date(s) Credit Card Issuer Paid 12/18/2024
<b>7</b> PAYEE	(a) Payee name JoAnn Fabric and Gifts		(b) Payee address; City, State, Zip Code 6330 East Mockingbird Ln.  Dallas, TX 75214
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Zipper for judicial robe		(b) Description Replacement zipper to repair judicial robe
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$24.35	(b) Date of Charge 12/12/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name 2020 Market Scratch Kitchen &		(b) Payee address; City, State, Zip Code 1500 Rivery Blvd.  Georgetown, TX 78628
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Unreimbursed portion of meal during College for New Judges
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b>	(a) Amount Charged \$45.07	(b) Date of Charge 12/20/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name The Old Iron Post		(b) Payee address; City, State, Zip Code 101 North Travis St.  Sherman, TX 75090
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal with supporter
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 3/7 Rpt: 12/20	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 11/07/2024
<b>7</b> PAYEE	(a) Payee name Texas Center for the Judiciary,	(c) Date(s) Credit Card Issuer Paid 12/18/2024
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description College for New Judges
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>PAYMENT</b>	(a) Amount Charged \$24.81	(b) Date of Charge 12/11/2024
<b>PAYEE</b>	(a) Payee name Wildfire	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Payee address; City, State, Zip Code 1210 San Antonio Suite 800 Austin, TX 78701
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>PAYMENT</b>	(a) Amount Charged \$259.07	(b) Date of Charge 12/31/2024
<b>PAYEE</b>	(a) Payee name Republican Party of Rockwall	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Payee address; City, State, Zip Code 112 Kenway Rockwall, TX 75087-0863
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 4/7 Rpt: 13/20		<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name Dallas County Council of		(b) Payee address; City, State, Zip Code 11617 N. Central Expwy Suite 240 Dallas, TX 75243	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description DCCRW Christmas party	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$23.01	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Belo Mansion		(b) Payee address; City, State, Zip Code 2101 Ross Ave. Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal during CLE seminar	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$23.01	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Belo Mansion		(b) Payee address; City, State, Zip Code 2101 Ross Ave. Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal during CLE seminar	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 5/7 Rpt: 14/20	<b>2</b>	FILER NAME Lee, Michael G. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00051444
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$22.62	(b) Date of Charge 12/10/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Blue Corn Harvest Bar and Grill		(b) Payee address; City, State, Zip Code 700 East Whitestone Blvd. Suite 204 Cedar Park, TX 78613	
<b>8</b>	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Unreimbursed portion of meal during College for New Judges	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$83.00	(b) Date of Charge 12/11/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name Texas Center for the Judiciary,	(b) Payee address; City, State, Zip Code 1210 San Antonio Suite 800 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Judicial office memorabilia from College for New Judges		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$150.00	(b) Date of Charge 12/28/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name Catholic Bar Association	(b) Payee address; City, State, Zip Code 5800 PA 378  Center Valley, PA 18034			
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bar association dues		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 6/7 Rpt: 15/20		<b>2</b> FILER NAME Lee, Michael G. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00051444	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$363.95	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuer Paid 11/13/2024	
<b>7</b> PAYEE		(a) Payee name Dallas County Republican Party		(b) Payee address; City, State, Zip Code 11617 N. Central Expwy Suite 240 Dallas, TX 75243	
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description County party Christmas party sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$75.00	(b) Date of Charge 11/09/2024	(c) Date(s) Credit Card Issuer Paid 12/18/2024	
<b>PAYEE</b>		(a) Payee name Texas Center for the Judiciary,		(b) Payee address; City, State, Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Fees <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description Criminal Justice seminar	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$300.00	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issuer Paid 12/18/2024	
<b>PAYEE</b>		(a) Payee name Republican Party of Rockwall		(b) Payee address; City, State, Zip Code 112 Kenway Rockwall, TX 75087-0863	
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description County party Christmas party sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F4: Sch: 7/7 Rpt: 16/20	<b>2</b>	FILER NAME Lee, Michael G. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00051444
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$19.49	(b) Date of Charge 12/07/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Frisco Valet		(b) Payee address; City, State, Zip Code 11 Cowboys Way Frisco, TX 75034	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Parking for Collin County Bar Association holiday party	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$24.35	(b) Date of Charge 12/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name 2020 Market Scratch Kitchen &		(b) Payee address; City, State, Zip Code 1500 Rivery Blvd. Georgetown, TX 78628	
<b>8</b>	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Unreimbursed portion of meal during College for New Judges	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 12/28/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Dallas Bar Association		(b) Payee address; City, State, Zip Code 2101 Ross Ave. Dallas, TX 75201	
<b>8</b>	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bar association dues	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/4 Rpt:	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 12/09/2024	<b>5</b> Payee name 2020 Market Scratch Kitchen & Bar	
<b>6</b> Amount (\$) 24.35	<b>7</b> Payee Address; City; State; Zip 1500 Rivery Blvd.  Georgetown, TX 78628	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Unreimbursed portion of meal during College for New Judges
Date 12/12/2024	Payee name 2020 Market Scratch Kitchen & Bar	
Amount (\$) 24.35	Payee Address; City; State; Zip 1500 Rivery Blvd.  Georgetown, TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Unreimbursed portion of meal during College for New Judges
Date 12/04/2024	Payee name Belo Mansion	
Amount (\$) 23.01	Payee Address; City; State; Zip 2101 Ross Ave.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meal during CLE seminar
Date 12/05/2024	Payee name Belo Mansion	
Amount (\$) 23.01	Payee Address; City; State; Zip 2101 Ross Ave.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meal during CLE seminar

