#### 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) 00051444 41 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Michael G. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Mike Lee CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael G. NAME NICKNAME LAST **SUFFIX** Mike Lee **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 725-5401 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

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Court Of Appeals, Justice Place 12 District 5 Dallas

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Lee, Michael G. (The	Honorable)	<b>14</b> Filer ID 00051444	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been m officeholders are required to report th	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
 16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(C	THER THAN PLEDGES LOANS	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS		<b>\$</b> 50.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	<b>\$</b> 43,050.00
EXPENDITURE TOTALS	· ·	ZED POLITICAL EXPENDITURES	,	<b>\$</b> 153.32
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 31,339.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 28,081.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		l swear, or affirm, i true and correct ar under Title 15, Ele	under penalty of perjury, that the acood includes all information required totion Code.	companying report is to be reported by me
			The Honorable Michael G. Le	e
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	rtify which, witness my hand and seal	of office.	
Signature of office	cer administering oath	Printed name of officer administe	ering oath Title of office	r administering oath

## **SUBTOTALS - JC/OH**

## FORM JC/OH **COVER SHEET PG 3**

				3 of 41		
18 FILER NAME Lee, Michael G. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00051444						
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  SUBTOTAL						
1. X SC	HEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	42,550.00		
2. X SCI	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00		
3. SCH	HEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4. SCF	HEDULE E(J): LOANS (JUDICIAL)		\$			
5. X SC	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	25,883.51		
6. SCF	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. SCF	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. X SC	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,114.49		
9. X SC	HEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,341.23		
10. SCF	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. SCF	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$	125.00		
			•			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		:	SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total page Sch: 1/6 I	es Schedule A(J)1 Rpt: 4/41	<u>l</u> :
2	FILER NAME				3	Filer ID (	(Ethics Commissi	on Filers)
	Lee, Michae	l G. (The Honorable)				00051444	4	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of	Contribution (\$)	
	02/27/2025	Aldous/Walker LLP						\$2,500.00
		6 Contributor address; City;	State; Zip Code					
		Dallas, TX 75214						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (	if any)					
_	Date	Full name of contributor	Quit of state BAC (ID#:	,	T	Amount of	Contribution (\$)	
	01/27/2025	Alexander, Jerry	out-of-state PAC (ID#:	)		AIIIOUIII OI	Continuution (\$)	\$1,000.00
	01/2//2025	Contributor address; City;	Ctata: Zin Cada					Ψ1,000.00
		Dallas, TX 75270						
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	pous	se (if any)		
	Passman &			Polsinelli Law Firm				
	If contributor i	s a child, law firm of parent(s) (	if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of	Contribution (\$)	
	02/28/2025	Baron and Blue						\$5,000.00
		Contributor address; City;	State; Zip Code					
		Dallas, TX 75205						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (	if any)	l				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/41
2	FILER NAME Lee, Michae	l G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051444
4	Date 01/23/2025	5 Full name of contributor out-of-state PAC (ID#:  Bell Nunnally  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,000.00
Ļ	O a saturita da da la	Dallas, TX 75201		In Constitute de 1-le Title		
8	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/23/2025					\$500.00
		Dallas, TX 75202				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/01/2025	Hamilton, Anne	_			\$5,000.00
		Contributor address; City;  Dallas, TX 75214	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	-	
	Attorney			Partner		
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
Hamilton Wingo, LLP Hamilton Wingo, LLP						
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	)NS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/41	
2	FILER NAME Lee, Michael	el G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051444	
4	Date 01/30/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Haynes and Boone Political Action Committee</li> <li>Contributor address; City; State; Zip Code</li> <li>Dallas, TX 75201</li> </ul>		7 Amount of Contribution (\$) \$2,500.00	
8	Contributor's F	Principal Occupation	9 Contributor's Job Title		
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	spouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	02/13/2025			\$1,000.00	
		Dallas, TX 75201			
		Principal Occupation	Contributor's Job Title		
	Contributor's employer/law firm  Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	02/14/2025 Lynn Pinker Hurst & Schwegmann L.L.P.  Contributor address; City; State; Zip Code  Dallas, TX 75201			\$1,000.00	
	Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	iis form.	1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/41
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Lee, Michae	l G. (The Honorable)		00051444
4	Date 02/28/2025	<ul> <li>Full name of contributor  out-of-state PAC (Modjarrad &amp; Associates PC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	(ID#:)	7 Amount of Contribution (\$) \$1,000.00
		Richardson, TX 75081		
8	Contributor's	I Principal Occupation	9 Contributor's Job Title	1
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	'ID#· )	Amount of Contribution (\$)
	02/24/2025	Norton Rose Fulbright US LLP Texas Comm		\$2,500.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77010	T	
	Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
	03/01/2025	Stanton LLP		\$2,500.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75225		
	Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/41
2	FILER NAME Lee, Michae	l G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051444
4	Date 02/03/2025	5 Full name of contributor  ut-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$1,000.00
L	0	Dallas, TX 75201		la o de de la compa		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	01/23/2025					\$5,000.00
		Dallas, TX 75202				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/05/2025	Tillotson, Jeffrey  Contributor address; City;	State; Zip Code			\$2,500.00
		Dallas, TX 75209				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Partner		
	Contributor's employer/law firm Law firm of contributor's s			oou	se (if any)	
	Tillotson Johnson & Patton n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total page Sch: 6/6	es Schedule A(J) Rpt: 9/41	1:
2	FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)
	Lee, Michae	l G. (The Honorable)			1	0005144		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of	Contribution (\$)	
	02/10/2025	Vinson & Elkins Texas Po 6 Contributor address; City; Si	Ditical Action Committe					\$2,500.00
		Houston, TX 77002						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pous	e (if any)		
12	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of	Contribution (\$)	
	03/01/2025	Wingo, Paul	_					\$5,000.00
		Contributor address; City; Si	tate; Zip Code		-			
		Dallas, TX 75208						
Contributor's Principal Occupation Contributor's Job Title								
Attorney Owner/Partner								
			Law firm of contributor's sp	pous	e (if any)			
	Hamilton Wingo, LLP n/a							
	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of	Contribution (\$)	
	02/04/2025	Wright Close & Barger, Ll						\$1,000.00
		Contributor address; City; Si  Houston, TX 77056	tate; Zip Code					
_	Contributorio			Contributor's Job Title				
	Contributors	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	pous	e (if any)			
	If contributor is	s a child, law firm of parent(s) (if a	any)					

