

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00085953	<b>2 Total pages filed:</b> 74				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Dr.	FIRST Michael C.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME Mike	LAST Olcott	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 247  Aledo, TX 76008			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Edgar L.	MI				
	NICKNAME Ed	LAST Huddleston	SUFFIX				
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 122 Red Oak St. S  Weatherford, TX 76087						
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	878-6391					
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
		07/01/2024					12/31/2024
<b>10 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
				<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>11 OFFICE</b>	OFFICE HELD (if any)			<b>12 OFFICE SOUGHT (if known)</b>			
	State Representative District 60 Parker						

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Olcott, Michael C. (Dr.) **14 Filer ID** (Ethics Commission Filers)  
00085953

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 60.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 207,089.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 11,730.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 189,820.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 530,000.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Michael C. Olcott  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Olcott, Michael C. (Dr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00085953
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 196,277.19
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,812.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,730.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/60 Rpt: 4/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) 8282 Goodwood LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Baton Rouge, LA 70819	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Janet <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Will <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$1,562.81
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) The Adams Law Firm
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adhikari, Kapil <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato, Tom <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) First Eye Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/60 Rpt: 5/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions) First Eye Care
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato, Tom <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) First Eye Care
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arhardt, Scott <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Artistically Yours <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Askew, John <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-6034	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) John Askew Homes

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/60 Rpt: 6/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Authier, Russ <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Sheriff		<b>9</b> Employer (See Instructions) Parker County
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baber, Larry <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086-0187	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baber, Lynn <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartoli, Larry <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-8966	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartoli, Larry <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-8966	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/60 Rpt: 7/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benson, Kelsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Homemaker
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Doug <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Best, Marsha <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bidne, Brian <hr/> Contributor address; City; State; Zip Code  Millsap, TX 76066	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bidne, Connie <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/60 Rpt: 8/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Biesel, Elizabeth T <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boggs, Greg <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Truck driver		Employer (See Instructions) Self
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boney, Ron <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bozzell, Elizabeth A <hr/> Contributor address; City; State; Zip Code  Millsap, TX 76066	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Higginbotham
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brasovan, Mike <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) Thigbe LLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/60 Rpt: 9/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brewton, Paula <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Builder		<b>9</b> Employer (See Instructions) Structured Building Group
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, John L <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76132	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brunke, Rob <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Nethery Eye Associates
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullock, David <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Industrial Fabrics
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burns, Leah <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-4824	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/60 Rpt: 10/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buskirk, Nicola	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204		
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions) Cubit Capital
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camba, Denise	Amount of Contribution (\$)  \$125.00
Contributor address; City; State; Zip Code  Cresson, TX 76035-5640		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camba, Denise	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Cresson, TX 76035-5640		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreon, Lisa	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087-6769		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) J&J Corp
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carus, Pete	Amount of Contribution (\$)  \$1,041.98
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Head In The Cloud IT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/60 Rpt: 11/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carus, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086	<b>7</b> Amount of Contribution (\$)  \$1,041.98
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Head In The Cloud IT
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carus, Peter <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$1,041.98
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Head In The Cloud IT
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cason, Jeff <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cason, Stacy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castilla, Cindi <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Eagle Forum (volunteer)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/60 Rpt: 12/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castilla, Cindi	<b>7</b> Amount of Contribution (\$) \$3,021.15
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229		
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Texas Eagle Forum (volunteer)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheshire, Cary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Beenbrook, TX 76116		
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Cheshire Industries
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Devin	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Owner/Welder		Employer (See Instructions) C6 Welding & Fabrication
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Zachery David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Owner/Welder		Employer (See Instructions) C6 Welding & Fabrication
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clement, Todd	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75287		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/60 Rpt: 13/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb, Tom	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034		
<b>8</b> Principal occupation / Job title (See Instructions) Investments		<b>9</b> Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Thomas	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Corning
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Thomas	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Corning
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Tom	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Corning
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colman, R	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/60 Rpt: 14/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compton, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Connell, Donald <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Copeland, Todd <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coulter, Don <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087-2107	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coulter, Eric <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Nunya

