

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00090249	<b>2</b> Total pages filed:  18		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael J.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/23/2026	
	NICKNAME	LAST Adams-Hurta	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 5535 Memorial Dr. Ste. F-554 Houston, TX 77007		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt #      Amount	
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Michelle S.	MI		
	NICKNAME	LAST Willoughby	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3406 Lawson Dr.  Pearland, TX 77584		APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 724-3133	EXTENSION		
<b>8</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month      Day      Year 01/23/2026	THROUGH	Month      Day      Year 02/21/2026		
<b>10</b> ELECTION	ELECTION DATE Month      Day      Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 7 District 14		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 18

**13** C / OH NAME Adams-Hurta , Michael J. (Mr.) **14** Filer ID (Ethics Commission Filers)  
00090249

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,781.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	25,982.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,665.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,500.00

**17** AFFIDAVIT

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

Mr. Michael J. Adams-Hurta  
\_\_\_\_\_  
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

<b>18 FILER NAME</b> Adams-Hurta , Michael J. (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00090249
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 8,781.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 25,899.61
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	\$ 83.30
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: 1/5 Rpt: 4/18
<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 02/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Sharon	<b>7</b> Amount of Contribution (\$)  \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620-3962	
<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 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chincanchan, David	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78744-3808	
Contributor's Principal Occupation Policy Director		Contributor's Job Title Policy Director
Contributor's employer/law firm Workers Defense Action Fund		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Yaman	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75206	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lynn Pinker Hurst & Schwegmann		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>		1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/18
2 FILER NAME Adams-Hurta , Michael J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090249
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freeman, Emily	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77080	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm McDowell Hetherington		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon-Ford, Jessica	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  SUGAR LAND, TX 77478	
Contributor's Principal Occupation Legal recruiter		Contributor's Job Title Legal recruiter
Contributor's employer/law firm Collier Legal Search		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurta, Bruce	Amount of Contribution (\$)  \$2,000.00
	Contributor address; City; State; Zip Code  Texas - Houston, TX 77006-5767	
Contributor's Principal Occupation Small business loan broker		Contributor's Job Title Small business loan broker
Contributor's employer/law firm Self		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: 3/5 Rpt: 6/18
<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 01/30/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurta, Gloria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Smithville, TX 78957	<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 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Israel, Joshua <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$256.00
Contributor's Principal Occupation Vulnerability Researcher		Contributor's Job Title Vulnerability Researcher
Contributor's employer/law firm Nightwing		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loder, Jonathan <hr/> Contributor address; City; State; Zip Code  Toluca Lake, CA 91602	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Accountant		Contributor's Job Title Accountant
Contributor's employer/law firm Gelfand		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: 4/5 Rpt: 7/18
<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 02/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oberg, Gale	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Koloa, HI 96756		
<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 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Will	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McDowell Hetherington		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vanderslice, Sherry	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77025-3711		
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: 5/5 Rpt: 8/18
<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 02/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Gene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glen Allen, VA 23060	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Disaster Recovery Specialist		<b>9</b> Contributor's Job Title Disaster Recovery Specialist
<b>10</b> Contributor's employer/law firm US Government		<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 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Pat <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90066	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)		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 9/18
<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/07/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams-Hurta, Michael	<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Houston, TX 77007	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Partner
<b>14</b> Lender's Employer/Law Firm Wright Close Barger & Guzman		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# 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: Sch: 1/8 Rpt: 10/18	<b>2</b>	FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00090249	
<b>4</b>	Date 01/30/2026	<b>5</b>	Payee name Amegy Bank			
<b>6</b>	Amount (\$) \$2.00	<b>7</b>	Payee address; City; State; Zip Code 2105 Taylor St.  Houston, TX 77007			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/07/2026		Payee name Baytown Area Democrats			
	Amount (\$) \$40.00		Payee address; City; State; Zip Code P.O. Box 2158  Baytown, TX 77522			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser ticket			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/02/2026		Payee name Bradley, Shaun			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>REDACTED PER 254.0401, ELEC. CODE</b></div> Houston, TX 77004			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Doorhanger design			
		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: Sch: 2/8 Rpt: 11/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
--	---	--

