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) 00061342 31 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mike NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Engelhart CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4402 Holt St. MAILING Receipt # Amount **ADDRESS** Bellaire, TX 77401 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. George J. NAME NICKNAME LAST **SUFFIX** Engelhart STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 325 W 18th St **ADDRESS** (Residence or Business) Houston, TX 77008 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 553-6618 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** 07/01/2024 01/15/2025 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 District Judge District 151 Harris None

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Engelhart, Mike (The	Honorable)	14 Filer ID (E 00061342	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or officel	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	<u> </u>	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	7FD DOLUTION CONTRIBUTIONS/OTUED THAN	N DI FDOFO LOANO					
TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTION'S MADE ELECTRONICALLY) \$								
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	<u> </u>	\$ 108.00					
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hon	orable Mike Engelhart	t				
		Signature of	Candidate or Officehold	ler				
AFFIX NOT	ARY STAMP / SEAL ABO	OVE						
Sworn to and subsc	ribed before me, by the s	aid	, this the	day				
of	, 20, to ce	rtify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 31
_	LER NAN ngelhart	ME , Mike (The Honorable)	19 Filer ID 00061342	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,957.99	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 21,857.20
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 4,299.14
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 4.19
ĺ				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction Gi	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
		_		The instruction G	uiue expiairis ii	low to co	IIIPI	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/5 Rpt: 4/31		Engelhart, M	like (The Hono	rable)					00061342		
4	Date	5	Payee name									
	10/14/2024		Booker Victo	ory Fund								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$1,000.00		600 Pennsyl	lvania Ave SE								
			#15180									
			Washington,	DC 20003								
_	PURPOSE	(0)					(h)	5 12				
8	OF	(a)		e Categories listed at t		dule)	(D)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ttoo				officeholder livin	•	
			Carialaate/C	inceriolaci, i ol	iticai Comini	licc		Campaign co			•	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name	-				<u> </u>				
	09/25/2024		Breakthroug	h T1D Walk								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$100.00		P.O. Box 50	79								
			Hagerstown	, MD 21741								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE			s/Donations Ma	,			=			nplete Schedule T.	
			Candidate/C	Officeholder/Pol	iticai Commi	πee		Donation	, ΙΧ,	officeholder livin	y expense	
								Donation				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	ffice sou	aht			Office h	eld.	
	expenditure to benefit C/OI		Januluale/Onic	enoluei name	O	ilice sou	grit			Office II	eiu	
		<u> </u>										
	Date		Payee name									
	11/20/2024		Brennan's of	Houston								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$300.00		3300 Smith	St.								
			Houston, TX	77006								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				ш			nplete Schedule T.	
	ZA ZIIDII GIAZ									officeholder livin	g expense	
								Judge's Holid	iay	Dillier		
_	Operation ONE VIII II	L_	0	-1-1			and a d			- · ·	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	0	ffice sou	gnt			Office h	eid	
	The straight of the straight of the	•										