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/41 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lee, Michael G. (The Honorable) 00051444 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/29/2025 Scheef & Stone, LLP \$500.00 Tickets to Collin County 7 Contributor address; City; State; Zip Code GOP Dinner Frisco, TX 75034 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	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: 1/24 Rpt: 11/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	06/13/2025	5th Court of Appeals Employee Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	600 Commerce St.
		Suite 200
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Annual Contribution to employee fund
		Annual Continuation to employee fund
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/30/2025	Amazon.com
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$237.60	rayoo addisse, Sily, State, Lip Sout
	<del>+</del> =000	
		Seattle, WA
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Framed Republic of Texas map for chambers
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	02/03/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.99	
L		Seattle, WA
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Framed print for chambers
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/24 Rpt: 12/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	06/04/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$219.49	DFW Airport
		Fort Worth, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Return plane ticket from State Bar Annual Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	06/09/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$593.88	DFW Airport
		Fort Worth, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Round-trip plane ticket to San Francisco for National
		Judges Forum
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<b>-</b>	Date	Payee name
	01/10/2025	American Express
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,341.06	P.O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement of personal expenditures made by
		credit card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 13/41	Lee, Michael G. (The Honorable)		00051444
4	Date	5 Payee name		<u>'</u>
	02/11/2025	American Express		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,966.38	P.O. Box 650448		
		Dallas, TX 75265-0448		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Credit Card Payment	( - ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,		Check if Austin, TX, officeholder living expense
				Payment of expenses paid with personal funds.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/05/2025	Arts District Mansion		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$5.00	2101 Ross Ave.		
		Dallas, TX 75201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Parking for bar association event
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data			
	Date	Payee name		
	02/10/2025	Arts District Mansion		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$5.00	2101 Ross Ave.		
		Dallas, TX 75201		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Parking for bar association event
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		g	S55 Hold

