

**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 (Ethics Commission Filers) 00027138	2 Total pages filed: 65		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael E.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Mery	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOV'T CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Margaret G.	MI			
	NICKNAME	LAST Mireles	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOV'T CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (210) 735-6348	PHONE NUMBER EXTENSION				
8 REPORT TYPE	<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)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2025		Day	ELECTION TYPE		
			Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) District Judge District 144 Bexar			12 OFFICE SOUGHT (if known)		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

2 of 65

13 C / OH NAME	Mery, Michael E. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00027138												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> 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)		\$ 50.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 100,906.94												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 36,060.72												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 73,697.11												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>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.</p>															
<p>The Honorable Michael E. Mery _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

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

3 of 65

<b>18</b> FILER NAME Mery, Michael E. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00027138
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 95,750.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 5,156.94	
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 \$ 35,698.19	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 362.53	
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 A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/32 Rpt: 4/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo III, Alberto ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney at Law
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Mimari Anderson Cilfone & Watkins PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Anthony Bancroft		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/32 Rpt: 5/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barkhurst, Paul  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Barkhurst & Hinojosa, PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera Jr., Roy  Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Partner
Contributor's employer/law firm The Barrera Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernal, Patrick  Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Shareholder
Contributor's employer/law firm DNRBSZ		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/32 Rpt: 6/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Pauline	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78231	
<b>8</b> Contributor's Principal Occupation Accountant		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braubach, Robert P.  Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, William  Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/32 Rpt: 7/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Olga ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78229		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Larry A. Bruner, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/19/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/32 Rpt: 8/65												
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138												
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabanas Law Firm PLLC .....  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78214	<b>7</b> Amount of Contribution (\$) \$1,500.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 09/23/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calfas Law Group .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205 </td> <td> Amount of Contribution (\$) \$2,500.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calfas Law Group .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$2,500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calfas Law Group .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$2,500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 10/20/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Jorge .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204-1806 </td> <td> Amount of Contribution (\$) \$100.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Solo practitioner </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Jorge .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204-1806	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Solo practitioner		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Jorge .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204-1806	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm Solo practitioner		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/32 Rpt: 9/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cevallos, Mark ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney at Law
<b>10</b> Contributor's employer/law firm Law Office of Mark A. Cevallos		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/32 Rpt: 10/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Travis (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	
<b>8</b> Contributor's Principal Occupation Real Estate Agent		<b>9</b> Contributor's Job Title Real Estate Agent
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crispin, Rodrigo	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self-employed.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl Stahl Geis	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78205	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/32 Rpt: 11/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Jason <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78204	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Davis & Santos, PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deadman, Glenn Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Prado, Mario Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Del Prado Law		Law firm of contributor's spouse (if any) State District Judge Bexar County
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/32 Rpt: 12/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Reynaldo <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Reynaldo Diaz Accident Injury Attorney PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, Deborah Contributor address; City; State; Zip Code  San Antonio, TX 78213		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Demetrio Contributor address; City; State; Zip Code  San Antonio, TX 78201		Amount of Contribution (\$) \$750.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Duarte & Molina PC		Law firm of contributor's spouse (if any) Duarte & Molina PC