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/4 Rpt:	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 12/10/2024	<b>5</b> Payee name Blue Corn Harvest Bar and Grill	
<b>6</b> Amount (\$) 22.62	<b>7</b> Payee Address; City; State; Zip 700 East Whitestone Blvd. Suite 204 Cedar Park, TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Unreimbursed portion of meal during College for New Judges
Date 12/28/2024	Payee name Catholic Bar Association	
Amount (\$) 150.00	Payee Address; City; State; Zip 5800 PA 378  Center Valley, PA 18034	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bar association dues
Date 12/28/2024	Payee name Dallas Bar Association	
Amount (\$) 180.00	Payee Address; City; State; Zip 2101 Ross Ave.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bar association dues
Date 12/07/2024	Payee name Frisco Valet	
Amount (\$) 19.49	Payee Address; City; State; Zip 11 Cowboys Way  Frisco, TX 75034	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Parking for Collin County Bar Association holiday party

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/4 Rpt:	<b>2</b> FILER NAME Lee, Michael G. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00051444
<b>4</b> Date 11/09/2024	<b>5</b> Payee name JoAnn Fabric and Gifts	
<b>6</b> Amount (\$) 6.48	<b>7</b> Payee Address; City; State; Zip 6330 East Mockingbird Ln.  Dallas, TX 75214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Zipper for judicial robe	<b>(b)</b> Description (See instructions regarding type of information required.) Replacement zipper to repair judicial robe
Date 11/08/2024	Payee name State Bar of Texas	
Amount (\$) 275.00	Payee Address; City; State; Zip 1414 Colorado St.  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) Texas Bar College Dues and Endowment Fund
Date 11/07/2024	Payee name Texas Center for the Judiciary, Inc.	
Amount (\$) 75.00	Payee Address; City; State; Zip 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Fee for College for New Judges
Date 11/09/2024	Payee name Texas Center for the Judiciary, Inc.	
Amount (\$) 75.00	Payee Address; City; State; Zip 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Criminal Justice seminar

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Lee, Michael G. (Mr.)	3 Filer ID (Ethics Commission Filers) 00051444
4 Date 12/11/2024	5 Payee name Texas Center for the Judiciary, Inc.	
6 Amount (\$)  83.00	7 Payee Address; City; State; Zip 1210 San Antonio Suite 800 Austin, TX 78701	
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Judicial office memorabilia from College for New Judges
Date 12/11/2024	Payee name Wildfire	
Amount (\$)  24.81	Payee Address; City; State; Zip 812 South Austin Ave.  Georgetown, TX 78626	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Unreimbursed portion of meal during College for New Judges
Date 12/09/2024	Payee name Yelladawg Creative	
Amount (\$)  54.13	Payee Address; City; State; Zip 6181 Saratoga Cir.  Dallas, TX 75214	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Repair and tailoring of judicial robe