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Contributions/ Donations Made Candidate/Officeholder/Pol Credit Card Payment	
1 Total pages Schedule F	
Sch: 4/24 Rpt: 14/41	Lee, Michael G. (The Honorable) 00051444
4 Date	5 Payee name
02/27/2025	Arts District Mansion
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.0	
	Dallas, TX 75201
o puppose	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Parking at bar association event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	
Data	Davis verse
Date	Payee name
02/28/2025	Arts District Mansion
Amount (\$)	Payee address; City; State; Zip Code
\$5.0	2101 Ross Ave.
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
2/4 2/10/10/1C	Check if Austin, TX, officeholder living expense
	Parking at bar association event
0 1. 2	
Complete ONLY if direct expenditure to benefit C	
Date	Payee name
03/21/2025	Arts District Mansion
Amount (\$)	Payee address; City; State; Zip Code
\$19.0	2101 Ross Ave.
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Meal and parking at bar CLE event
	iviedi dilu parking at bai CLE event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	

#### 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: 5/24 Rpt: 15/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	04/09/2025	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.01	2101 Ross Ave.
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal and parking for bar association CLE event
		Medi and parking for bar association SEE event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/26/2025	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	2101 Ross Ave.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal and parking, Dallas Bar CLE
		Medi and parking, Dailas Bar CEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2025	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.01	2101 Ross Ave.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		Food and parking, Dallas Bar event
	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/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Offi Pol xpense Prir Sal	ce Overhea ing Expensiting Expens aries/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	T-t-1 C-bb-1- E4.	6 FUED NAM		ic explains now	to compi		_	Eilen ID	(Ethias Commission Filess)
1	Total pages Schedule F1: Sch: 6/24 Rpt: 16/41		ı∟ ael G. (The Honora	ble)			3	Filer ID 00051444	(Ethics Commission Filers)
4	Date	<b>5</b> Payee name	٩				<u> </u>		
•	04/25/2025	Buc-ee's	G						
6	Amount (\$) \$20.68	<b>7</b> Payee addr		State; Zi	Code				
		Hillsboro,	TX						
8	PURPOSE OF EXPENDITURE		See Categories listed at the cof District	top of this schedule	(b)	Check if Austin	, TX,	de of Texas. Composition officeholder living stin trip, UT L	
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office	sought			Office he	eld
	Date	Payee nam	e						
	05/14/2025	Buc-ee's							
	Amount (\$) \$45.62	Payee addr	ess; City;	State; Zi	o Code				
		Hillsboro,	TX						
	PURPOSE OF EXPENDITURE		See Categories listed at the confidence of District	top of this schedule	(b)	ш	, TX,	de of Texas. Composition of the Soak Up	expense
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office	sought			Office he	eld
	Date	Payee nam	e						
	05/18/2025	Buc-ee's							
	Amount (\$) \$44.45	Payee addr	ess; City;	State; Zi	o Code				
		New Brauı	nfels, TX						
	PURPOSE OF EXPENDITURE		See Categories listed at the confidence of District	top of this schedule	(b)	ш	, TX,	de of Texas. Composition officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office	sought			Office he	eld
	orms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0 f10d0fd9								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 7/24 Rpt: 17/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	05/18/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.79	2760 IH 35 N
		New Braunfels, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal, travel from Soak Up Some CLE
		Medi, traver from Joak of Joine Jee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d
H	Date	Payee name
	05/19/2025	Buc-ee's
_	Amount (\$)	Payee address; City; State; Zip Code
	\$24.05	. ayoo aaa ooo, ooy, oaas, 2.p coas
	4200	
		Hillsboro, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline, Soak Up Some CLE
		Gasoline, Soak op Some CLE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	04/25/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.25	rayee address, City, State, Zip Code
	Ψ2.23	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking meter for trip to Austin for UT Law CLE and reunion
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefft G/Of	•