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/32 Rpt: 13/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahle, John <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78204	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney at Law
<b>10</b> Contributor's employer/law firm Lawchampions		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferro, Joseph Contributor address; City; State; Zip Code  San Antonio, TX 78228		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Dentist		Contributor's Job Title Dentist
Contributor's employer/law firm Ferro Family Cosmetic Dentistry		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford Murray PLLC Contributor address; City; State; Zip Code  San Antonio, TX 78216		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/32 Rpt: 14/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Joe A. (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Gamez Law Firm		<b>11</b> Law firm of contributor's spouse (if any) Gamez Law Firm
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Raymond (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78283-1061		<b>7</b> Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/09/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Patrick <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253		<b>7</b> Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/32 Rpt: 15/65	
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138	
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glick, Daniel E. <b>6</b> Contributor address; City; State; Zip Code  El Mirage, AZ 85335	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired	
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/05/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glick, Edwina Contributor address; City; State; Zip Code  El Mirage, AZ 85335	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein & Orr PLLC Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/32 Rpt: 16/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Brian Lorenzo ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Contributor's Principal Occupation Reseller/Flipper		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/32 Rpt: 17/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haase, Alexis ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Pathology Assistant		<b>9</b> Contributor's Job Title Pathology Assistant
<b>10</b> Contributor's employer/law firm University Hospital		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78230		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78220		Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/32 Rpt: 18/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Flavio <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78210	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney at Law
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Tony Contributor address; City; State; Zip Code  San Antonio, TX 78201		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, John Contributor address; City; State; Zip Code  San Antonio, TX 78248		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Germer PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/32 Rpt: 19/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Edward ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Real Estate Broker		<b>9</b> Contributor's Job Title Real Estate Broker
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78201		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Wayne Wright, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78229		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/32 Rpt: 20/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karl, Chris ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Valdez & Trevino		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/32 Rpt: 21/65												
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138												
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Langley & Banack Incorporated .....  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 12/04/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Edmond D. Karam .....  Contributor address; City; State; Zip Code  San Antonio, TX 78212 </td> <td>Amount of Contribution (\$) \$150.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Edmond D. Karam .....  Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$) \$150.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Edmond D. Karam .....  Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$) \$150.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/20/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of George Scharmen .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204 </td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of George Scharmen .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of George Scharmen .....  Contributor address; City; State; Zip Code  San Antonio, TX 78204	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/32 Rpt: 22/65																								
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138																								
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of J. Charles Bunk ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$500.00																								
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title																								
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)																								
<b>12</b> If contributor is a child, law firm of parent(s) (if any)																										
 <table border="1"> <tr> <td>Date 10/20/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Ron D. Ross ..... Contributor address; City; State; Zip Code  San Antonio, TX 78255 </td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> <table border="1"> <tr> <td>Date 11/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Shawn C. Brown, P.C. ..... Contributor address; City; State; Zip Code  San Antonio, TX 78205 </td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> 			Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Ron D. Ross ..... Contributor address; City; State; Zip Code  San Antonio, TX 78255	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)			Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Shawn C. Brown, P.C. ..... Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Ron D. Ross ..... Contributor address; City; State; Zip Code  San Antonio, TX 78255	Amount of Contribution (\$) \$500.00																								
Contributor's Principal Occupation		Contributor's Job Title																								
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																								
If contributor is a child, law firm of parent(s) (if any)																										
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Shawn C. Brown, P.C. ..... Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00																								
Contributor's Principal Occupation		Contributor's Job Title																								
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																								
If contributor is a child, law firm of parent(s) (if any)																										