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/31	Engelhart, Mike (The Honorable) 00061342
4	Date	5 Payee name
	07/09/2024	Chase Cardmember Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$856.09	383 Madison Avenue
		New York, NY 10017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		ordan dara paymon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/05/2024	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,768.19	383 Madison Avenue
		New York, NY 10017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	09/09/2024	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.25	383 Madison Avenue
	, _, _, _,	
		New York, NY 10017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card payment
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 3/5 Rpt: 6/31	Engelhart, Mike (The Honorable) 00061342
4	Date	5 Payee name
	10/09/2024	Chase Cardmember Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,722.37	383 Madison Avenue
		New York, NY 10017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,203.31	383 Madison Avenue
		New York, NY 10017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2024	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,515.65	383 Madison Avenue
		New York, NY 10017
	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
		Credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 7/31	Engelhart, Mike (The Honorable) 00061342
4	Date	5 Payee name
	12/04/2024	Chase Cardmember Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,400.00	383 Madison Avenue
		New York, NY 10017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card payment
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2024	Chase Cardmember Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.13	383 Madison Avenue
	Ψ04.13	303 Widdison / Wende
		New York, NY 10017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Gredit dard payment
	Operation ONLY if allower	Our Hidata 10ff as halden as an
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/16/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	111 W Houston St
		Suite 100
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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 I	Gift/Awards/Memo Legal Services The Instructio r			Vages	/Contract Labor		Travel Out of D OTHER (enter a	strict a category not listed ab	ove)
1	Total pages Schedule F1:	ı		lika (Tha Lla	norabla)				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 5/5 Rpt: 8/31		Engelhart, M	like (The Ho	norable)					00061342		
4	Date 09/23/2024		Payee name Mexican-Am	erican Bar <i>A</i>	ssn of Hou	ıston (MAB	AH)					
6	Amount (\$)	7	Payee addres	s; City;	St	ate; Zip Co	ode					
	\$300.00	ı	2800 Post O									
			Suite 3400									
			Houston, TX	77001								
Ļ	DUDD 005	⊢										
8	PURPOSE OF		Category (Se			s schedule)	(b)	Description	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Contribution Candidate/C			mmittaa		=		officeholder livin		
			Carididate/C	iliceriolaei/i	ontical Co	minuce		Event ticket			3 - 1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ıght			Office h	eld	
	Date		Payee name									
	10/04/2024		TACTAS									
	Amount (\$)		Payee addres	s; City;	St	ate; Zip Co	ode					
	\$400.00		609 Main									
			Suite 4000									
			Houston, TX	77002								
_	PURPOSE	 				\	(b)	Description				
	OF	l	Fees	e Categories listed	at the top of this	s scriedule)	(~)	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin	, TX,	officeholder livin	g expense	
								Membership	due	es		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name)	Office sou	ight			Office h	eld	

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 (Ethi	cs Commis	sion Filers)			
	Sch: 1/20 Rpt: 9/31	Engelhart, Mike (Th	ne Honorable)			00061342					
4	CREDIT CARD ISSUER		ncial institution ase	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	108.00				
6	PAYMENT	(a) Amount Charged \$236.96	(b) Date of Charge 08/30/2024	(c) Date(s)	Credit Card Issue 24	r Paid					
7	PAYEE	(a) Payee name Caesar's Palace			address; Las Vegas Blvd. as, NV 89109	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		or CLE course					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	oense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$72.10	(b) Date of Charge 07/03/2024	(c) Date(s) 08/02/20	Credit Card Issue 24	r Paid					
	PAYEE	The Rustic 1			address; k St. TX 77003	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Lunch meeting							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$20.14	(b) Date of Charge 07/03/2024	(c) Date(s) 08/02/20	Credit Card Issue 24	r Paid					
	PAYEE	(a) Payee name Christy Donuts		(b) Payee 1103 W. Houston		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descrip Jury brea	ıkfast						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	oense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
ı											

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 thi	s form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 2/20 Rpt: 10/31	Engelhart, Mike (Th	ne Honorable)			00061342				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$ 108.00				
6	PAYMENT	(a) Amount Charged \$1,657.29	(b) Date of Charge 07/09/2024	(c) Date(s) C 08/02/2024	redit Card Issuer 1	Paid				
7	PAYEE	(a) Payee name Four Seasons Hote	el Beverly Hills	(b) Payee ad 300 S. Doh	eny Dr.	City,	State,	Zip Code		
Ļ		(a) Oata			es, CA 90048					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	ories listed at the top of this schedule) Judges Conference lodging			ng				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
	.,	\$80.16	07/10/2024	08/02/2024						
r	PAYEE (a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code			
				1000 Louis	iana St.					
L				Houston, TX 77002						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Lunch meeting						
	Non-Political	(2) 🗖 (3) + (4) + (4)	(T. 0. 1. 0. 1. T.		10	<i>m</i>				
H		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	e sought		Office field				
	PAYMENT	(a) Amount Charged \$34.22	(b) Date of Charge 07/12/2024	(c) Date(s) C 08/02/2024	redit Card Issuer 1	Paid				
	PAYEE	(a) Payee name Luby's		(b) Payee ad 201 Carolir		City,	State,	Zip Code		
L		,		Houston, T						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Lunch with Summer Law Clerks						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	1 Shook ii Ausiiii, TX,	Office held				

