FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00027138 11 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Michael E. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Mery CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 380301 MAILING Receipt # Amount **ADDRESS** Change of Address San Antonio, TX 78268 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Margaret G. NAME NICKNAME LAST **SUFFIX** Mireles STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 329 Mary Louise Drive **ADDRESS** (Residence or Business) San Antonio, TX 78201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 735-6348 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 144 Bexar

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Mery, Michael E. (Th	e Honorable)	14 Filer ID 00027138	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made without d officeholders are required to report this information	ut the candidate's or offic	eholder's knowledge or					
Additional Pages	ditional Pages COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAM	<u> </u>						
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THE ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00					
	ANS)	\$ 0.00							
EXPENDITURE TOTALS		\$ 0.00							
		\$ 2,621.63							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH	E LAST DAY OF THE	\$ 15,295.17					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required						
		The Ho	onorable Michael E. Me	ery					
			e of Candidate or Officeho						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE							
Sworn to and subsc	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	7 V L	3 of 11
18 FIL Me		ME hael E. (The Honorable)	19 Filer ID 00027138	(Ethic	cs Commission Filers)
20 SCI NAI	HEDULE ME OF S		SUBTOTAL AMOUNT		
1.	X	\$	0.00		
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,441.63
6.		\$			
7.		\$			
8.		\$			
9.	Х	\$	180.00		
10.		\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Gift/Awards/Memoria Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment			The Instruction C	Guide explains	s how to co	mple	ete this form.				·
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	,)
	Sch: 1/6 Rpt: 4/11		Mery, Micha	el E. (The Hor	norable)					00027138		
4	Date	5	Payee name					•				
	08/17/2024		AFL-CIO of	San Antonio								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$200.00		9502 Compt	uter # 201								
			San Antonio	, TX 78229								
8	PURPOSE	⊢		e Categories listed at	the ten of this es	ah a dula)	(b)	Description				
ľ	OF	(.,		e Categories listed at s/Donations M		cnedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		mittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Linda Chavez	z-Tl	nompson 80	Oth birthday luncheon.	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	experialitate to beliefit C/Oi											
	Date		Payee name									
	11/03/2024		Andy Mirele	s Charitable F	oundation							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$150.00		329 Mary Lo	ouise								
			San Antonio	, TX 78201								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			=			nplete Schedule T.	
			Candidate/C	Officeholder/Po	litical Com	mittee		Check if Austin, Annual Family		officeholder livin		
								Allitual Falling	уг	euu iuiiuiai	361.	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janarate/Onic	cholder hame		Omec 300	giit			Onice ii	Ciu	
_	Date	Г	Davisa nama									_
	11/26/2024		Payee name	ty Tejano Dem	ocrats							
						o: Zin Co	do					
	Amount (\$) \$30.00		Payee addres 9506 Wahad		Siai	e; Zip Co	ue					
	φ30.00		3300 Wanat	ıa								
			Can Antonia	TV 70217								
			San Antonio	, 17 10211								
	PURPOSE OF	ı	,	e Categories listed at	the top of this so	chedule)	(b)	Description Check if travel (nutsii	de of Texas Con	nplete Schedule T.	
	EXPENDITURE		Fees							officeholder livin		
								Membership	due	es.		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide expenses	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 2/6 Rpt: 5/11		ael E. (The Honorable	e)				00027138	•	,
4	Date	5 Payee name								
	08/16/2024	Bexar Cour	nty Young Democrats	i						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$150.00	1844 Frede	ricksburg Road							
		San Antoni	o, TX 78701							
8	PURPOSE OF		ee Categories listed at the top o		(b)	Description				
	EXPENDITURE		ns/Donations Made B			므		de of Texas. Comp officeholder living		
		Candidate/	Officeholder/Political	Committee		Pachanga fur			схреное	
						J				
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	<u>I</u> ıght			Office he	eld	
-	Date	Dayloo nomo								
	08/24/2024	Payee name GoDaddy								
			0''	O: : 7: 0						
	Amount (\$)	Payee addre	•	State; Zip Co	oae					
	\$72.17	155 E. GoD	addy way							
		Tempe, AZ	85284							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			=		de of Texas. Comp		
	_					Fee for doma		officeholder living		
						ree ioi doilla	LIII	ioi campaigi	i website.	
	Complete ONLY if direct		ceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OF									
	Date	Payee name								
	08/29/2024	GoDaddy								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$194.18	155 E. GoD	addy Way							
		Tempe, AZ	85284							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Comp		
						Fee for doma		officeholder living		
						i ee ioi uuiild		or campaigi	i websile.	