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/32 Rpt: 23/65												
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138												
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Pat Maloney, P.C. ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$2,500.00												
	<b>8</b> Contributor's Principal Occupation  <b>10</b> Contributor's employer/law firm	<b>9</b> Contributor's Job Title  <b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/16/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Shannon ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232 </td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td>Contributor's Job Title Attorney at Law</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm The Locke Law Group </td> <td>Law firm of contributor's spouse (if any) The Locke Law Group</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Shannon ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law	Contributor's employer/law firm The Locke Law Group		Law firm of contributor's spouse (if any) The Locke Law Group	If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Shannon ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law												
Contributor's employer/law firm The Locke Law Group		Law firm of contributor's spouse (if any) The Locke Law Group												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/21/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Janice ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212 </td> <td>Amount of Contribution (\$) \$2,500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td>Contributor's Job Title Attorney at Law</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Law Office of Janice Maloney </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Janice ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$) \$2,500.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law	Contributor's employer/law firm Law Office of Janice Maloney		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Janice ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$) \$2,500.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law												
Contributor's employer/law firm Law Office of Janice Maloney		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/32 Rpt: 24/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Raymond	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78223	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any) Retired
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Leland	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78248	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Bruce	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 22/32 Rpt: 25/65</p>
<p><b>2</b> FILER NAME Mery, Michael E. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00027138</p>
<p><b>4</b> Date 10/15/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, George ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216</p>	<p><b>7</b> Amount of Contribution (\$) \$500.00</p>
<p><b>8</b> Contributor's Principal Occupation Business owner.</p>		<p><b>9</b> Contributor's Job Title Owner</p>
<p><b>10</b> Contributor's employer/law firm Elegant Limousine &amp; Charter</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 07/09/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Marina ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212</p>
<p>Contributor's Principal Occupation Psychologist</p>		<p>Contributor's Job Title Consultant</p>
<p>Contributor's employer/law firm SKS Consulting Firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/06/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Ross ..... Contributor address; City; State; Zip Code  San Antonio, TX 78257</p>
<p>Contributor's Principal Occupation Real estate construction</p>		<p>Contributor's Job Title Builder</p>
<p>Contributor's employer/law firm Self employed</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 23/32 Rpt: 26/65</p>												
<p><b>2</b> FILER NAME Mery, Michael E. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00027138</p>												
<p><b>4</b> Date 10/20/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Margaret (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOVT CODE</b></p>	<p><b>7</b> Amount of Contribution (\$) \$250.00</p>												
<p><b>8</b> Contributor's Principal Occupation Teacher</p>		<p><b>9</b> Contributor's Job Title Retired</p>												
<p><b>10</b> Contributor's employer/law firm Retired</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>												
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 09/18/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naman, Howell, Smith &amp; Lee, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216</td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naman, Howell, Smith & Lee, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naman, Howell, Smith & Lee, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/20/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Saks, Garcia &amp; Curiel, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216</td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Saks, Garcia & Curiel, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Saks, Garcia & Curiel, PLLC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/32 Rpt: 27/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prichard, David  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Prichard Oliver Montpas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos & Del Cueto  Contributor address; City; State; Zip Code  San Antonio, TX 78210		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Rolando (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78210		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Partner
Contributor's employer/law firm Ramos & Del Cueto, P.L.L.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/32 Rpt: 28/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riklin, Rand <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Partner
<b>10</b> Contributor's employer/law firm Goode Casseb Riklin Choate & Watson		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, Derek <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205		<b>7</b> Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Law Office of Derek S. Ritchie		Law firm of contributor's spouse (if any) Law Office of Derek S. Ritchie
If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025 <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Paul (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230		<b>7</b> Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Sports doctor.		Contributor's Job Title Retired.
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/32 Rpt: 29/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Professional Firefighters Association PAC  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Cesar (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78205		
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Serna & Serna PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna Jr., Baltazar (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78205		
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Serna & Serna PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 27/32 Rpt: 30/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Brigid	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson & Gold  Contributor address; City; State; Zip Code  San Antonio, TX 78257		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenberg, F.J.  Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Solo practitioner		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/32 Rpt: 31/65	
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138	
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78250	<b>7</b> Amount of Contribution (\$)  \$250.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Self Employed		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suris, Orlando (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Physician		Contributor's Job Title Physician	
Contributor's employer/law firm Heights OBGyn		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tawil, Fred Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation Software design.		Contributor's Job Title Owner	
Contributor's employer/law firm Swipe Track Solutions		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 29/32 Rpt: 32/65
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Paul <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self Employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Crosley Law Firm, PC Contributor address; City; State; Zip Code  San Antonio, TX 78218		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of David A. Garcia Contributor address; City; State; Zip Code  San Antonio, TX 78217		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/32 Rpt: 33/65												
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138												
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of M'Liss Christian .....  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$1,000.00												
	<b>8</b> Contributor's Principal Occupation	<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/13/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of John Kuntz .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205 </td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of John Kuntz .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of John Kuntz .....  Contributor address; City; State; Zip Code  San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsman &amp; Sciano .....  Contributor address; City; State; Zip Code  San Antonio, TX 78216 </td> <td>Amount of Contribution (\$) \$5,000.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsman & Sciano .....  Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$5,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsman & Sciano .....  Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$) \$5,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 31/32 Rpt: 34/65	
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138	
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdespino, Edward	<b>7</b> Amount of Contribution (\$) \$1,000.00	
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Naman, Howell, Smith & Lee, PLLC		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/13/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Robert E. (Mr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	
Contributor's employer/law firm Valdez and Trevino Attorneys at Law PC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Byran Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Solo practitioner		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 32/32 Rpt: 35/65	
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138	
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Eugenia <b>6</b> Contributor address; City; State; Zip Code  Marfa, TX 79843	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Retired	
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, John P Contributor address; City; State; Zip Code  San Antonio, TX 78270	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Anthony Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 36/65</p>
<p><b>2</b> FILER NAME Mery, Michael E. (The Honorable)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00027138</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 10/20/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Javier</p> <p><b>7</b> Contributor address; City; State; Zip Code  San Antonio, TX 78207</p>			<p><b>8</b> Amount of contribution (\$) \$2,578.47</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><b>9</b> In-kind contribution description</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) Partner</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) The Herrera Law Firm</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/20/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jorge</p> <p>Contributor address; City; State; Zip Code  San Antonio, TX 78207</p>			<p>Amount of contribution (\$) \$2,578.47</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p>In-kind contribution description</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Partner</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL) The Herrera Law Firm</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# 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.