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(3	,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
Sch: 3/20 Rpt: 11/31	Engelhart, Mike (Th	ne Honorable)			00061342				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	108.0	00		
6 PAYMENT	(a) Amount Charged \$63.28	(b) Date of Charge 07/18/2024	(c) Date(s 08/02/20) Credit Card Issuel 124	r Paid				
7 PAYEE	(a) Payee name Amazon			address; y Ave. N. WA 98109	City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Descri						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Supplies						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$76.07	(b) Date of Charge 07/18/2024	(c) Date(s 08/02/20) Credit Card Issuel 124	r Paid				
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
	HEB			5106 Bissonnet St.					
				TX 77401					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Gift card and birthday card for staff						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	<u> </u>	Office held				
PAYMENT	(a) Amount Charged \$338.21	(b) Date of Charge 07/19/2024	(c) Date(s) 08/02/20) Credit Card Issue 124	r Paid				
PAYEE	(a) Payee name Pappadeaux Resta	urant	(b) Payee address; City, State, Zip Coo 1001 Avenida De Las Americas Houston, TX 77010						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri Staff birt	ption hday lunch					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

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 Insti	ruction Guide explains how	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)									
Sch: 4/20 Rpt: 12/31	Engelhart, Mike (Th	ne Honorable)		00061342									
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$									
6 PAYMENT	(a) Amount Charged \$51.26	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Issue 08/02/2024	er Paid									
7 PAYEE	(a) Payee name Wine Country Gift E	3asket	(b) Payee address; City, State, Zip Code 4225 N. Palm St. Fullerton, CA 92835										
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Get well gift to colleague										
Non-Political	(C) Check if travel outside	<u> </u>			ense								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held									
PAYMENT	(a) Amount Charged \$61.77	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issue 08/02/2024	er Paid									
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 3663 Washington Ave. Houston, TX 77007										
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Jury room supplies and snacks										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held									
PAYMENT	(a) Amount Charged \$222.00	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issue 09/08/2024	r Paid									
PAYEE	(a) Payee name Frank's Delivery		(b) Payee address; 417 Travis St. Houston, TX 77002	City,	State,	Zip Code							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Jury lunch										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.											
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held									

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 (Ethic	cs Commiss	sion Filers)					
Sch: 5/20 Rpt: 13/31	Engelhart, Mike (Th	e Honorable)		00061342							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 108.00							
6 PAYMENT	(a) Amount Charged \$56.13	(b) Date of Charge 08/03/2024	(c) Date(s) Credit Card Issue 09/08/2024	r Paid							
7 PAYEE	(a) Payee name The Parking Spot		(b) Payee address; 9101 S. Sepulveda Blvd. Los Angeles, CA 90045	City, State, Zip Code							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	See Categories listed at the top of this schedule) Travel Out of District Airport parking for official			travel						
Non-Political	(C) Check if travel outside of	<u>, </u>			ense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$72.68	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issue 09/08/2024	r Paid							
PAYEE	(a) Payee name Curb LA Taxi		(b) Payee address; City, State, Zip Code 11-11 34th Ave. Long Island City, NY 11106								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Car service in LA								
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$1,532.22	(b) Date of Charge 08/10/2024	(c) Date(s) Credit Card Issue 09/08/2024	r Paid							
PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description Email distribution software								
Non-Political	`	of Texas. Complete Schedule T.									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	thi	s form.			
1	Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME						s Commis	sion Filers)
	Sch: 6/20 Rpt: 14/31	Engelhart, Mike (Th					00061342		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	۱D۱	F UNITEMIZED TURES D TO A CREDIT	\$	108.0	00
6	PAYMENT	(a) Amount Charged \$77.44	(b) Date of Charge 08/12/2024	(c) Date(s 09/08/20		credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name The Parking Spot			Se	dress; epulveda Blvd. es, CA 90045	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	ptio		ravel		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			e sought			Office held		
	PAYMENT	(a) Amount Charged \$80.00	(b) Date of Charge 08/17/2024	(c) Date(s 09/08/20		Credit Card Issuer 4	Paid		
	PAYEE (a) Payee name (b) Payee address; Delta Airlines 1030 Delta Blvd.				City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri	ptio	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$35.50	(b) Date of Charge 08/18/2024	(c) Date(s) 09/08/20		credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name Taxi Cab		(b) Payee 729 Call Nashville	าดเ		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Car serv	•	e in Nashville			
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				L	Check if Austin, TX,	Office hold	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
ı									