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations 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	l 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: 8/24 Rpt: 18/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	04/26/2025	City of Austin
6	Amount (\$) \$10.75	7 Payee address; City; State; Zip Code  Austin, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking meter at UT Law
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	Colleen's Kitchen
	Amount (\$) \$87.29	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal in Austin for UT Law CLE and reunion.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Colleen's Kitchen
	Amount (\$) \$47.47	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal in Austin for UT Law CLE and reunion
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 19/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	02/03/2025	Collin County Bar Association
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code  McKinney, TX
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Bar dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Members bar dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Collin County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.26	2963 West 15th St.
		Suite 2961
		Plano, TX 75075
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expanse.
		Candidate/Officeholder/Political Committee Contribution to county party
		Continuation to county party
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/31/2025	Collin County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2963 West 15th St.
		Suite 2961
		Plano, TX 75075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution to county party
	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/ Donations Made By Candidate/Officeholder/Political C

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

	Candidate/Officenoider/Politica 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: 10/24 Rpt: 20/41	Lee, Michael G. (The Honorable)  00051444
4	Date	5 Payee name
	04/03/2025	Corner Bakery
6	Amount (\$) \$19.60	7 Payee address; City; State; Zip Code
		Dallas, TX 75202
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Breakfast with staff
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	Dallas County Council of Republican Women
	Amount (\$) \$100.00	Payee address; City; State; Zip Code  11617 N. Central Expwy Suite 240  Dallas, TX 75243
_	DUDDOOF	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership dues for political organization
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Delta Air Lines
	Amount (\$) \$328.48	Payee address; City; State; Zip Code
		Atlanta, GA
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Plane ticket to San Antonio for State Bar Annual Meeting
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 11/24 Rpt: 21/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	06/20/2025	Fairfield Inn & Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$201.00	80 Trailcrest
		San Antonio, TX 78232
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Hotel for State Bar Annual Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/14/2025	FedEx Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.87	Greenville Ave.
		Dallas, TX 75206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Name badge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/14/2025	Grayson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
		Sherman, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense.  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lincoln Reagan Day event registration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica 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: 12/24 Rpt: 22/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	03/04/2025	Grayson County Republican Party
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code
		TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Contribution to county party at Lincoln Reagan Day event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Holiday Inn Padre
	Amount (\$) \$85.74	Payee address; City; State; Zip Code  South Padre Island, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal at Soak Up Some CLE seminar
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	In-n-Out Burger
	Amount (\$) \$19.81	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal, trip to Austin for UT Law CLE and alumni reunion
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	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: 13/24 Rpt: 23/41	Lee, Michael G. (The Honorable) 00051444	
4	Date	5 Payee name	
	05/12/2025	Irving Convention Center	
6	Amount (\$) \$20.20	7 Payee address; City; State; Zip Code  Irving, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking for Regional B Judicial Conference	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/20/2025	JW's	
	Amount (\$) \$36.80	Payee address; City; State; Zip Code	
		San Antonio, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food, Beverage at State Bar Annual Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/27/2025	KOA South Padre	
	Amount (\$) \$129.00	Payee address; City; State; Zip Code	
		South Padre Island, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging for Texas Bar CLE event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 14/24 Rpt: 24/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	05/17/2025	KOA South Padre
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code