1 Total pages Schedule F1: Sch: 1/25 Rpt: 37/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/14/2025	5 Payee name Alamo Mailing	
6 Amount (\$) \$1,932.77	7 Payee address; City; State; Zip Code 13114 Lookout Run  San Antonio, TX 78233	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage for invitations for October 20, 2025 fundraiser.	(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 for invitations for October 20, 2025 fundraiser.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Ameri-Form, Inc.	
Amount (\$) \$541.00	Payee address; City; State; Zip Code 8666 Heubner Rd. Ste. 104  San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Expense for tote bags to hand out to supporters.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/14/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
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	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.

1 Total pages Schedule F1: Sch: 2/25 Rpt: 38/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 12/04/2025	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Anedot	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
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	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.

1 Total pages Schedule F1: Sch: 3/25 Rpt: 39/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 11/08/2025	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Anedot	
Amount (\$) \$24.60	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Anedot	
Amount (\$) \$50.60	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
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	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.

1 Total pages Schedule F1: Sch: 4/25 Rpt: 40/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/23/2025	5 Payee name Anedot	
6 Amount (\$) \$165.30	7 Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/19/2025	Payee name Anedot	
Amount (\$) \$210.60	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
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	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.

1 Total pages Schedule F1: Sch: 5/25 Rpt: 41/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/11/2025	5 Payee name Anedot	
6 Amount (\$) \$300.60	7 Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fees.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Anedot	
Amount (\$) \$0.34	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; 1844 Fredericksberg  San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Democratic Primary filing fee.
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	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.

1 Total pages Schedule F1: Sch: 6/25 Rpt: 42/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 08/06/2025	5 Payee name Bexar County SD 19 Tejano Democrats	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 574 Kendalia  San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table rental at Petition Signing party.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Bexar County SD 19 Tejano Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 574 Kendalia  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Annual Christmas Party.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Bexar County Young Democrats	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1844 Fredericksburg Road  San Antonio, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trunk or Treat Sponsorship.
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	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.

1 Total pages Schedule F1: Sch: 7/25 Rpt: 43/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/20/2025	5 Payee name FedEx	
6 Amount (\$) \$74.69	7 Payee address; City; State; Zip Code 1275 NE Loop 410  San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Sponsor board for fundraiser.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/14/2025	Payee name H.E.B.	
Amount (\$) \$71.91	Payee address; City; State; Zip Code 7951 Giulbeau  San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bag fillers for a birthday party.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bag fillers for a birthday party.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name H.E.B.	
Amount (\$) \$25.92	Payee address; City; State; Zip Code 7951 Giulbeau  San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fillers for snack bags.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fillers for snack bags.
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	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.