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 (Ethi	ics Commiss	sion Filers)
Sch: 7/20 Rpt: 15/31	Engelhart, Mike (Th	ne Honorable)		00061342		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	108.0	00
6 PAYMENT	(a) Amount Charged \$53.56	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issu 09/08/2024	er Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N.	City,	State,	Zip Code
	() 0 :		Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$1,139.20	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issu 09/08/2024	er Paid		
PAYEE	(a) Payee name Grand Hyatt Nashville		(b) Payee address; 1000 Broadway Nashville, TN 37203	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description National Assoc. of Bankr	ruptcy Trustees	Conferer	nce lodging
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$123.82	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issue 09/08/2024	er Paid		
PAYEE	(a) Payee name Grand Hyatt Nashv	ille	(b) Payee address; 1000 Broadway Nashville, TN 37203	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description National Assoc. of Bankr	ruptcy Trustees	Conferer	nce lodging
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin, To	K, officeholder living exp	pense	

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 Commis	ssion Filers)						
Sch: 8/20 Rpt: 16/31	Engelhart, Mike (Th	ne Honorable)		00061342							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 108.	00						
6 PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issue 09/08/2024	r Paid							
7 PAYEE	(a) Payee name Houston County De	emocrats	(b) Payee address; P.O. Box 166	City, State,	Zip Code						
	() -		Crockett, TX 75835								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description Contribution								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$121.67	(b) Date of Charge 08/23/2024	(c) Date(s) Credit Card Issue 08/23/2024	r Paid							
PAYEE	(a) Payee name Pho Saigon		(b) Payee address; 2808 Milam Houston, TX 77006	City, State,	Zip Code						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Staff lunch								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$140.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issue 10/08/2024	r Paid							
PAYEE	PAYEE (a) Payee name Texas Center for the Judiciary		(b) Payee address; 1210 San Antonio St. Austin, TX 78701	City, State,	Zip Code						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			(b) Description Donation								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH				Office held							

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.	(3 -	,	,
1	Total pages Schedule F4: 2 FILER NAME						ics Commiss	sion Filers)
	Sch: 9/20 Rpt: 17/31	Engelhart, Mike (Th	gelhart, Mike (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	108.0	00
6	PAYMENT	(a) Amount Charged \$1,800.00	(b) Date of Charge 09/20/2024	(c) Date(s 10/08/20) Credit Card Issue)24	r Paid		
7	PAYEE	(a) Payee name Houston Young Lav	wyers	(b) Payee P.O. Box		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio	ns Made By	(b) Descri		Fournament re	gistration	
	X Political		er/Political Committee					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought					Office held			
	PAYMENT	(a) Amount Charged \$36.50	(b) Date of Charge 09/20/2024	(c) Date(s 10/08/20) Credit Card Issue)24	r Paid		
	PAYEE	(a) Payee name (b) Payee address; 5350 Bellaire Blvd.			llaire Blvd.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri Postage	TX 77401 ption			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$54.58	(b) Date of Charge 09/24/2024	(c) Date(s 10/08/20) Credit Card Issue 024	r Paid		
	PAYEE	(a) Payee name La Mexicana Resta	urant	(b) Payee 1018 Fai Houston	•	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri Meal	ption			
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