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/60 Rpt: 15/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crisp, Cullen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	<b>7</b> Amount of Contribution (\$)  \$1,041.98
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions) Crisp
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crocker, Terry <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curry, Candace <hr/> Contributor address; City; State; Zip Code  Santo, TX 76472	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Ellen <hr/> Contributor address; City; State; Zip Code  Winston-Salem, NC 27104	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Ellen <hr/> Contributor address; City; State; Zip Code  Winston-Salem, NC 27104	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/60 Rpt: 16/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jimmy	<b>7</b> Amount of Contribution (\$) \$130.52
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088		
<b>8</b> Principal occupation / Job title (See Instructions) Financial Advisor		<b>9</b> Employer (See Instructions) Day Wealth Management
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jimmy and Janis	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Weatherford, TX 76088		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBorba, Craig	Amount of Contribution (\$) \$78.44
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeBorba, Craig	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derington, Christi	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/60 Rpt: 17/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiLullo, Joanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiLullo, Matthew <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dingmore, Lindsey <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eagle, David <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Hood County
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elston, Carole <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/60 Rpt: 18/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faulkner, William	<b>7</b> Amount of Contribution (\$) \$521.15
<b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fenton, Lyndon	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Millsap, TX 76066-3126		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finch, Paul	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Weatherford, TX 76085-9008		
Principal occupation / Job title (See Instructions) Promotional Advertising		Employer (See Instructions) Hometown-Promotions
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, Marilyn	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Lipan, TX 76462		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fischer, Nathaniel	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) New Founding

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/60 Rpt: 19/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76309	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forgey, James <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forgey, James <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forgey, James <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082	Amount of Contribution (\$)  \$208.65
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forrest, John <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Parker County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/60 Rpt: 20/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Clarkston, MI 48348	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Angela <hr/> Contributor address; City; State; Zip Code  Clarkston, MI 48348	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Angela <hr/> Contributor address; City; State; Zip Code  Clarkston, MI 48348	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Angela <hr/> Contributor address; City; State; Zip Code  Clarkston, MI 48348	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Kevin D. <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Freeman Global

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/60 Rpt: 21/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuller, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088-6407	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) Lockheed Martin
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garner, Amanda <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Copywriter		Employer (See Instructions) West Fort Worth Management
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geismar, Bob <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gentry, Anthony <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerstenschlager, MerryLynn <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/60 Rpt: 22/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Leigh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	<b>7</b> Amount of Contribution (\$)  \$1,041.98
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Gun Owners of America
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Heather <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gore, Rex <hr/> Contributor address; City; State; Zip Code  Austin, TX 78709	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goss, Cary <hr/> Contributor address; City; State; Zip Code  Baton Rouge, LA 70819	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Industrial Fabrics
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graft, Melanie <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Administrative assistant		Employer (See Instructions) Lakecrest Cosmetic Surgery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/60 Rpt: 23/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Brady	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Brock, TX 76087		
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Texas Family Project
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Brady	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Brock, TX 76087		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Family Project
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Mary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Steven	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Gordon, TX 76453		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Steven	Amount of Contribution (\$) \$208.65
Contributor address; City; State; Zip Code  Gordon, TX 76453		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/60 Rpt: 24/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griesinger, Shelby	<b>7</b> Amount of Contribution (\$) \$125.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griesinger, Shelby	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griesinger, Shelby	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunter, Kelton	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Monica	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  Boyd, TX 76023		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/60 Rpt: 25/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond, Pamela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Graford, TX 76449	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Dr Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired Optometrist		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrell, Marietta <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Other		Employer (See Instructions) Self
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Carolyn <hr/> Contributor address; City; State; Zip Code  Aubrey, TX 76227	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Jimmy <hr/> Contributor address; City; State; Zip Code  Aubrey, TX 76227	Amount of Contribution (\$)  \$1,041.98
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/60 Rpt: 26/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 08/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Danny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$521.15
<b>8</b> Principal occupation / Job title (See Instructions) Landscape		<b>9</b> Employer (See Instructions) Harrison Landscape in renovation
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Danny <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Landscape		Employer (See Instructions) Harrison Landscape
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Jamees <hr/> Contributor address; City; State; Zip Code  Eulless, TX 76040	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) ACS
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Lisa <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Scott <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/60 Rpt: 27/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrisson, Lisa	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035-5628		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Richard	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Denton, TX 76201		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Hayes, Berry, White & Vanzant
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, John. Jay	Amount of Contribution (\$) \$521.15
Contributor address; City; State; Zip Code  Denton, TX 76210		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TCHD JPS
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazlett, Holly	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Weatherford, TX 76088		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) AC Genius
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazlett, Holly	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Weatherford, TX 76088		
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) AC Genius

