

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |   |  |                     |   |                |
|---|---|--|---------------------|---|----------------|
| The JC/OH Instruction Guide explains how to complete this form.                                       |   | 1 Filer ID<br>(Ethics Commission Filers)<br>00089846 |                     | 2 Total pages filed:<br><br>9   |                |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Mr.  |  | FIRST<br>Michael A. |   | MI             |
|   | NICKNAME  |  | LAST<br>Abner       |   |                |
| OFFICE USE ONLY   |   |  |                     |   |                |
| Date Received<br>ELECTRONICALLY FILED<br>02/02/2026   |   |  |                     |   |                |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>P.O. Box 19682<br><br>Houston, TX 77224   |  |                     |   | ZIP CODE       |
|   | Date Hand-delivered or Date Postmarked  |  |                     |   |                |
|   | Receipt #   |  | Amount              |   |                |
|   | Date Processed  |  |                     |   |                |
| Date Imaged   |   |  |                     |   |                |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mrs.   |  | FIRST<br>Estelle J. |   | MI             |
|   | NICKNAME  |  | LAST<br>Abner       |   | SUFFIX         |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3912 Rayburn Lake Ct<br><br>Pearland, TX 77581   |  |                     |   |                |
|   |   |  |                     |   |                |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE   | PHONE NUMBER   | EXTENSION           |   |                |
|   | (713)   | 819-3149   |                     |   |                |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" 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<br>COVERED   | Month   | Day  | Year                | THROUGH   | Month Day Year |
|   | 01/01/2026  |  |                     |   | 01/22/2026     |
| 10 ELECTION   | ELECTION DATE   |  | ELECTION TYPE       |   |                |
|   | Month   | Day  | Year                | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                |
|   | 03/03/2026  |  |                     |   |                |
| 11 OFFICE   | OFFICE HELD (if any)<br>None  |  |                     | 12 OFFICE SOUGHT (if known)<br>District Judge Place Harris Coun District 496  |                |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 9

**13 C / OH NAME** Abner Jr., Michael A. (Mr.) **14 Filer ID** (Ethics Commission Filers)  
00089846

**15 NOTICE FROM POLITICAL COMMITTEE(S)** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

☐ 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) | \$ 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 1,150.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES  | \$ 1,473.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 608.00   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 0.00     |