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

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 10/20 Rpt: 18/31	Engelhart, Mike (Th	ne Honorable)		00061342						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 108.00						
6	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issuel 10/08/2024	r Paid						
7	PAYEE	(a) Payee name Houston Lawyers F	oundation	(b) Payee address; P.O. Box 300009	City, State, Zip Code						
١	PURPOSE OF	(a) Category		Houston, TX 77230 (b) Description							
8	EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Event ticket							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issue 10/08/2024	r Paid						
	PAYEE (a) Payee name Houston Bar Sections			(b) Payee address; 1111 Bagby St. Suite 200 Houston, TX 77002	City, State, Zip Code						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Southern District of Texas registration	s Bench-Bar Conference						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	PAYMENT	(a) Amount Charged \$286.00	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issue 10/08/2024	r Paid						
	Houston Bar Association 11 Su		(b) Payee address; 1111 Bagby St. Suite 200 Houston, TX 77002	City, State, Zip Code							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description 75th Annual Harvest Celebration ticket							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			lle T. Check if Austin, TX, officeholder living expense							
ε	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

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 Insti	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 11/20 Rpt: 19/31	Engelhart, Mike (Th	ne Honorable)			00061342			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	108.0	00	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (10/08/202	Credit Card Issuer 4	Paid			
		\$27.06	09/26/2024						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Four Seasons Top	Golf	1300 Lamar St.					
				Houston, 7	ΓX 77010				
8	PURPOSE OF	(a) Category		(b) Descripti					
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Virtual pra	ctice for charity	tournament			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
9				sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$25.00	09/27/2024	10/08/202	4				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Stonewall Law Asso	Stonewall Law Assoc.		66502				
				Houston, 7	ΓX 77266				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top		HBA LGBTQ+ Halloween Party ticket					
	X Political	Contributions/Donatio Candidate/Officeholde							
	Non-Political		of Texas. Complete Schedule T.						
	Complete ONLY if direct	Candidate/Officeholder		fice sought Check if Austin, 1x, office hold					
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$2,117.17	10/08/2024	10/17/202	4				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Cuestoneses som		2579 Wes	tern Trails Blvd.				
		Guestspaces.com		Suite 135					
				Austin, TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
	X Political	Travel Out of District	of this soficulary	Starr retrea	at lodging depos	SIT			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Г	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought	_	Office held			
e	expenditure to benefit C/OH								

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

	Candidate/Officerolder/Folitica		ruction Guide explains how	•	THEN (eller a calegory	not iisteu a	bove)
1	Total pages Schedule F4:	3 Filer ID (Ethic	s Commiss	sion Filers)			
	Sch: 12/20 Rpt: 20/31	Engelhart, Mike (Th	ne Honorable)	00061342			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	108.0	00
6	PAYMENT	(a) Amount Charged \$546.00	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuel 10/17/2024	r Paid		
7	PAYEE	(a) Payee name VRBO		(b) Payee address; 11920 Alterra Parkway Suite 100 Austin, TX 78758	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Fee			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH			e sought	Office held		
е	<u>'</u>	()	T (1) = 1 (5)	1() = . () =			
	PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issuel 10/17/2024	r Paid		
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		Hotel Zaza		5701 Main St.			
L				Houston, TX 77005			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Valet parking			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/07/2024	(c) Date(s) Credit Card Issue 10/17/2024	r Paid		
	PAYEE (a) Payee name Stonewall Law Assoc.		(b) Payee address; P.O. Box 66502 Houston, TX 77266	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description HBA LGBTQ+ Halloween				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	—	officeholder living expe	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
ĺ							