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/60 Rpt: 28/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heffelfinger, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hein, Austin <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Field Manager		Employer (See Instructions) American Action Fund
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heizer, Richard <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendrickson, Lisa <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) CM		Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendrickson, Lisa <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$208.65
Principal occupation / Job title (See Instructions) CM		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/60 Rpt: 29/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hester, Laura	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088		
<b>8</b> Principal occupation / Job title (See Instructions) Plumber		<b>9</b> Employer (See Instructions) Chris' Plumbing, LLC
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holcomb, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Bedford, TX 76021-7969		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Nexans
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Elizabeth	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code  Millsap, TX 76066		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holman, Elizabeth	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code  Millsap, TX 76066		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopper, Andy	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Decatur, TX 76234		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) MapLarge

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/60 Rpt: 30/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horton, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horton, Rachel <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Self
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horwedel, Jeff <hr/> Contributor address; City; State; Zip Code  Santo, TX 76472	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horwedel, Jeff <hr/> Contributor address; City; State; Zip Code  Santo, TX 76472	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huddleston, Edgar <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/60 Rpt: 31/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffines, Don	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225		
<b>8</b> Principal occupation / Job title (See Instructions) Real estate		<b>9</b> Employer (See Instructions) Self
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Laurene	Amount of Contribution (\$) \$208.65
Contributor address; City; State; Zip Code  Gordon, TX 76453		
Principal occupation / Job title (See Instructions) Owner pool maintenance company		Employer (See Instructions) Laurie Hughes
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inge, Hallie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Granbury, TX 76048		
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) American Airlines
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inge, Jana	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Argyle, TX 76226-2932		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inge, Peyton	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Argyle, TX 76226-2932		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/60 Rpt: 32/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inge, Peyton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Argyle, TX 76226	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Realtor
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inge, Peyton <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Claudene <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, William <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John McAfee of The Storage Place <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/60 Rpt: 33/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Brandon	<b>7</b> Amount of Contribution (\$) \$225.00
<b>6</b> Contributor address; City; State; Zip Code  Mineral Wells, TX 76067		
<b>8</b> Principal occupation / Job title (See Instructions) Garbage Collector		<b>9</b> Employer (See Instructions) Self
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Jana	Amount of Contribution (\$) \$52.40
Contributor address; City; State; Zip Code  Mineral Wells, TX 76067		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Elizabeth	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Palo Pinto, TX 76484		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kammire, Patti	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kammire, Patti	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code  Annetta, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/60 Rpt: 34/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 08/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karger, Dr Ken <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karger, Dr Mauri <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Retired
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kecseg, Robert <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kecseg, Wendy <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Reata Realty Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/60 Rpt: 35/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Reata Realty Group
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Reata Realty Group
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realtor
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Reata Realty Group
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Donnie <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Reata Realty Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/60 Rpt: 36/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Randy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Eules, TX 76039	<b>7</b> Amount of Contribution (\$)  \$78.44
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koelling, Charlotte <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kolb, Theresa <hr/> Contributor address; City; State; Zip Code  Springtown, TX 76082-7243	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Korb, Ronny <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Bank President		Employer (See Instructions) Pinnacle Bank
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Korpai, M John <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Electrical Contractor		Employer (See Instructions) J&K Electrical Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/60 Rpt: 37/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Reimagined, remodeling and roofing
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Reimagined, remodeling and roofing
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Reimagined, remodeling and roofing
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Reimagined, remodeling and roofing
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Reimagined, remodeling and roofing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/60 Rpt: 38/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuhnell, Jeannine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Reimagined, remodeling and roofing
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) L. Meyer, Dianna <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambertsen, David <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76120	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Daniel <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Daniel <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/60 Rpt: 39/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, H M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lipan, TX 76462	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindholm, Marilyn <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindley, Kat <hr/> Contributor address; City; State; Zip Code  Brock, TX 76087	Amount of Contribution (\$)  \$1,041.98
