CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00089768		2 Total pages filed: 11				
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY			
OFFICEHOLDER NAME	Mr.	Michael A.			Date Received				
					ELECTRONICALLY FI	ILED			
	NICKNAME	LAST		SUFFIX	07/11/2025				
	NICKNAIVIE	Hewitt		SUFFIX	01/11/2020				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Post	tmarked			
MAILING	P.O. Box 860067				Receipt # Amoun	t			
ADDRESS									
Change of Address	Plano, TX 75086-0067				Date Processed				
					Date Imaged				
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI					
NAME	Mr.	Michael A.							
	NICKNAME	LAST		SUFFIX					
		Hewitt							
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE;	ZIP CODE			
ADDRESS	P.O. Box 860067								
(Residence or Business)									
	Plano, TX 75086-0067								
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION						
TREASURER	(972) 583-6644	VE TOMBER	z/(Z						
PHONE	(012) 000 0011								
8 REPORT									
TYPE	January 15	30th day before	election	Runoff	15th day after campaign tro appointment (officeholder of	easurer			
	X July 15	8th day before 6	election \square	Exceeded modified	Final Report (Attach C/OH-				
	X July 15	our day before 8	election	reporting limit	_ Final Report (Attach C/On-	-FK)			
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	06/04/2025	TH	IROUGH	06/30/202					
					-				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year	X Pi	rimary	Runoff	Other				
	03/03/2026		eneral	Special	_				
		"	criciai	ореона					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)				
II OTTICE	Of FIGE FIELD (II arry)			State Represent					
				1					
		GOT	O PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Hewitt, Michael A. (M	14 Filer ID (E 00089768	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	he candidate's or officel	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	s)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC		\$ 3,092.08					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 8,421.07				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	OF THE LAST DAY	\$ 11,506.45					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		under The 13, Election Code.						
		Mr. N	Michael A. Hewitt					
		Signature of	Candidate or Officehold	ler				
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 11							
18 FILER NAN		19 Filer ID	(Ethics Commission Filers)							
	ichael A. (Mr.)	00089768	1							
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE									
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$								
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS									
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4. X	SCHEDULE E: LOANS		\$ 11,500.00							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 3,079.18							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6.45							
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 6.45							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 0.25							

	LOANS						SCHEDULE E			
	The Instruction	ages Schedule E: /1 Rpt: 4/11								
2	FILER NAME Hewitt, Michael	A. (Mr.)				3 Filer ID 00089	(Ethics Commission Filers)			
4	TOTAL OF UN	IITEMIZED LOANS					\$			
5	Date of loan 06/04/2025	7 Name of lender Hewitt, Michael		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$5,500.00			
6	Is lender a financial institution?	10 Interest Rate 5% 11 Maturity Date								
12	Principal occupation	L on / Job title (See Instruction	ns)		13 Employer (See Instructions None	s)	I			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposite	d into political account (See Instructions)			
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code		19 Amount Guaranteed (\$)			
20	Principal occupation	n I			21 Employer (See Instructions	5)	<u>I</u>			
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)			
	06/27/2025	Hewitt, Michael					\$6,000.00			
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate 5% Maturity Date			
	No	Plano, TX 75086-00	067				Maturity Date			
	Principal occupation	on / Job title (See Instruction			Employer (See Instructions	s)	<u>l</u>			
	Attorney				None					
	Description of Coll X None	ateral			Check if personal funds were deposited into political account (See Instructions)					
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)			
	X not applicable	Guarantor address;	City;	State;	Zip Code					
	Principal occupation	on			Employer (See Instructions)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 5/11	Hewitt, Michael A. (Mr.) 00089768
4	Date	5 Payee name
	06/06/2025	DNH GODADDY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.83	100 S. Mill Ave.
		#1600
		Tempe, AZ 85281
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for website domain name.
		ayment for website domain name.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/09/2025	DNH GODADDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.44	100 S. Mill Ave.
		#1600
		Tempe, AZ 85281
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for website hosting services.
		rayment for website hosting services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2025	Red Arrow Victory Solutions, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	P.O. Box 248
		Benton, LA 71006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment to entity for campaign
		management/consulting services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction	Guide explains l		ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 6/11		Hewitt, Mich	nael A. (Mr.)						00089768	
4	Date	5	Payee name								
	06/08/2025		Staples								
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de				
	\$8.11		812 West M	cDermott Driv	⁄e						
		⊢	Allen, TX 75								
8	PURPOSE OF				at the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Office suppl	ies				ш		de of Texas. Com officeholder living	
								Payment for p			
								r dynnent for p	pui	criase or one	boara.
_	Complete ONLY if direct	<u> </u>	Canadidate/Offi) (1)	la #			Office he	- I - I
9	Complete ONLY if direct expenditure to benefit C/O		,andidate/Offic	ceholder name	C	Office sou	gnı			Office ne	eid
	Date		Payee name								
	06/10/2025		Staples								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$23.80		812 West M	cDermott Driv	ve						
			Allen, TX 75	5013							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				\Box		de of Texas. Com	
								—		officeholder living	
								Payment for p	pui	chase of bus	Silless Calus.
	Complete ONLY if direct	<u> </u>	Canadidate/Offi) 				Office he	- I - I
	Complete ONLY if direct expenditure to benefit C/O		,andidate/Offic	ceholder name	C	Office sou	gnı			Office he	eid

