

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00069397		2 Total pages filed: 8		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael E.	MI	Date Received ELECTRONICALLY FILED 11/23/2025	
	NICKNAME	LAST Collier	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	☐ January 15	☐ Runoff	☐ Other (specify)	Receipt #	
	☒ July 15	☐ Exceeded modified reporting limit		Amount	
	☐ 30th day before election	☐ 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	☐ 8th day before election	☐ Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day Year 06/30/2025		

6 EXPLANATION OF CORRECTION
Correcting \$3 error (typo) in total loans outstanding

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Michael E. Collier

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 oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069397		2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael E.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/23/2025	
	NICKNAME	LAST Collier	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2334 Cumberland Oak Ct. Kingwood, TX 77345			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael E.	MI		
	NICKNAME	LAST Collier	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2334 Cumberland Oak Court Kingwood, TX 77345				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 435-2817				
8 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☒ July 15 ☐ 8th day before election ☐ Exceeded modified reporting limit ☐ Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025				
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE		
			☐ Primary ☐ Runoff ☐ Other ☒ General ☐ Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Lieutenant Governor	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Collier, Michael E. (Mr.)	14 Filer ID	(Ethics Commission Filers) 00069397
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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. <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.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	90.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	39.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	429,500.00

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.

Mr. Michael E. Collier

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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18 FILER NAME Collier, Michael E. (Mr.)		19 Filer ID (Ethics Commission Filers) 00069397
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	☒ SCHEDULE E: LOANS	\$ 0.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 90.00
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	☒ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 5/8

2 FILER NAME

Collier, Michael E. (Mr.)

3 Filer ID (Ethics Commission Filers)

00069397

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/8
2 FILER NAME Collier, Michael E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00069397
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral ☐ None		15 Check if personal funds were deposited into political account (See Instructions) ☐
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/8	2 FILER NAME Collier, Michael E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069397
4 Date 01/31/2025	5 Payee name Chase Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Bank		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Bank		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/8	2 FILER NAME Collier, Michael E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00069397
4 Date 04/30/2025	5 Payee name Chase Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly service charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Bank		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase Bank		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 712 Main St Houston, TX 77002-3201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		