1 Total pages Schedule F1: Sch: 8/25 Rpt: 44/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 12/21/2025	5 Payee name JVC Media, LLC	
6 Amount (\$) \$7,090.38	7 Payee address; City; State; Zip Code 6856 Alamo Downs Parkway  San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing of campaign signs.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Jaramillo, Leonard	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Installs campaign signs throughout Bexar County.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/09/2025	Payee name Judge Andy Mireles Charitable Foundation	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 329 Mary Louise Dr.  San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Family Feud 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	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.

1 Total pages Schedule F1: Sch: 9/25 Rpt: 45/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/25/2025	5 Payee name Lulac Council #4290	
6 Amount (\$) \$150.00	7 Payee address; City; 346 Senora Drive  San Antonio, TX 78216	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bar b que plates.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name Lulac Council #4629	
Amount (\$) \$50.00	Payee address; City; 2806 Fredericksburg Road  San Antonio, TX 78201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas party.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/19/2025	Payee name Lulac Council 4483	
Amount (\$) \$50.00	Payee address; City; 2806 Fredericksburg Rd Ste. 103 San Antonio, TX 78201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sausage wrap 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	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.

1 Total pages Schedule F1: Sch: 10/25 Rpt: 46/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 12/20/2025	5 Payee name Lulac District 15	
6 Amount (\$) \$50.00	7 Payee address; City; PO Box 831  San Antonio, TX 78293	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Christmas party.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Candidate/Officeholder name	Office sought  Office held
Date 09/22/2025	Payee name Madonna Center	
Amount (\$) \$250.00	Payee address; City; 1906 Castroville Road  San Antonio, TX 78237	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for the 2025 Gala.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Candidate/Officeholder name	Office sought  Office held
Date 12/13/2025	Payee name Mexican American Bar Association of San Antonio	
Amount (\$) \$300.00	Payee address; City; P.O. Box 830953  San Antonio, TX 78283	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Pachanga.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Candidate/Officeholder name	Office sought  Office held

# 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.

1 Total pages Schedule F1: Sch: 11/25 Rpt: 47/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 07/12/2025	5 Payee name Northeast Bexar County Democrats	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held
Date 07/12/2025	Payee name Northeast Bexar County Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for meeting expenses.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held
Date 07/12/2025	Payee name Northeast Bexar County Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Bronze Sponsorship for Labor Day Picnic.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held

# 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.

1 Total pages Schedule F1: Sch: 12/25 Rpt: 48/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 09/13/2025	5 Payee name Northeast Bexar County Democrats	
6 Amount (\$) \$10.00	7 Payee address; City; P.O. Box 700766  San Antonio, TX 78270	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for meeting expenses.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held
Date 08/15/2025	Payee name Northeast Bexar County Democrats	
Amount (\$) \$150.00	Payee address; City; P.O. Box 700766  San Antonio, TX 78270	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Display table at the Labor Day picnic fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held
Date 10/11/2025	Payee name Northeast Bexar County Democrats	
Amount (\$) \$15.00	Payee address; City; P.O. Box 700766  San Antonio, TX 78270	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for meeting expenses.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held

# 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.

1 Total pages Schedule F1: Sch: 13/25 Rpt: 49/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 12/13/2025	5 Payee name Northeast Bexar County Democrats	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for meeting expenses.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northeast Bexar County Democrats	Office sought Office held
Date 11/08/2025	Payee name Northeast Bexar County Democrats	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for meeting expenses.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Northwest Democrats	Office sought Office held
Date 07/19/2025	Payee name Northwest Democrats	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 681911  San Antonio, TX 78268	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for signatures for Program book for Pat Maloney Dinner 2025.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pat Maloney Dinner 2025	Office sought Office held

# 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.

1 Total pages Schedule F1: Sch: 14/25 Rpt: 50/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 08/16/2025	5 Payee name Northwest Democrats		
6 Amount (\$) \$10.00	7 Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/18/2025	Payee name Northwest Democrats		
Amount (\$) \$20.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/19/2025	Payee name Northwest Democrats		
Amount (\$) \$150.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Ad in the program book for the Pat Maloney Dinner in August of 2025.	
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	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.