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 Insti	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 13/20 Rpt: 21/31	Engelhart, Mike (Th	ie Honorable)			00061342		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	108.0	00
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
		\$45.60	10/11/2024	10/17/202	24			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		The Hot Bagel Sho	p	2015 S. S Suite 900 Houston,	hepherd Dr. TX 77019			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Jury break	rfast			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
		\$75.00	10/14/2024	10/17/202	24			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Mexican Amer. Bar	Assoc.	P.O. Box 3	303			
				Houston,	TX 77001			
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Donation				
	x Political	Candidate/Officeholde	,					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
ex	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (11/12/202	Credit Card Issuer	⁻ Paid		
		\$737.50	10/16/2024	11/12/202				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Drive Cotorina		7319 N. L	oop 1604 E			
		Prive Catering		#534				
				Live Oak,				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this sch		of this schedule)	(b) Descript					
	EXPENDITURE	Food/Beverage Exper	· · · · · · · · · · · · · · · · · · ·	Event dep	osit			
X Political								
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	xpenditure to benefit C/OH							

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						cs Commis	sion Filers)
	Sch: 14/20 Rpt: 22/31	Engelhart, Mike (Th	gelhart, Mike (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	108.0	00
6	PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 10/24/2024	(c) Date(s) 11/12/20) Credit Card Issuei 24	r Paid		
7	PAYEE	(a) Payee name Westin Memorial H	ouston	(b) Payee 945 Gess	sner Rd.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	Houston, (b) Descrip Valet par				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH			e sought		Office held		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	Aimeni	\$50.00	10/28/2024	11/12/20		. r ala		
	PAYEE (a) Payee name Houston Lawyers Foundation			(b) Payee 1111 Bag Suite 200 Houston.	gby St.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/01/2024	(c) Date(s) 12/03/20) Credit Card Issuer 24	r Paid		
	PAYEE	(a) Payee name Hispanic Bar Assoc	of Houston	(b) Payee 1321 Ant Houston,		City,	State,	Zip Code
			(b) Descrip Members	ship dues				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

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 (Ethi	cs Commiss	sion Filers)					
Sch: 15/20 Rpt: 23/31	Engelhart, Mike (Th		00061342								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	108.0	00					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$25.00	11/01/2024	12/03/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Houston Lawyers F	oundation	P.O. Box 300009								
			Houston, TX 77230								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
l <u> </u>	Contributions/Donatio		Event ticket								
X Political	Candidate/Officeholde										
Non-Political		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							
	\$69.46	11/04/2024	12/03/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Biggio's		1777 Walker St.								
			Houston, TX 77010								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top		Lunch meeting								
X Political	Food/Beverage Expe	nse									
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											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$2.55	11/06/2024	12/03/2024								
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code					
			410 Terry Ave. N.								
	Amazon										
			Seattle, WA 98109								
PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Supplies								
X Political	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							
expenditure to benefit C/OH											

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:	· ·					nics Commiss	sion Filers)
	Sch: 16/20 Rpt: 24/31	Engelhart, Mike (Th	ngelhart, Mike (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZEI DITURES GED TO A CRED	\$	108.0	00
6	PAYMENT	(a) Amount Charged \$3,175.75	(b) Date of Charge 11/20/2024	(c) Date(s)) Credit Card Issu 24	uer Paid		
7	PAYEE	(a) Payee name Guestspaces.com		Suite 135 Austin, T	stern Trails Blv 5 X 78745	City, d.	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Staff retr	otion eat lodging			
	Non-Political	()	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH	()	T (1) = 1 (2)	145-45				
	PAYMENT	(a) Amount Charged \$26.14	(b) Date of Charge 11/26/2024	(c) Date(s)) Credit Card Issu 124	ier Paid		
	PAYEE (a) Payee name La Mexicana Restaurant			(b) Payee 1018 Fai		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living ex	kpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$21.90	(b) Date of Charge 11/27/2024	(c) Date(s) 12/03/20) Credit Card Issu 24	uer Paid		
	PAYEE	(a) Payee name U.S. Postal Service			address; nmons Lane TX 77027	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Postage	_			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, T	X, officeholder living ex	kpense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