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger, Goggen, Blair & Sampson LLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78760	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Little, Jason <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75056	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scheef & Stone LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/60 Rpt: 40/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Little, Joy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Looper, Rob <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Fire Investigator		Employer (See Instructions) Texas Farm. Bureau Insurance
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Kaden <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Family Project
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Karen <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowery, Karen <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/60 Rpt: 41/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lu, Leng <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008-8015	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Lu Enterprises
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabee, Guy <hr/> Contributor address; City; State; Zip Code  Gordon, TX 76453-3912	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macias, Luke <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magno, Roy <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$1,041.98
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) T. Wilson
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Jim <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/60 Rpt: 42/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) CRNA		<b>9</b> Employer (See Instructions) GI Alliance
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Kimberly <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) GI Alliance
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Kimberly <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$208.65
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) GI Alliance
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mauney, Mike <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mauney, Mike <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/60 Rpt: 43/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarthy, Frank <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty, Jefferey <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$325.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty, Jeffrey <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty, Julie <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RE		Employer (See Instructions) Self
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty, Julie and Fred <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) RE		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/60 Rpt: 44/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Shelley	<b>7</b> Amount of Contribution (\$) \$130.52
<b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions) TMJ Diagnostics
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Merri	Amount of Contribution (\$) \$52.40
Contributor address; City; State; Zip Code  Weatherford, TX 76087-8851		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCraw, John	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Hawkins, TX 75765		
Principal occupation / Job title (See Instructions) Attorney/CEO		Employer (See Instructions) McCraw Law Group
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCulloh, Teri	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElvain, Chad	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Cresson, TX 76035		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/60 Rpt: 45/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGlaun, Casey	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Palo Pinto, TX 76484-3903		
<b>8</b> Principal occupation / Job title (See Instructions) Homebuilder		<b>9</b> Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melberg, Bruce	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Sabre
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melberg, Bruce	Amount of Contribution (\$) \$130.52
Contributor address; City; State; Zip Code  Weatherford, TX 76087		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Sabre
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Jennifer	Amount of Contribution (\$) \$78.44
Contributor address; City; State; Zip Code  Weatherford, TX 76085		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Costco Pharmacy
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Johanna	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code  Palo Pinto, TX 76484		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/60 Rpt: 46/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Johanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palo Pinto, TX 76484-3730	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnich, Rick <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnich, Susan <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minnich, Susan <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mize, Amanda <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/60 Rpt: 47/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mize, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monaco, Christopher <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085-6920	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Medical Sales		Employer (See Instructions) Self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monaco, Lynn <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monaco, Lynn <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085-6920	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, CSP, Mike <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Operations Safety Manager		Employer (See Instructions) Servicon Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/60 Rpt: 48/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Katheryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moos, Michael <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagel, Tim <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nagel, Tim <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neverdousky, Richard <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/60 Rpt: 49/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niederer, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shady shores, TX 76208	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Fossil Pointe Sporting Grounds
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Bill <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76185	Amount of Contribution (\$)  \$5,208.65
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Nolan Bros.
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Cyrena <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Cyrena <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Mary Katherine <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Substitute teacher/ Retired PTA Mom		Employer (See Instructions) FWISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/60 Rpt: 50/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Mary Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Substitute teacher/ Retired PTA Mom		<b>9</b> Employer (See Instructions) FWISD
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolan, Michael <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) Contractor Developer		Employer (See Instructions) Nolan bros of Texas, Inc
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nosek, Nicole <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions) Private
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Novak, Thomas <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self employed
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oakes, Jeff <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Volunteer coordinator		Employer (See Instructions) Love Weatherford