<b>4</b> Date 02/11/2026	<b>5</b> Payee name Campaign Verify, Inc.
-----------------------------	--

<b>6</b> Amount (\$) \$95.00	<b>7</b> Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007
---------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting verification
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/16/2026	Payee name Carroll Printing
--------------------	--------------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2907 Canal St.  Houston, TX 77003
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 printing of endorsement list
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/09/2026	Payee name Human Age Digital
--------------------	---------------------------------

Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2700 Post Oak Blvd, 21FL  Houston, TX 77047
----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online ads payment
-------------------------------	--	--

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: Sch: 3/8 Rpt: 12/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 02/16/2026	<b>5</b> Payee name Human Age Digital	
<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 2700 Post Oak Blvd, 21FL  Houston, TX 77047	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online ads payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2026	Payee name J&N Enterprises	
Amount (\$) \$1,908.85	Payee address; City; State; Zip Code 2519 Fairway Park Dr. Suite 302 Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense doorhangers, push cards, and bumper stickers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Jewish Herald-Voice	
Amount (\$) \$920.00	Payee address; City; State; Zip Code 3403 Audley St.  Houston, TX 77098	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertisement in JHV primary-election special edition
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: Sch: 4/8 Rpt: 13/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
--	---	--

<b>4</b> Date 01/27/2026	<b>5</b> Payee name Raise the Money, Inc.
-----------------------------	--

<b>6</b> Amount (\$) \$5.15	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/28/2026	Payee name Raise the Money, Inc.
--------------------	-------------------------------------

Amount (\$) \$98.25	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
------------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/28/2026	Payee name Raise the Money, Inc.
--------------------	-------------------------------------

Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
------------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
------------------------	---	---

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: Sch: 5/8 Rpt: 14/18	<b>2</b>	FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00090249
<b>4</b>	Date 01/28/2026	<b>5</b>	Payee name Raise the Money, Inc.		
<b>6</b>	Amount (\$) \$1.47	<b>7</b>	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/28/2026		Payee name Raise the Money, Inc.		
	Amount (\$) \$12.50		Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/30/2026		Payee name Raise the Money, Inc.		
	Amount (\$) \$5.15		Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
	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: Sch: 6/8 Rpt: 15/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 01/30/2026	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) \$2.70	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2026	Payee name Raise the Money, Inc.	
Amount (\$) \$12.79	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
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 Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
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 Processing 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  
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: Sch: 7/8 Rpt: 16/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
--	---	--

<b>4</b> Date 02/05/2026	<b>5</b> Payee name Raise the Money, Inc.
-----------------------------	--

<b>6</b> Amount (\$) \$5.15	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/05/2026	Payee name Raise the Money, Inc.
--------------------	-------------------------------------

Amount (\$) \$5.15	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
-----------------------	---

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 Processing Fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/06/2026	Payee name Raise the Money, Inc.
--------------------	-------------------------------------

Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
------------------------	---

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 Processing 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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 17/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
--	---	--

<b>4</b> Date 02/06/2026	<b>5</b> Payee name Raise the Money, Inc.
-----------------------------	--

<b>6</b> Amount (\$) \$2.70	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/08/2026	Payee name Raise the Money, Inc.
--------------------	-------------------------------------

Amount (\$) \$245.25	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
-------------------------------	---	---

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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 18/18	<b>2</b> FILER NAME Adams-Hurta , Michael J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090249
<b>4</b> Date 01/26/2026	<b>5</b> Payee name CheckMark	
<b>6</b> Amount (\$)  \$83.30  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5303 Summer Dr.  Austin, TX 78731	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name-badge printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held