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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.									
1 Total pages Schedule F4:	e F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 7/11	Hewitt, Michael A. (Mr.)			00089768					
4 CREDIT CARD ISSUER		ncial institution al One	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged \$0.68	(b) Date of Charge 06/23/2025	(c) Date(s) 06/28/20	Credit Card Issuer 25	Paid					
7 PAYEE	(a) Payee name FedEx Office	address; tral Expy S.	City,	State,	Zip Code					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	ices at FedEx Office.								
Non-Political	cal (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX					nse				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged \$1.37	(b) Date of Charge 06/05/2025	(c) Date(s) 06/15/20	Credit Card Issuei 25	Paid					
PAYEE	(a) Payee name FedEx Office		(b) Payee 715 Cent Allen, TX	ral Expy S.	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Description Payment for printing services at FedEx Office.							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged \$2.27	(b) Date of Charge 06/19/2025	(c) Date(s) 06/28/20	Credit Card Issuei 25	Paid					
PAYEE	(a) Payee name FedEx Office		(b) Payee 715 Cent Allen, TX	ral Expy S.	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Descrip Payment	otion for printing servi	ces at FedEx O	ffice.				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living									
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
I										

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense ces	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra	avel in District avel Out of District HER (enter a category					
		The Insti	uction Guide explains l	how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)			
	Sch: 2/2 Rpt: 8/11	Hewitt, Michael A. (Mr.)		00089768						
	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEM	1IZED						
	ISSUER	Ch	ase	EXPENDITURES CHARGED TO A CF		\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid					
		\$2.13	06/10/2025	06/14/2025							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		FedEx		715 Central Expy S.							
				Allen, TX 75013							
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Payment for printing	servic	ces at FedEx O	ffice.				
	X Political	Printing Expense									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ıstin, TX, d	officeholder living expe	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
ex	xpenditure to benefit C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 9/11		Hewitt, Michael A. (Mr.)			00089768
4	Date	5	Payee name			
	06/15/2025		Capital One			
6	Amount (\$) \$1.37	7	Payee address; City; State; P.O. Box 60159	Zip Co	ode	
	Reimbursement from political contributions intended		City of Industry, CA 91716-0519			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Credit Card Payment			Check if Austin, TX, officeholder living expense
					FedEx Office.	edit card charge for printing services at
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/28/2025		Capital One			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$2.27		P.O. Box 60159			
	Reimbursement from political contributions intended		City of Industry, CA 91716-0519			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description _	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment		Repayment of cro	Check if Austin, TX, officeholder living expense edit card charge for printing services at
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/28/2025		Capital One			
	Amount (\$) \$0.68		Payee address; City; State; P.O. Box 60159	Zip Co	ode	
	Reimbursement from political contributions intended		City of Industry, CA 91716-0519			
	PURPOSE OF		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Printing Expense		L	Check if Austin, TX, officeholder living expense
					Repayment of cro FedEx Office.	edit card charge for printing services at
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 10/11 Hewitt, Michael A. (Mr.) 00089768 Date Payee name 06/14/2025 Chase 6 Amount (\$) Payee address; City; State; Zip Code \$2.13 P.O. Box 15123 Reimbursement from political contributions intended Wilmington, DE 19850-5123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Repayment of credit card charge for printing services at FedEx Office. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/11 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Hewitt, Michael A. (Mr.) 00089768 5 Name of person from whom amount is received 8 Amount (\$) Date 06/30/2025 Capital One \$0.25 6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519 Purpose for which amount is received Check if political contribution returned to filer Interest