l		South Padre Island, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Additional lodging Soak Up Some CLE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2025	Lee, Michael (Mr.)
	Amount (\$) \$3,049.24	Payee address; City; State; Zip Code 4441 Norris St.
		Dallas, TX 75214
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement for political expenses paid from personal funds through 10/31/2016
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2025	Lee, Michael (Mr.)
	Amount (\$) \$3,155.55	Payee address; City; State; Zip Code 4441 Norris St.
		Dallas, TX 75214
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement for political expenses paid from personal funds 1/15/2008 to 1/15/2013
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 25/41	Lee, Michael G. (The Honorable)	00051444
4	Date	5 Payee name	
	01/10/2025	Lee, Michael	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,177.45	4441 Norris St.	
		Dallas, TX 75214	
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Reimb expenses paid by personal funds in 1/14/20,
		7	7/14/20, 10/15/20, 1/12/21, 12/2/21 reports
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/18/2025	Love's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.55		
		Harlingen, TX	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Gasoline, Soak Up Some CLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/03/2025	Luigi's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	FM 205	
		Rockwall, TX	
	PURPOSE OF		Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if dayer outside of Texas. Complete Scriedule 1.  Check if Austin, TX, officeholder living expense
			Meal at Rockwall County GOP event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense Contributions/ Donations Made By -Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 16/24 Rpt: 26/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	05/07/2025	Luigi's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	FM 205
		Rockwall, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal at Rockwall GOP event
		Wied at Nookwall 331 Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/12/2025	Margaritaville Resort South Padre
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$186.04	
		South Padre Island, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging deposit for Soak up some CLE
		Loaging deposit for count up some OLL
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/17/2025	Margaritaville Resort South Padre
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$489.39	
		South Padre Island, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging, South Padre Island for Soak Up Some CLE
		Loughing, South Paule Island for Soak op Some CLE
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 17/24 Rpt: 27/41	Lee, Michael G. (The Honorable) 00051444						
4	Date	5 Payee name						
	02/24/2025	Michaels Stores						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$37.86	5500 Greenville Ave.						
		Suite 700						
		Dallas, TX 75206-2931						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Frames for certificates for chambers						
_	One and the ONE Wife disease	On alidate (Office helder game)						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H						
	5.							
	Date	Payee name						
	03/27/2025	Myron Corporation						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,274.70	205 Maywood Ave.						
		Maywood, NJ 07506						
	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						
		Logo pens						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	04/14/2025	Office Depot						
		·						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$17.32	5111 Greenville Ave.						
		D. II TV 75000						
		Dallas, TX 75206						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Paper						
	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/ 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	it/Awards/Memorials gal Services ne Instruction G	·		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 18/24 Rpt: 28/41		Lee, Michael	G. (The Hono	rable)					00051444		
4	Date	5	Payee name									
	05/09/2025		Ojeda's									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$241.28		Maple Ave.									
			Dallas, TX									
8	PURPOSE	(a)	Category (See (	Catogorios listod at 4	ho top of this cab	odulo)	(b)	Description				
	OF	``	Food/Beverage		ne top of this sche	edule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		. Journal voide	, c = Apoliso				<b>=</b>		officeholder living		
								Staff dinner				
9	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	04/27/2025		Origin Hotel									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$495.89											
			Austin, TX									
	PURPOSE OF	(a)	Category (See		he top of this sche	edule)	(b)	Description		d4.T 0	orless Oak 11 =	
	EXPENDITURE		Travel Out of	District				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T. a expense	
								Lodging in Au				union
								, g / to				
	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name						_			
	03/20/2025		Precision Pres	SS								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$80.06											
			Arlington, TX									
	PURPOSE	(a)	Category (See		he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Printing Expe	nse				ш			plete Schedule T.	
								Court name b		officeholder living	g expense	
								Court name t	Jau	yes		
	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O						-					