\vdash	Complete ONLY if direct	Candidate/∩ff	iceholder name	Office sou	labt			Office he	ald.	
	expenditure to benefit C/O		centiuei name	Office SOL	agrit			Office He	au	
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 6/11	Mery, Michael E. (The Honorable) 00027138
4	Date	5 Payee name
	09/15/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.21	155 E. GoDaddy Way
		Tempe, AZ 85284
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for domain for campaign website.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/27/2024	Harland Clarke
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.07	240 America Place
		Jeffersonville, IN 47130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fee for campaign account checks. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee for campaign account checks.
		Too for outspaight account checks.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/05/2024	Lulac Council #4484
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	418 Rosa Verde
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship of Senior Citizens Christmas event.
		Sponsorship of Schiol Chizens Christinas event.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Git/Awards/Memorials Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed above)	
	Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	;)
	Sch: 4/6 Rpt: 7/11		Mery, Micha	el E. (The Hon	orable)					00027138		
4	Date	5	Payee name					•				
	11/02/2024		Ministry of th	ne Third Cross								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$100.00		222 South C	omal Street								
			San Antonio	, TX 78207								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sol	hedule)	(b)	Description				
	OF	 `´		s/Donations M		neddie)	` ´	_ `	outsi	de of Texas. Con	pplete Schedule T.	
	EXPENDITURE			officeholder/Po		nittee		_		officeholder livin	g expense	
								Harvest Moor	n fu	ındraiser.		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/26/2024		Northeast B	exar County De	emocrats							
	Amount (\$)	l	Payee addres		State	e; Zip Co	de					
	\$250.00		P.O. Box 70	0766								
			San Antonio	, TX 78270-07	66							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense				=			nplete Schedule T.	
								_		officeholder livin	_abor Day picnic.	
								Оропооготпр	01 6	ine / unitedit	Labor Bay piorile.	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						9					
_	Date		Payee name									_
	11/16/2024		Northwest D	emocrats								
	Amount (\$)		Payee addres		State	e; Zip Co	nde					
	\$20.00		P.O. Box 68	-	Sidic	, Zip Co	uc					
	Ψ20.00		1 .O. Box 00	1011								
			San Antonio	TY 78268								
	DUDDOCE	(0)					(h)	Description				
	PURPOSE OF	(a)	Breakfast m	e Categories listed at	the top of this scl	hedule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Dieakiasi III	eemig.						officeholder livin	•	
								Breakfast me	etir	ng.		
L												
	Complete ONLY if direct		Candidate/Offic	ceholder name	-	Office sou	ght			Office h	eld	
	expenditure to benefit C/OH											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/11	Mery, Michael E. (The Honorable) 00027138
4	Date	5 Payee name
	09/21/2024	Northwest Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	P.O. Box 681911
		San Antonio, TX 78268
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Breakfast meeting. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast meeting.
		Dicarrast meeting.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	David and the second se
		Payee name Northwest Demograts
	08/08/2024	Northwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	P.O. Box 681911
		San Antonio, TX 78268
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Pat Maloney Dinner.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 08/17/2024	Payee name Northwest Democrate
		Northwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 681911
		San Antonio, TX 78268
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Breakfast meeting. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast meeting.
		Dicariast meeting.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	Π
	Sch: 6/6 Rpt: 9/11		ael E. (The Honorable)					00027138		
4	Date	5 Payee name								
	09/26/2024	San Antoni	o Bar Foundation							
6	Amount (\$)	7 Payee addre	ess; City; St	tate; Zip Co	ode					
	\$250.00	P.O. Box 8	31165							
		San Antoni	o, TX 78783							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By	_				de of Texas. Comp		
	-	Candidate/	Officeholder/Political Co	mmittee		Contribution.	, TX,	officeholder living	expense	
						Continuation.				
_	0 1: 0.11.7.7.1.	0 "1 ' '0"		0.00	<u>. </u>			011111		_
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ignt			Office he	eia	
										_
	Date	Payee name								
	08/30/2024	U.S. Postal	Service							
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Co	ode					
	\$205.00	6825 Heub	ner Road							
		San Antoni	o, TX 78238							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description				
	EXPENDITURE	Fees				=		de of Texas. Comp officeholder living		
						Post office bo				
						1 031 011100 00	,,, ,	critarior ± y	our.	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l aht			Office he	eld	_
	expenditure to benefit C/OI	-1			J					
	Date	Payee name								=
	10/02/2024	_	ssions Inn of Court							
				 .						_
	Amount (\$)	Payee addre		tate; Zip Co	ode					
	\$290.00	200 Conco	rd Plaza, Suite 425							
		San Antoni	o, TX 78216							
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Comp		
						Dues for 2024		officeholder living	expense	
						DUE2 101 2024	+-Z	020.		