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/60 Rpt: 51/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paez, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76088	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Lab Manager		<b>9</b> Employer (See Instructions) TSI Laboratories
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, William <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 79562	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Passariello, Susan <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$521.15
Principal occupation / Job title (See Instructions) VP of Mktg		Employer (See Instructions) Datcu
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Michael <hr/> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ponce, Kathy <hr/> Contributor address; City; State; Zip Code  Maypearl, TX 76064	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) City employee		Employer (See Instructions) City of Midlothian

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/60 Rpt: 52/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Homemaker
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinonez, Ashlea <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) JPS Health Network
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramsey, John <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Food Manufacturing		Employer (See Instructions) Self
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Randolph, Natasha <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Owner/Operator/Speech-Language Pathologist		Employer (See Instructions) Empower Therapeutics, LLC
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinert, Betty <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/60 Rpt: 53/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinert, Betty <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reisz, Mike <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhodes, Fran <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) President, Non Profit		Employer (See Instructions) True Texas Project
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhodes, Frances <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6336	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) President, Non Profit		Employer (See Instructions) True Texas Project
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rinaldi, Matthew <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3525	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Farjo Holdings

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/60 Rpt: 54/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  ALEDO, TX 76008	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Certified Public Accountant		<b>9</b> Employer (See Instructions) William T. Robinson, CPA, PC
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, James <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$1,041.98
Principal occupation / Job title (See Instructions) Construction Consultant		Employer (See Instructions) The Nelrod Company
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, James <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Residential Construction Consultant		Employer (See Instructions) The Nelrod Company, DBA Fox Energy Specialists
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rostami, Matt <hr/> Contributor address; City; State; Zip Code  Mckinney, TX 75070	Amount of Contribution (\$)  \$156.56
Principal occupation / Job title (See Instructions) Eye Surgeon		Employer (See Instructions) Lone Star Eye Specialists
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Edwin <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/60 Rpt: 55/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samman Ventrures LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Poolville, TX 76487-3246	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samuelson, Gary <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Tad <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088-7438	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Saddlemaker		Employer (See Instructions) Self
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sensky, Destin <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76116	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shepard, Janelle <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/60 Rpt: 56/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva Pinto Coulter, Marina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$78.44
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva Pinto Coulter, Marina <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Brenda <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Payroll Manager		Employer (See Instructions) Adecco
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spaulding, Emily <hr/> Contributor address; City; State; Zip Code  Justin, TX 76247	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spelios, A <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/60 Rpt: 57/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Starr, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Oil field Equip Sales		<b>9</b> Employer (See Instructions) Tex Starr Solutions
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Starr, Don <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Oil field Equip Sales		Employer (See Instructions) Tex Starr Solutions
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stevenson, Penny <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Still, Tim <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Still, Tim <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/60 Rpt: 58/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stilwell, J P	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strain, Britta	Amount of Contribution (\$)  \$1,500.00
Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33314		
Principal occupation / Job title (See Instructions) Orthopedic Suregeon		Employer (See Instructions) Orthopedic Surgeon
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talbot, Catherine	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Mind Discovery
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Joan	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Kelly	Amount of Contribution (\$)  \$1,041.98
Contributor address; City; State; Zip Code  Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) 28VRR LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/60 Rpt: 59/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ticzkus, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76085	<b>7</b> Amount of Contribution (\$)  \$130.52
<b>8</b> Principal occupation / Job title (See Instructions) Regional Director		<b>9</b> Employer (See Instructions) AACS
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ticzkus, Matthew <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76085	Amount of Contribution (\$)  \$208.65
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) AACS
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tony Tinderholt For Texas <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76003	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traeger, Lori <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Lucas <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Turner Law Office