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 29/41	Lee, Michael G. (The Honorable)		00051444
4	Date	5 Payee name		'
	05/14/2025	Road Ranger		
6	Amount (\$) \$43.14	<b>7</b> Payee address; City; State; Zip C	ode	
		Combes, TX		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline, travel to Soak Up Some CLE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	02/21/2025	Schlotzsky's		
	Amount (\$) \$24.77	Payee address; City; State; Zip C	ode	
		Hillsboro, TX	1	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal while traveling to CJE seminar
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	05/14/2025	State Bar of Texas		
	Amount (\$) \$465.00	Payee address; City; State; Zip C 1414 Colorado St.	ode	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Registration for State Bar Annual Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 30/41	Lee, Michael G. (The Honorable)	00051444	
4	Date	5 Payee name		•
	06/21/2025	State Bar of Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$60.00	1414 Colorado St.		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				State Bar section dues
_	Opening CNII V if allowed	Out idea (Office helder verse		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	Date	Payee name		
	06/21/2025	State Bar of Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$275.00	1414 Colorado St.		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Texas Bar College dues
				Texas bai College dues
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		giic	Cinice Hold
	Date	Payee name		
	03/14/2025	Texas Bar Foundation		
			ndo.	
	Amount (\$) \$200.00	Payee address; City; State; Zip Co	Jue	
	Ψ200.00			
		Augtin TV		
		Austin, TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Bar Foundation annual dinner event registration
				-
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI			
_				

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/24 Rpt: 31/41	Lee, Michael G. (The Honorable)	00051444
4	Date	5 Payee name	
l	03/19/2025	Texas Bar Foundation	
6	Amount (\$) \$1,090.00	7 Payee address; City; State; Zip Code  TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Foundation contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Г	Date	Payee name	
l	02/12/2025	Texas Center for the Judiciary, Inc.	
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Continuing Judicial Education	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Registration for CJE seminar
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
l	06/03/2025	Texas Center for the Judiciary, Inc.	
	Amount (\$) \$670.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration, Annual Judicial Education Conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
l	Sch: 22/24 Rpt: 32/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	03/28/2025	Texas Lawyers Concerned for Lawyers
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code
		San Antonio, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Registration for Annual Convention and CLE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	03/28/2025	Texas State Parks and Wildlife
	Amount (\$) \$70.00	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reservation for lodging at state park for Texas Bar Annual Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/17/2025	Payee name The University of Texas School of Law
	Amount (\$) \$250.00	Payee address; City; State; Zip Code  Dean Keeton Ave.
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Registration for UTLaw CLE and Alumni Reunion
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Contributions/ Donations Made By -

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	Il 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: 23/24 Rpt: 33/41	Lee, Michael G. (The Honorable) 00051444
4	Date	5 Payee name
	03/03/2025	The Venue at Lavon
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food and Beverage at Rockwall Reagan Day Dinner
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Thomas Creative Apparel Inc
	Amount (\$) \$607.75	Payee address; City; State; Zip Code 68 E. Washburn St.
		New London, TX 44851
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Holder Expenditure - judicial robe  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Judicial Robe
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	United States Postal Service
	Amount (\$) \$36.50	Payee address; City; State; Zip Code
		Dallas, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nplef	te this form.
1	Total pages Schedule F1: Sch: 24/24 Rpt: 34/41	2 FILER NAME Lee, Michael G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051444
4	Date 05/14/2025	5 Payee name Valley Mart #1		
6	Amount (\$) \$48.74	7 Payee address; City; State; Zip Coo	ək	
8	PURPOSE OF EXPENDITURE	San Antonio, TX  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gasoline, travel for Soak Up Some CLE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Jht	Office held
	Date 02/24/2025	Payee name Wildfire		
	Amount (\$) \$151.43	Payee address; City; State; Zip Coo 812 South Austin Ave. Georgetown, TX 78626	at	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal with colleagues at CJE seminar
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 04/09/2025	Payee name Yelladawg Creative		
	Amount (\$) \$15.00	Payee address; City; State; Zip Coo 6181 Saratoga Cir.	ət	
		Dallas, TX 75214		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Judicial robe personalization		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monogram for robe
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)						
	Sch: 1/3 Rpt: 35/41	Lee, Michael G. (The Honorable)				00051444				
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$280.85	01/01/2025							
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
		Ojeda's		4617 Mar	ole Ave.					
				Dallas, T	X 75219					
8	PURPOSE OF	(a) Category	of this cobodule)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Post swea	aring in ceremon	ıy				
	X Political	3 1								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH		T	1						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$6.47	01/25/2025							
PAYEE		(a) Payee name	(b) Payee a	address;	City,	State,	Zip Code			
		CVS Pharmacy	6120 Eas	t Mockingbird						
			Dallas, TX 75214							
	PURPOSE OF	(a) Category	(b) Descrip							
	X Political	(See Categories listed at the top Office Overhead/Rent		Photos from swearing in						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin TX	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder		Check if Austin, TX, officeholder living expense  ce sought Office held						
е	xpenditure to benefit C/OH			J						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$1,845.91	01/25/2025							
Г	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code		
				5500 Gre	enville Ave.					
		Michaels Stores		Suite 700	)					
				Dallas, T	X 75206-2931					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Framing f	for office walls					
	X Political		· 							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		_		
е	xpenditure to benefit C/OH									