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:	Total pages Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)				
Sch: 17/20 Rpt: 25/31	Engelhart, Mike (Th	ne Honorable)			00061342						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	108.0)0				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$169.71	11/28/2024	12/03/202	24							
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Design It Yourself G	Gifts	7999 Hans Suite 204 Houston,								
8 PURPOSE OF	(a) Category		(b) Descript	tion							
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		Staff gifts								
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	1 ' ' ' ' '	Credit Card Issuer	Paid						
	\$737.50	12/14/2024	12/18/202	24							
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Prive Catering		7319 N. L #534 Live Oak,	oop 1604 E.							
PURPOSE OF	(a) Category		(b) Descript								
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		1 ' '	at catering							
X Political	<u></u>										
Non-Political	· · · —	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	(a) Amazunt Charried	(h) Data of Charge	(a) Data(a)	Cuadit Cand Issue	Deid						
PAYMENT	(a) Amount Charged \$179.29	(b) Date of Charge 12/16/2024	12/18/202	Credit Card Issuer 24	Palu						
PAYEE	(a) Payee name	l	(b) Payee a	ıddress;	City,	State,	Zip Code				
			715 Hend	erson St.							
	Henderson & Kane										
			Houston,	TX 77007							
PURPOSE OF	(a) Category		(b) Descript	tion							
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)		Lunch me	eting							
X Political Food/Beverage Expense											
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			<u>.</u> Г	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct Candidate/Officeholder name Office sou				_	Office held						
expenditure to benefit C/OH											

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: 18/20 Rpt: 26/31	Engelhart, Mike (The Honorable)			00061342			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	108.0	00	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$4.75	12/28/2024					
7 PAYEE	(a) Payee name		(b) Payee address; City, State, 2			Zip Code	
	Life Cafe 815 Town & Country Lane						
			Houston, TX 77024				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Food/Beverage Exper		Coffee meeting				
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			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(b) Description						
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
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			
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held			

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	•	THEN (enter a category	not iisteu a	oove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	S Commiss	sion Filers)
	Sch: 19/20 Rpt: 27/31	Engelhart, Mike (Th	ne Honorable)		00061342		,
4	CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED		\$ 108.00			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$270.07	12/20/2024				
7	PAYEE	(a) Payee name Schobels Restaura	nt	(b) Payee address; 2020 Milam St.	City,	State,	Zip Code
Ļ	DUDDOSE 05	(a) Cataman		Columbus, TX 78934			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Staff retreat lunch			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$539.71	12/22/2024				
	PAYEE	(a) Payee name Enterprise Rent-A-0	Car	(b) Payee address; 5410 Bellaire Blvd. Suite C Houston, TX 77401	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Van for transport to staff r	retreat		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$475.14	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE	(a) Payee name Eminence Massage		(b) Payee address; 3740 SW 43 Ave.	City,	State,	Zip Code
			-	Hollywood, FL 33023			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Beauty treatments for sta	ff at retreat		
L	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					-	
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Gift/Awards	/Memorials Expense P	rinting Expense Tra	avel in District avel Out of District THER (enter a category	not listed abo	ove)
		ŭ	uction Guide explains ho	•	(,
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commissi	on Filers)
	Sch: 20/20 Rpt: 28/31	Engelhart, Mike (Th	e Honorable)		00061342		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED			
	ISSUER	Marcu	s Bank	EXPENDITURES CHARGED TO A CREDIT	\$	108.00)
				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$3,549.14	12/13/2024	12/27/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Eminence Massage		3740 SW 43 Ave.			
8	PURPOSE OF	(a) Category		Hollywood, FL 33023 (b) Description			
o	EXPENDITURE	(See Categories listed at the top	of this schedule)	Beauty treatments for staf	ff at retreat		
	X Political	Gift/Awards/Memorial	s Expense	Bodaty troutments for star	T at Tota oat		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expe	200	
9	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	ce sought	Office held		
	xpenditure to benefit C/OH			J			
1							