_	Complete ONLY if direct	Candidata/O#	iceholder name	Office	abt			Office he	ald.	_
	Complete ONLY if direct expenditure to benefit C/OI		cenduel Haille	Office sou	ynı			Onice ne	au	
_										_

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee L	egal Services		Sala		ges/Contract Labor			nter a catego	ry not listed abo	ve)
			•	The Instruction	Guide expla	ains how t	to com	plete this form.					
1		2	FILER NAME						3	Filer ID	(Ethics	Commission	r Filers)
	Sch: 1/2 Rpt: 10/11		Mery, Micha	el E. (The H	onorable)					000271	.38		
4	Date	5	Payee name										
	07/15/2024		Exxon										
6	Amount (\$)	7	Payee address	s; City;	S	tate; Zip	Cod	e					
	\$30.00		9445 Bander	a Road									
	Reimbursement from political contributions intended		San Antonio	TX 78250									
8	PURPOSE	(a)	Category (See	Categories listed	at the top of thi	s schedule)	(b) Description		Check if trave	l outside of Te	exas. Complete	Schedule T.
	OF EXPENDITURE		Transportation	on Equipmer	nt And Rela	ated				Check if Austi	n, TX, officeh	older living expe	ense
			Expense				C	Gasoline.					
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	older name				Office sough	it		Office I	neld	
	C/OH												
	Date		Payee name										
	08/15/2024		Exxon										
	Amount (\$)		Payee address	s; City;	S	tate: Zip	Cod	<u> </u>					
	\$30.00		9445 Bandei			, ,							
	Reimbursement from												
	X political contributions intended		San Antonio	TX 78250									
	PURPOSE	-	Category (See		at the ton of thi	s schedule)		Description	П	Check if trave	l outside of Te	exas. Complete	Schedule T.
	OF		,	-	•	ŕ		2 000р				older living expe	
	EXPENDITURE		Transportation Equipment And Related Expense Gasoline.										
	•	Cai	ndidate/Officeh	older name				Office sough	ıt		Office I	neld	
	expenditure to benefit C/OH												
		_											
	Date		Payee name										
	09/09/2024		Exxon										
	Amount (\$)		Payee address		S	tate; Zip	Cod	e					
	\$30.00		9445 Bandei	a Road									
	Reimbursement from political contributions												
	intended		San Antonio	TX 78250									
	PURPOSE OF		Category (See	Categories listed	at the top of thi	s schedule)		Description				exas. Complete	
	EXPENDITURE		Transportation	on Equipmer	nt And Rela	ated		- "	П	Check if Austi	n, TX, officeh	older living expe	ense
			Expense					Gasoline.					
	0 1: 0	Ĺ	P. L. (2000)					O.W. :					
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	older name				Office sough	it		Office I	neld	
	C/OH												

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
	Gredit Gard F dyment	The Instruction Guide explains how to	complete this form.									
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
	Sch: 2/2 Rpt: 11/11	Mery, Michael E. (The Honorable)		00027138								
4	Date	5 Payee name										
	10/05/2024	Exxon										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$30.00	9445 Bandera Road										
	Reimbursement from											
	x political contributions intended	San Antonio, TX 78250										
Ļ			lass in E	70, 17, 1, 1, 1								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	EXPENDITURE	Transportation Equipment And Related Expense	Gasoline.	Check if Addain, 174, officeriolder living expense								
		ZAPONOO	Gasoline.									
Ļ	Opening ONE V if allowed	Constitute (Office leading to the	0#:	Office health								
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held								
	C/OH											
	Date	Payee name										
	11/12/2024	Exxon										
_	Amount (\$)	Payee address; City; State; Zip C	ode									
	` '	\$30.00 9445 Bandera Road										
		Reimbursement from										
	X political contributions											
		San Antonio, TX 78250	T ====================================	-								
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	EXPENDITURE	Transportation Equipment And Related Expense	Gasoline.	Check if Addain, 174, Gillecholder living expense								
		ZAPONOO	Gasoline.									
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held								
	expenditure to benefit	Candidate/Oniceriolder flame	Office sought	Office field								
	C/OH											
	Date	Payee name										
	12/14/2024	Exxon										
	Amount (\$)	Payee address; City; State; Zip C	Code									
	\$30.00	9445 Bandera Road										
	Reimbursement from											
	x political contributions intended	San Antonio, TX 78250										
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.								
	OF EXPENDITURE	Transportation Equipment And Related		Check if Austin, TX, officeholder living expense								
	EXPENDITURE	Expense	Gasoline.									
		Candidate/Officeholder name	Office sought	Office held								
	expenditure to benefit C/OH											
<u> </u>												