## 17 AFFIDAVIT

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

Mr. Michael A. Abner Jr.  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

3 of 9

|   |   |   |
|---|---|---|
| <b>18 FILER NAME</b><br>Abner Jr., Michael A. (Mr.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00089846 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE    |   | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 1,150.00   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 1,473.00   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.                        |  | 1 Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/9                 |
| 2 FILER NAME<br>Abner Jr., Michael A. (Mr.)                                      |  | 3 Filer ID (Ethics Commission Filers)<br>00089846                  |
| 4 Date<br>01/20/2026   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Edwards J.D., George (Mr.)<br>6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77002 | 7 Amount of Contribution (\$)<br><br>\$150.00                      |
| 8 Contributor's Principal Occupation<br>Attorney                                 |  | 9 Contributor's Job Title<br>Partner                               |
| 10 Contributor's employer/law firm<br>Edwards Sutarwalla Samani LLP              |  | 11 Law firm of contributor's spouse (if any)                       |
| 12 If contributor is a child, law firm of parent(s) (if any)<br>N/A N/A          |  |  |
| Date<br>01/22/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gordon M.A., Mary (Ms.)<br>Contributor address; City; State; Zip Code<br><br>Upper Marlboro, MD 20774 | Amount of Contribution (\$)<br><br>\$500.00                        |
| Contributor's Principal Occupation<br>Researcher                                 |  | Contributor's Job Title<br>Center Director and Corporate Secretary |
| Contributor's employer/law firm<br>Pacific Institute for Research and Evaluation |  | Law firm of contributor's spouse (if any)<br>N/A                   |
| If contributor is a child, law firm of parent(s) (if any)<br>N/A N/A             |  |  |
| Date<br>01/21/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell Ph.D, Charlie (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Baltimore, MD 21218 | Amount of Contribution (\$)<br><br>\$500.00                        |
| Contributor's Principal Occupation<br>Social Scientist                           |  | Contributor's Job Title<br>Researcher and Statistician             |
| Contributor's employer/law firm<br>IRS   |  | Law firm of contributor's spouse (if any)<br>N/A                   |
| If contributor is a child, law firm of parent(s) (if any)<br>N/A N/A             |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 5/9              | <b>2</b> FILER NAME<br>Abner Jr., Michael A. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00089846  |
| <b>4</b> Date<br>01/12/2026   | <b>5</b> Payee name<br>Area 5 Democrats  |   |
| <b>6</b> Amount (\$)<br>\$20.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>3800 Spencer Hwy #L<br><br>Pasadena, TX 77504 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Area 5 Democrats             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/12/2026  | Payee name<br>Bay Area Democratic Movement   |   |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>P.O. Box 590383<br><br>Houston, TX 77259               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Bay Area Democratic Movement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/12/2026  | Payee name<br>Bay Area New Democrats   |   |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>P.O. Box 890381<br><br>Houston, TX 77062               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Bay Area New Democrats       |
| Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 6/9              | <b>2</b> FILER NAME<br>Abner Jr., Michael A. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00089846   |
| <b>4</b> Date<br>01/14/2026   | <b>5</b> Payee name<br>Bellaire Democrats  |  |
| <b>6</b> Amount (\$)<br>\$20.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>807 Jaquet Dr<br><br>Bellaire, TX 77401   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation Bellaire Democrats          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/15/2026  | Payee name<br>Black Girls Caucus   |  |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>5380 West 34th St<br>305<br>Houston, TX 77092  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Black Girls Caucus        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/12/2026  | Payee name<br>Greater Heights Democrats  |  |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>3302 Canal St<br><br>Houston, TX 77003   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Greater Heights Democrats |
| Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 7/9              | <b>2</b> FILER NAME<br>Abner Jr., Michael A. (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00089846   |
| <b>4</b> Date<br>01/07/2026   | <b>5</b> Payee name<br>Harris County Tejano Democrats                                       |  |
| <b>6</b> Amount (\$)<br>\$30.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>3213 Houston Ave<br><br>Houston, TX 77009  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership to Harris County Tejano Democrats |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/22/2026  | Payee name<br>Houston Black American Democrats  |  |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>PO Box 88374<br><br>Houston, TX 77288               |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership                                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/13/2026  | Payee name<br>J and N Enterprises   |  |
| Amount (\$)<br>\$28.00  | Payee address; City; State; Zip Code<br>2519 Fairway Park Dr<br><br>Houston, TX 77092       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Resume                                       |
| Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 8/9              | <b>2</b> FILER NAME<br>Abner Jr., Michael A. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00089846   |
| <b>4</b> Date<br>01/06/2026   | <b>5</b> Payee name<br>Joy Davis Consulting  |  |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>605 Berry Road #1803<br><br>Houston, TX 77022 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting services                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/07/2026  | Payee name<br>Kingwood Area Democrats  |  |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>3302 Canal St<br><br>Houston, TX 77003                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Kingwood Area Democrats |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/22/2026  | Payee name<br>Precision Graphics Groups  |  |
| Amount (\$)<br>\$200.00   | Payee address; City; State; Zip Code<br>8325 Broadway Suite 202 #41<br><br>Pearland, TX 77581  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Signs                         |
| Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 9/9              | <b>2</b> FILER NAME<br>Abner Jr., Michael A. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00089846  |
| <b>4</b> Date<br>01/22/2026   | <b>5</b> Payee name<br>Randy Shelby  |   |
| <b>6</b> Amount (\$)<br>\$200.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>3611 Ennis St<br><br>Houston, TX 77004        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Marketing slates                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/21/2026  | Payee name<br>Thyra Burks  |   |
| Amount (\$)<br>\$200.00   | Payee address; City; State; Zip Code<br>5606 Beldart<br><br>Houston, TX 77033                  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mailers                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/12/2026  | Payee name<br>West Houston Democrats   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>3302 Canal St<br><br>Houston, TX 77003                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership West Houston Democrats |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |