

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The JC/OH Instruction Guide explains how to complete this form.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 Filer ID<br>(Ethics Commission Filers)<br>00083604 | 2 Total pages filed:<br><br>4                                                                                                                                        |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI<br>The Honorable Michael L.                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/08/2025                                                                                    |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Mike Smith                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                      |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                               |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Receipt # Amount                                                                                                                                                     |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Processed                                                                                                                                                       |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | Date Imaged                                                                                                                                                          |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI<br>Mr. Mitchell W.                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                                                                                                                                                      |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Mitch Moore                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                                                                                      |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><b>REDACTED PER 254.0313, GOV'T CODE</b>                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                      |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                      |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(325) 201-0610                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                      |  |
| 8 REPORT<br>TYPE                                                                                      | <input 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)<br><input checked="" 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) |                                                      |                                                                                                                                                                      |  |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                                                                                                                                                                      |  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | ELECTION TYPE                                                                                                                                                        |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>District Judge (Multi-county) District 35 Brown, Mills                                                                                                                                                                                                                                                                                                                                                     |                                                      | 12 OFFICE SOUGHT (if known)                                                                                                                                          |  |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 4

|                                                         |                                                           |
|---------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> Smith, Michael L. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00083604 |
|---------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                                          |  |
|                                                                                               | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                         | <b>COMMITTEE NAME</b><br><br><hr/>                       |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE ADDRESS</b><br><br><hr/>                    |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/>    |  |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |  |

|                                |                                                                                                                                      |    |        |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00   |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ | 0.00   |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ | 450.00 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ | 45.57  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ | 0.00   |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 The Honorable Michael L. Smith  
 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.

|                                                  |                                                     |                                              |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|
| _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------|

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

3 of 4

|                                                           |                                     |                                                                                    |                 |
|-----------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|-----------------|
| <b>18 FILER NAME</b><br>Smith, Michael L. (The Honorable) |                                     | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00083604                          |                 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE          |                                     |                                                                                    | SUBTOTAL AMOUNT |
| 1.                                                        | <input type="checkbox"/>            | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$              |
| 2.                                                        | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3.                                                        | <input type="checkbox"/>            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$              |
| 4.                                                        | <input type="checkbox"/>            | SCHEDULE E(J): LOANS (JUDICIAL)                                                    | \$              |
| 5.                                                        | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 450.00       |
| 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 | \$              |

# 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:<br>Sch: 1/1 Rpt: 4/4              | <b>2</b> FILER NAME<br>Smith, Michael L. (The Honorable)                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083604                                                                                                                                                                                                        |
| <b>4</b> Date<br>02/06/2025                                         | <b>5</b> Payee name<br>Texas Association of District Judges                                                                                              |                                                                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$250.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>201 Caroline<br>10th Floor<br>Houston, TX 77019                                                         |                                                                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dues and additional donation to Texas Association of District Judges  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                       |
| Date<br>03/11/2025                                                  | Payee name<br>Texas Association of District Judges                                                                                                       |                                                                                                                                                                                                                                                                 |
| Amount (\$)<br>\$200.00                                             | Payee address; City; State; Zip Code<br>201 Caroline<br>10th Floor<br>Houston, TX 77019                                                                  |                                                                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to TADJ for additional lobbying on behalf of District Judges |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                       |