#### **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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
Sch: 2/3 Rpt: 36/41	Lee, Michael G. (Th	ne Honorable)			00051444			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
	\$100.00	01/22/2025						
7 PAYEE	(a) Payee name  Dallas Bar Associa	tion	(b) Payee 2101 Ro		City,	State,	Zip Code	
			Dallas, T	X 75201				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
	\$75.00	01/14/2025						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Texas Center for the Judiciary,		Suite 800					
DUDDOOF OF	(a) Catagon		Austin, T (b) Descrip					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	1 ' '	B registration				
X Political Non-Political	() 🗖			<u></u>				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	r Paid			
	\$19.00	01/16/2025						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Arts District Mansio	n	2101 Ro	ss Ave.				
			Dallas, T	X 75201				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	otion I parking at DBA	CLE conference	e		
X Political	1 Journeverage Expe	1136						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	·	Office held			
expenditure to benefit C/OH								

### **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense  aries/Wages/Contract La		avel Out of District 「HER (enter a categor	y not listed al	oove)
	The Inst	ruction Guide explains how	to complete this for	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 3/3 Rpt: 37/41	Lee, Michael G. (Th	ne Honorable)			00051444		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UN EXPENDITUR		4		
ISSUER	see pi	revious	CHARGED TO		<b> \$</b>		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
	\$14.00	01/22/2025					
7 DAVEE							
7 PAYEE	(a) Payee name		(b) Payee addres		City,	State,	Zip Code
	Arts District Mansio	n	2101 Ross Ave	€.			
			Dallas, TX 752	n1			
8 PURPOSE OF	(a) Category		(b) Description	.01			
EXPENDITURE	(See Categories listed at the top		Meal at DBA C	LE confere	nce		
X Political	Food/Beverage Expe						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	<sup>r</sup> Paid		
	\$773.26	01/30/2025					
PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code
	Myron Corporation	205 Maywood Ave.					
	, ,	Maywood, NJ 07506					
PURPOSE OF	(a) Category		(b) Description	37300			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Logo'd pens				
X Political	Advertising Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit 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/Political Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor			Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no			
	ordan dara r aymon	The Instruction Guide explains he	ow to com	plete this form.				
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Cor	mmission Filers)		
,	Sch: 1/3 Rpt: 38/41	Lee, Michael G. (The Honorable)			00051444			
4 [	Date	5 Payee name						
(	01/16/2025	Arts District Mansion						
6 /	Amount (\$)	7 Payee address; City; State;	Zip Cod	e				
	\$19.00	2101 Ross Ave.						
	Reimbursement from							
	X political contributions intended	Dallas, TX 75201						
8	PURPOSE		dula) [	b) Description	Check if travel outside of Texas	Complete Schedule T		
0	OF	(a) Category (See Categories listed at the top of this sched Food/Beverage Expense	uule)	b) Description [	Check if Austin, TX, officeholde	•		
	EXPENDITURE	Pood/Beverage Expense		∟ ∕eal and narkin≀	J DBA CLE event			
			l'	rodi dira parini	<i>y = 2,</i>			
9 (	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held	h		
6	expenditure to benefit	Canadato, Cincondadi Name		Omoc Sought	Cilido Holo	<b>.</b>		
_ (	C/OH							
ı	Date	Payee name						
(	01/22/2025	Arts District Mansion						
_	Amount (\$)	Payee address; City; State;	Zip Cod	e				
	\$14.00	\$14.00 2101 Ross Ave.						
_	Reimbursement from							
	X political contributions intended	Dallas, TX 75201						
	PURPOSE	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas	. Complete Schedule T.		
	OF	Food/Beverage Expense	uuic)		Check if Austin, TX, officeholde			
	EXPENDITURE	- Toda/Beverage Expense	I	Meal at CLE event				
	Complete ONLY if direct	Candidate/Officeholder name	<u> </u>	Office sought	Office held	d		
	expenditure to benefit C/OH							
	C/OH							
[	Date	Payee name						
(	01/25/2025	CVS Pharmacy						
/	Amount (\$)	Payee address; City; State;	Zip Cod	е				
	\$6.47	6120 East Mockingbird						
	Reimbursement from							
L	X political contributions intended	Dallas, TX 75214						
	PURPOSE	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas	c. Complete Schedule T.		
	OF EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholde	r living expense		
	EXI ENDITORE		F	Photos from swe	aring in ceremony, for	office wall		
L								
		Candidate/Officeholder name		Office sought	Office held	d		
	expenditure to benefit C/OH							
L								