1 Total pages Schedule F1: Sch: 15/25 Rpt: 51/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 07/19/2025	5 Payee name Northwest Democrats	
6 Amount (\$) \$120.00	7 Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for the Pat Maloney Dinner.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Date 07/19/2025	Office sought  Payee name Northwest Democrats
Amount (\$) \$30.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Breakfast meeting.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Date 12/20/2025	Office sought  Payee name Northwest Democrats
Amount (\$) \$20.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.
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	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.

1 Total pages Schedule F1: Sch: 16/25 Rpt: 52/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 11/15/2025	5 Payee name Northwest Democrats	
6 Amount (\$) \$30.00	7 Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thanksgiving food drive.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Date 11/15/2025	Office sought  Payee name Northwest Democrats
Amount (\$) \$20.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Date 07/19/2025	Office sought  Payee name Northwest Democrats
Amount (\$) \$30.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.
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	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.

1 Total pages Schedule F1: Sch: 17/25 Rpt: 53/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 07/13/2025	5 Payee name Office Depot	
6 Amount (\$) \$21.97	7 Payee address; City; State; Zip Code 255 E. Basse Rd. Suite 1510  San Antonio, TX 78260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Expense for making copies of petition forms.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Office Depot	
Amount (\$) \$17.28	Payee address; City; State; Zip Code 255 E. Basse Rd. Suite 1510  San Antonio, TX 78260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Thank you cards.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name Office Depot	
Amount (\$) \$12.96	Payee address; City; State; Zip Code 255 E. Basse Rd. Suite 1510  San Antonio, TX 78260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Thank you cards.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards.
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	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.

1 Total pages Schedule F1: Sch: 18/25 Rpt: 54/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 08/23/2025	5 Payee name Prestige Printing	
6 Amount (\$) \$891.98	7 Payee address; City; 8 Burwood Lane  San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing of pushcards.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Prestige Printing	
Amount (\$) \$806.46	Payee address; City; 8 Burwood Lane  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing of the invitation for the October 20, 2025 fundraiser.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Prestige Printing	
Amount (\$) \$722.03	Payee address; City; 8 Burwood Lane  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing for the October 20, 2025 fundraiser invitations.
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	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.

1 Total pages Schedule F1: Sch: 19/25 Rpt: 55/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/22/2025	5 Payee name Pruden, Nkenge	
6 Amount (\$) \$320.00	7 Payee address; City; 1423 Creek Knoll  San Antonio, TX 78253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for the 37th Annual Poinsettia Ball.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name San Antonio AFL-CIO	
Amount (\$) \$150.00	Payee address; City; 9502 Computer Dr. Ste. 201  San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Tickets for "A Night of Union Power" Gala.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name San Antonio Bar Association	
Amount (\$) \$75.00	Payee address; City; 126 Nueva 3rd Floor  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues for 2025-2026.
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	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.

1 Total pages Schedule F1: Sch: 20/25 Rpt: 56/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 12/04/2025	5 Payee name San Antonio Black Lawyer's Association	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 831202  San Antonio, TX 78283	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Soiree.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/21/2025	Payee name San Antonio Branch of the NAACP	
Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. Box 200225  San Antonio, TX 78220-0225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Ad in the Program Book for the 75th Diamond Jubilee Freedom Fund Dinner.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name St. Mary's University Athletics	
Amount (\$) \$100.00	Payee address; City; State; Zip Code One Camino Santa Maria  San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Buddy Meyer Golf tournament.
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	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.

1 Total pages Schedule F1: Sch: 21/25 Rpt: 57/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 09/03/2025	5 Payee name State Bar of Texas-Judicial Section	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 1414 Colorado  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Section Dues June 1 2024-May 31, 2026.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name State Tejano Democrats Convention	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 909 Theresa Avenue  Austin , TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Bronze Sponsorship.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Texas Association of District Judges, c/o Rabeea Collier	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 201 Caroline 10th Floor  Houston, TX 77019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues for the Texas Association of District Judges.
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	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.

