

**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) 00090621	2 Total pages filed: 6
3 CANDIDATE NAME	MS / MRS / MR	FIRST Michael	MI	OFFICE USE ONLY
	NICKNAME	LAST Aboud	SUFFIX	Date Received ELECTRONICALLY FILED 02/03/2026
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	8733 MT SHASTA DR			Receipt #
	EL PASO, TX 79904			Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI	
	NICKNAME	LAST Aboud	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	8733 Mount Shasta Drive			
	El Paso, TX 79904			
7 CAMPAIGN TREASURER PHONE	AREA CODE (512) 552-6957	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026
10 CONVENTION / ELECTION DATE	Month 03/03/2026	Day	Year	11 OFFICE SOUGHT
12 POLITICAL PARTY	Republican			COUNTY (If Applicable) El Paso
<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR				

GO TO PAGE 2

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

**FORM SC C/OH
COVER SHEET PG 2**

2 of 6

13 CANDIDATE NAME Aboud, Michael		14 FILER ID (Ethics Commission Filers) 00090621															
15 NOTICE FROM POLITICAL COMMITTEE(S)																	
<p>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.</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 checked="" type="checkbox"/> GENERAL</td> <td>Mike 4 El Paso County</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS 8733 Mount Shasta Drive El Paso, TX 79904</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME Aboud, Michael</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS 8733 Mount Shasta Drive El Paso, TX 79904</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input checked="" type="checkbox"/> GENERAL	Mike 4 El Paso County		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS 8733 Mount Shasta Drive El Paso, TX 79904			COMMITTEE CAMPAIGN TREASURER NAME Aboud, Michael			COMMITTEE CAMPAIGN TREASURER ADDRESS 8733 Mount Shasta Drive El Paso, TX 79904
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16 CONTRIBUTION TOTALS																	
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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 Aboud

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 Aboud, Michael	19 Filer ID (Ethics Commission Filers) 00090621
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 480.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 500.00	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 500.00	
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 A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Aboud, Michael		3 Filer ID (Ethics Commission Filers) 00090621
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wollschlager, Larry (Mr.) 6 Contributor address; City; State; Zip Code El Paso, TX 79902	7 Amount of Contribution (\$) \$480.00
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Wolf Energy

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/6
2 FILER NAME Aboud, Michael		3 Filer ID (Ethics Commission Filers) 00090621
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/01/2026	7 Name of lender Aboud, Michael (The Honorable)	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code El Paso, TX 79904	10 Interest Rate 0
		11 Maturity Date 01/31/2026
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

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: 1/1 Rpt: 6/6	2 FILER NAME Aboud, Michael	3 Filer ID (Ethics Commission Filers) 00090621
4 Date 01/05/2026	5 Payee name Associated Properties	
6 Amount (\$) \$500.00	7 Payee address; City; 9515 Dyer El Paso, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 rent of office and utilities
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held