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: 1/1 Rpt: 29/31 Engelhart, Mike (The Honorable) 00061342 Date Payee name 12/27/2024 Marcus Bank by Goldman Sachs 6 Amount (\$) Payee address; City; State; Zip Code P.O. Box 45400 \$3,549.14 Reimbursement from political contributions intended Salt Lake City, UT 84145 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2025 Strong Strategies, LLC Amount (\$) Payee address; City; State; Zip Code \$750.00 325 W. 18th St. Reimbursement from political contributions Houston, TX 77008 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Compliance reporting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

_								
	The Instruction Guide explains how to complete this form.					pages Schedule K: 1/1 Rpt: 30/31		
2	FILER NAME			3		Filer II	D (Ethics Commission F	ilers)
	Engelhart, Mike (The Honorable) 00061					1342		
4	Date	5	Name of person from whom amount is received	<u> </u>			8 Amount (\$)	
	07/16/2024		Frost Bank					\$0.82
		6	Address of person from whom amount is received; City; State; Zip Code		••••		1	
		L	Bellaire, TX 77401					
		7	Purpose for which amount is received	Check if polit	tic	al con	ribution returned to filer	
			Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	08/15/2024		Frost Bank					\$1.23
		ļ	Address of person from whom amount is received; City; State; Zip Code		••••		1	
			Bellaire, TX 77401					
			Purpose for which amount is received	Check if polit	tic	al con	ribution returned to filer	
			Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	09/17/2024		Frost Bank					\$1.15
		ļ	Address of person from whom amount is received; City; State; Zip Code				"	
		L	Bellaire, TX 77401					
			Purpose for which amount is received	Check if polit	tic	al con	ribution returned to filer	
			Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	10/16/2024		Frost Bank					\$0.69
			Address of person from whom amount is received; City; State; Zip Code					
			Dollairo TV 77401					
		┝	Bellaire, TX 77401	1			1	
			Purpose for which amount is received Interest	Check if polit	tic	al con	ribution returned to filer	
		<u> </u>						
	Date		Name of person from whom amount is received				Amount (\$)	
	11/18/2024	ļ	Frost Bank					\$0.30
			Address of person from whom amount is received; City; State; Zip Code					
			Bellaire, TX 77401					
		\vdash		Chook if mali	ti c	ol oc	ribution returned to file.	
			Purpose for which amount is received Interest	ј спеск іт рош	ιIC	ai con	ribution returned to filer	
			morest					

		FORM C/OH - FR
		TOKW C/OTT TIX
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 31 of 31
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
	Engelhart, Mike (The Honorable)	00061342
3	SIGNATURE	
	I do not expect any further political contributions or political expenditures in connection with my candi as a final report terminates my campaign treasurer appointment. I also understand that I may not acc campaign expenditures without a campaign treasurer appointment on file.	
	The Honorab	ole Mike Engelhart
		ndidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER	
_	** Complete A & B below only if you are not an officeholder **	
	A CAMPAIGN FUNDS	
	Check only one:	
	X I do not have unexpended contributions or unexpended interest or income earned from politi	cal contributions.
	I have unexpended contributions or unexpended interest or income earned from political conconvert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not runexpended interest or income earned on political contributions longer than six years after filmust dispose of unexpended political contributions and unexpended interest or income earned with the requirements of Election Code 254.204.	ical contributions to personal use. I also etain unexpended contributions or ling this report. Further, I understand that I
	B ASSETS	
	Check only one:	
	I do not retain assets purchased with political contributions or interest or other income from p	political contributions.
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	contributions to personal use. I also
	The Heneral	olo Miko Engolhart
		le Mike Engelhart of Candidate
_		5 of Garianato
5	** Complete this section only if you are an officeholder **	
	Complete this section only if you are all officerolder	
	I am aware that I remain subject to filing requirements applicable to an officeholder who does also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	last required report as an officeholder, I
	Signature	of Officeholder