

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086255	2 Total pages filed: 3
3 CANDIDATE NAME	MS / MRS / MR	FIRST Michael	MI	OFFICE USE ONLY
	NICKNAME	LAST Apodaca	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	3323 Sacramento			Receipt #
	El Paso, TX 79930			Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Michael	MI	
	NICKNAME	LAST Apodaca	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	3323 Sacramento			
El Paso, TX 79930				
7 CAMPAIGN TREASURER PHONE	AREA CODE (915) 229-6641	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election		<input type="checkbox"/> Final report (Attach SC C/OH-FR)	
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025
10 CONVENTION / ELECTION DATE	Month	Day	Year	11 OFFICE SOUGHT <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Democrat			COUNTY (If Applicable) El Paso

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

FORM SC C/OH
COVER SHEET PG 2

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13 CANDIDATE NAME Apodaca, Michael		14 Filer ID (Ethics Commission Filers) 00086255				
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.					
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		16 CONTRIBUTION TOTALS <table> <tr> <td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td> <td>\$ 0.00</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td>\$ 0.00</td> </tr> </table>			1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00					
EXPENDITURE TOTALS <table> <tr> <td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</td> <td>\$ 0.00</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td>\$ 0.00</td> </tr> </table>			3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 0.00					
CONTRIBUTION BALANCE <table> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 37.00</td> </tr> </table>			5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 37.00		
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OUTSTANDING LOAN TOTALS <table> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 0.00</td> </tr> </table>			6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00		
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17 AFFADAVIT

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.

Michael Apodaca

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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18 CANDIDATE NAME Apodaca, Michael	19 Filer ID (Ethics Commission Filers) 00086255
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	