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/60 Rpt: 60/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Unsworth, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Benbrook, TX 76132	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Unsworth, Teri <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Delta
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Utley, Austin <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76088	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Theatrical Consultant		Employer (See Instructions) Thern Inc
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vann, Rush <hr/> Contributor address; City; State; Zip Code  Annetta, TX 76008	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Brenda <hr/> Contributor address; City; State; Zip Code  Graford, TX 76449	Amount of Contribution (\$)  \$130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/60 Rpt: 61/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vazquez, Brenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Graford, TX 76449	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vermillion, Brenda <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vinyard, Charla <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vinyard, Charla <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weekley, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Weekley Development Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/60 Rpt: 62/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weiss-Rupard, Leann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cresson, TX 76035-5647	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) President & Author		<b>9</b> Employer (See Instructions) Encouragement Company
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wenske, John <hr/> Contributor address; City; State; Zip Code  Moulton, TX 77975	Amount of Contribution (\$)  \$148.23
Principal occupation / Job title (See Instructions) Fiedl Director		Employer (See Instructions) Ted Cruz for Senate
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Melinda <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020-1445	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FW ISD
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Melinda <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FW ISD
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Will, Alyson <hr/> Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/60 Rpt: 63/74
<b>2</b> FILER NAME Olcott, Michael C. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Jami Jo	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76086		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Thomas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Dallas, TX 75229		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) T Wilson
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Witten, Ronald	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Real estate research		Employer (See Instructions) Witten Advisors
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zedler, William	Amount of Contribution (\$) \$208.65
Contributor address; City; State; Zip Code  Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/4 Rpt: 64/74	
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvin Allen Saddlery	8 Amount of contribution (\$) \$482.00	9 In-kind contribution description Shirts, vests and shawl for silent auction
	7 Contributor address; City; State; Zip Code  Hudson Oaks, TX 76087	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ClearView Firearms	Amount of contribution (\$) \$380.00	In-kind contribution description Revolver for silent auction
	Contributor address; City; State; Zip Code  Weatherford, TX 76086	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Pat	Amount of contribution (\$) \$7,500.00	In-kind contribution description Custom Trump AR for Silent Auction
	Contributor address; City; State; Zip Code  Waco, TX 76712	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Investor		Employer (FOR NON-JUDICIAL) (See instructions) PJC Investments LLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/4 Rpt: 65/74	
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/16/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Guns Gallery And Gear	8 Amount of contribution (\$) \$750.00	9 In-kind contribution description Knife for silent auction
	7 Contributor address; City; State; Zip Code  Weatherford, TX 76087		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNutt, Chris	Amount of contribution (\$) \$900.00	In-kind contribution description Rifle, book, hat and other items for silent auction
	Contributor address; City; State; Zip Code  Weather, TX 76088		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner		Employer (FOR NON-JUDICIAL) (See instructions) Texas Gun Rights	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mize, Amanda	Amount of contribution (\$) \$100.00	In-kind contribution description Halloween Decoration
	Contributor address; City; State; Zip Code  Cresson, TX 76035		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/4 Rpt: 66/74	
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastafina Italian Ristorante	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description Gift Card for silent auction
	7 Contributor address; City; State; Zip Code  Weatherford, TX 76086		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peacock's Feed and Supply	Amount of contribution (\$) \$89.00	In-kind contribution description Snap Mist Sanitizer for silent auction
	Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Special Impressions	Amount of contribution (\$) \$200.00	In-kind contribution description Gift Basket for silent auction
	Contributor address; City; State; Zip Code  Weatherford, TX 76086		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 4/4 Rpt: 67/74	
2 FILER NAME Olcott, Michael C. (Dr.)		3 Filer ID (Ethics Commission Filers) 00085953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurgeon, Riley Jo	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description Western Dcor Bundle for silent auction
	7 Contributor address; City; State; Zip Code  Azle, TX 76020	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teskey's	Amount of contribution (\$) \$86.00	In-kind contribution description Head stalls for silent auction
	Contributor address; City; State; Zip Code  Weatherford, TX 76087	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wreath's by Debbie	Amount of contribution (\$) \$200.00	In-kind contribution description Wreath for silent auction
	Contributor address; City; State; Zip Code  Peaster, TX 76088	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 68/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 12/31/2024	<b>5</b> Payee name Anedot Inc	
<b>6</b> Amount (\$) \$2,972.19	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Processing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Automattic Inc.	
Amount (\$) \$318.73	Payee address; City; State; Zip Code 60 29th Street #343 San Fransisco, CA 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Cimpress	
Amount (\$) \$251.49	Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 69/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 12/11/2024	<b>5</b> Payee name Cimpress	
<b>6</b> Amount (\$) \$591.45	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Direct Texas Marketing Group	
Amount (\$) \$190.88	Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130-5717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Griffin Communications LLC	
Amount (\$) \$36.16	Payee address; City; State; Zip Code 7111 Harvest Trail Dr  Austin, TX 78736	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 70/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
<b>4</b> Date 10/21/2024	<b>5</b> Payee name Hotel Drover	
<b>6</b> Amount (\$) \$342.94	<b>7</b> Payee address; City; State; Zip Code 200 Mule Alley Drive  Fort Worth, TX 76164	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Lunch
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/06/2024	Payee name MailChimp	
Amount (\$) \$167.36	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name MailChimp	
Amount (\$) \$167.36	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 71/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 09/06/2024	<b>5</b> Payee name MailChimp
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<b>6</b> Amount (\$) \$167.36	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/06/2024	Payee name MailChimp
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Amount (\$) \$167.36	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name MailChimp
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Amount (\$) \$37.31	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 72/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 11/06/2024	<b>5</b> Payee name MailChimp
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<b>6</b> Amount (\$) \$143.91	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/06/2024	Payee name MailChimp
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Amount (\$) \$143.91	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Ste 5000 Atlanta, GA 30308
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Office Depot
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Amount (\$) \$196.08	Payee address; City; State; Zip Code 4613 S Hulen Ste B Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies for fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 73/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 10/22/2024	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$15.69	<b>7</b> Payee address; City; State; Zip Code 4613 S Hulen Ste B Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies for fundraiser
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name Riley Jo, Spurgeon
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1612 Willow Wood Dr  Azle, TX 76020
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Silent Auction Commission
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2024	Payee name River Ranch Stockyards
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 500 Northeast 23rd Street  Fort Worth, TX 76164
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 74/74	<b>2</b> FILER NAME Olcott, Michael C. (Dr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00085953
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<b>4</b> Date 12/12/2024	<b>5</b> Payee name USPS
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<b>6</b> Amount (\$) \$397.00	<b>7</b> Payee address; City; State; Zip Code 1145 Santa Fe Dr  Weatherford, TX 76086
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2024	Payee name WinRed Technical Services LLC
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Amount (\$) \$123.33	Payee address; City; State; Zip Code 1776 Wildon Blvd Suite 530 Arlington, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Processing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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