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor	-	Fravel in District  Fravel Out of Distric	ct tegory not listed above)	
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAM	E			3 F	iler ID (Eth	ics Commission Filers)	
	Sch: 2/3 Rpt: 39/41	Lee, Micha	el G. (The Honorable)			(	00051444		
4	Date	5 Payee name	<u> </u>						
-	01/22/2025	Dallas Bar Association							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$100.00	2101 Ross Ave.							
	Reimbursement from								
	X political contributions intended	Dallas, TX 75201							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.							
ľ	OF					·			
	EXPENDITURE	PENDITURE				Membership fees			
					Wichibership ices	3			
Ļ	0 1: 0 1: 0								
9	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit							ce held	
	C/OH								
	Data								
	Date	Payee name							
	01/25/2025	Michaels Stores							
	Amount (\$) Payee address; City; State; Zip Code								
	\$1,845.91	\$1,845.91 5500 Greenville Ave.							
	Reimbursement from	Suite 700							
	X political contributions intended	Dallas, TX	75206-2931						
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Che	ck if travel outside	of Texas. Complete Schedule T.	
OF			rhead/Rental Expense	,				ficeholder living expense	
	EXPENDITURE		Framing expense for office wall						
_	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought		Offi	ce held	
	expenditure to benefit								
	C/OH								
	Date	Payee name	<u> </u>						
	01/01/2025	Ojeda's							
_	Amount (\$) Payee address; City; State; Zip Code								
	\$280.85 4617 Maple Ave.								
		4017 Wapi	6 7 W C.						
	Reimbursement from political contributions intended	Dallas, TX	75219						
$\vdash$	PURPOSE	Category (5	See Categories listed at the top of this sche	edule)	Description	Che	ck if travel outside	of Texas. Complete Schedule T.	
	OF	1	rage Expense	,		Che	ck if Austin, TX, off	ficeholder living expense	
EXPENDITURE Post-swearing in party					V				
							•		
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		∩ffi	ce held	
	expenditure to benefit	Carialaate/Office	MOIGO HAITIC		Onice sought		Oili	oc neiu	
	C/OH								

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 40/41 Lee, Michael G. (The Honorable) 00051444 Date Payee name 01/14/2025 Texas Center for the Judiciary, Inc. 6 Amount (\$) Payee address; State; Zip Code City; \$75.00 1210 San Antonio Suite 800 Reimbursement from political contributions intended Х Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Registration fee, Regional B Conference Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 41/41 2 FILER NAME Filer ID (Ethics Commission Filers) Lee, Michael G. (The Honorable) 00051444 5 Name of person from whom amount is received 8 Amount (\$) Date 01/28/2025 \$125.00 Barbare, Cynthia (Judge) 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75205 Purpose for which amount is received Check if political contribution returned to filer Reimbursement, portion of election watch party expenses