1 Total pages Schedule F1: Sch: 22/25 Rpt: 58/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 09/03/2025	5 Payee name Texas Center for the Judiciary	
6 Amount (\$) \$120.00	7 Payee address; City; 1210 San Antonio Suite 800 Austin , TX 78701	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to the Texas Center for the Judiciary.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name The Heights on Huebner	
Amount (\$) \$50.00	Payee address; City; 10127 Huebner  San Antonio, TX 78240	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas party.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name The San Antonio AFL-CIO Central Labor Council	
Amount (\$) \$250.00	Payee address; City; 9502 Computer #201  San Antonio, TX 78229	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Digital ad for "A Night of Union Power" Gala.
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	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.

1 Total pages Schedule F1: Sch: 23/25 Rpt: 59/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/28/2025	5 Payee name U.S. Postal Service	
6 Amount (\$) \$78.00	7 Payee address; City; 6825 Heubner Road  San Antonio, TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Roll of stamps.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roll of stamps.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name United States Postal Service	
Amount (\$) \$188.00	Payee address; City; 6825 Heubner  San Antonio, TX 78238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box rental fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/23/2025	Payee name VIVA Politics	
Amount (\$) \$1,000.00	Payee address; City; Viva Politics 1850 Fredericksburg San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting fees.
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	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.

1 Total pages Schedule F1: Sch: 24/25 Rpt: 60/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 09/25/2025	5 Payee name VIVA Politics	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Viva Politics 1850 Fredericksburg San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name VIVA Politics	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code Viva Politics 1850 Fredericksburg San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/07/2025	Payee name VIVA Politics	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code Viva Politics 1850 Fredericksburg San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting fee.
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	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.

1 Total pages Schedule F1: Sch: 25/25 Rpt: 61/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 10/28/2025	5 Payee name VIVA Politics	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Viva Politics 1850 Fredericksburg San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name William Sessions Inn of Court	Office sought Office held
Date 09/18/2025	Payee name William Sessions Inn of Court	
Amount (\$) \$375.00	Payee address; City; State; Zip Code 200 Concord Plaza, Suite 425  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues for 2025-2026.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: Sch: 1/4 Rpt: 62/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 07/12/2025	5 Payee name Exxon		
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 9445 Bandera Road  San Antonio, TX 78250		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gasoline.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/23/2025	Payee name Exxon		
Amount (\$) \$20.00	Payee address; City; State; Zip Code 9445 Bandera Road  San Antonio, TX 78250		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/15/2025	Payee name Exxon		
Amount (\$) \$20.00	Payee address; City; State; Zip Code 9445 Bandera Road  San Antonio, TX 78250		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 2/4 Rpt: 63/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 10/10/2025	5 Payee name Exxon		
6 Amount (\$) \$20.00	7 Payee address; City; 9445 Bandera Road  San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gasoline.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name Exxon		
Amount (\$) \$20.00	Payee address; City; 9445 Bandera Road  San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/08/2025	Payee name Exxon		
Amount (\$) \$20.00	Payee address; City; 9445 Bandera Road  San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: Sch: 3/4 Rpt: 64/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 07/21/2025	5 Payee name GoDaddy		
6 Amount (\$) \$22.19	7 Payee address; City; 155 E. GoDaddy Way  Tempe, AZ 85284		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Information services.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/29/2025	Payee name GoDaddy		
Amount (\$) \$22.19	Payee address; City; 155 E. GoDaddy Way  Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Information services.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/15/2025	Payee name GoDaddy		
Amount (\$) \$102.21	Payee address; City; 155 E. GoDaddy Way  Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Information services.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

1 Total pages Schedule G: Sch: 4/4 Rpt: 65/65	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 11/26/2025	5 Payee name Mailchimp		
6 Amount (\$) \$47.97	7 Payee address; City; 675 Ponce De Leon  Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Digital goods.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/26/2025	Payee name Mailchimp		
Amount (\$) \$47.97	Payee address; City; 675 Ponce De Leon  Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital goods.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held