

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00085953	2 Total pages filed: 16	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael C.	MI
	NICKNAME Mike	LAST Olcott	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/23/2026	THROUGH	Month Day Year 02/21/2026
		Date Received	ELECTRONICALLY FILED 02/25/2026
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION

Online banking reported a charge (Burnett Media Holdings LLC) on two separate dates which were both inadvertently reported on the TEC report. The candidate confirmed with the recipient that they only received the funds a single time. After the filing deadline, the candidate confirmed that the item is only listed on the bank statement once. The duplication has been removed from this TEC filing.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Michael C. Olcott

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085953	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael C.	MI	OFFICE USE ONLY
	NICKNAME Mike	LAST Olcott	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 247 Aledo, TX 76008			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Edgar L.	MI	
	NICKNAME Ed	LAST Huddleston	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 122 Red Oak St. S Weatherford, TX 76087			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(817)	878-6391		
8 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)			
9 PERIOD COVERED	Month Day Year 01/23/2026	THROUGH	Month Day Year 02/21/2026	
10 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	
11 OFFICE	OFFICE HELD (if any) State Representative District 60		12 OFFICE SOUGHT (if known) State Representative District 60	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 16

13 C / OH NAME Olcott, Michael C. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00085953

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 checked="" type="checkbox"/> GENERAL	Texas Farm Bureau AGFUND
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	PO Box 2689
	Waco, TX 76702
	COMMITTEE CAMPAIGN TREASURER NAME
	Cook, Si
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	PO Box 2689
	Waco, TX 76702

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)	\$ 1,760.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 92,876.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 750,093.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 530,000.00

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.

The Honorable Michael C. Olcott

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 Printed name of officer administering Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
ADDENDUM

Page 4 of 16

C / OH NAME	Olcott, Michael C. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00085953	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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 checked="" type="checkbox"/> GENERAL	Make Liberty Win
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		10521 Judicial Dr Ste. 200-A Fairfax, VA 22030
	COMMITTEE CAMPAIGN TREASURER NAME	Curtis, Elizabeth
	COMMITTEE CAMPAIGN TREASURER ADDRESS	10521 Judicial Dr Ste. 200-A Fairfax, VA 22030

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

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18 FILER NAME Olcott, Michael C. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00085953
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,760.63
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 92,876.17
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 6/16
2 FILER NAME Olcott, Michael C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Rodney <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76085	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Regulatory Supervisor		9 Employer (See Instructions) Bank of America
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glick, Caleb <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$4.48
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havener, Mark <hr/> Contributor address; City; State; Zip Code Palo Pinto, TX 76484	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keil, Byron <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keil, Byron <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 7/16
2 FILER NAME Olcott, Michael C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keil, Mary <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Donnie <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Reata Realty Group
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhnell, Jeannine <hr/> Contributor address; City; State; Zip Code White Settlement, TX 76108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Reimagined Remodeling and Roofing
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayou, Kathie <hr/> Contributor address; City; State; Zip Code Willow Park, TX 76087-8351	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchey, Scott <hr/> Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$208.65
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 8/16
2 FILER NAME Olcott, Michael C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senter, Karen <hr/> 6 Contributor address; City; State; Zip Code New Orleans, TX 70110	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senter, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senter, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toles, Ingalill <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Lisa <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 9/16
2 FILER NAME Olcott, Michael C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss-Rupard, LeAnn <hr/> 6 Contributor address; City; State; Zip Code Cresson, TX 76035-5647	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Encouragement Company
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, John <hr/> Contributor address; City; State; Zip Code Denver, CO 80246-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, John <hr/> Contributor address; City; State; Zip Code Denver, CO 80246-1018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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.

1	Total pages Schedule F1: Sch: 1/6 Rpt: 10/16	2	FILER NAME Olcott, Michael C. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00085953
4	Date 02/21/2026	5	Payee name Anedot Inc		
6	Amount (\$) \$40.23	7	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Processing		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/31/2026		Payee name Burtnett Media Holdings LLC		
	Amount (\$) \$1,158.00		Payee address; City; State; Zip Code 321 W. Main St. Azle, TX 76020		
	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 Newspaper Ad		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/30/2026		Payee name Griffin Communications		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749		
	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 Retainer		
		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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 11/16	2 FILER NAME Olcott, Michael C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085953
4 Date 01/30/2026	5 Payee name Griffin Communications	
6 Amount (\$) \$22,557.75	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Campaign Mail
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Griffin Communications	
Amount (\$) \$2,700.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Campaign Text
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name Griffin Communications	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Retainer
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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 12/16	2 FILER NAME Olcott, Michael C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/20/2026	5 Payee name Griffin Communications	
6 Amount (\$) \$22,557.75	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Campaign Mail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2026	Payee name Griffin Communications	
Amount (\$) \$5,400.00	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Campaign Text
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2026	Payee name Griffin Communications	
Amount (\$) \$22,557.75	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Campaign Mail
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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 13/16	2 FILER NAME Olcott, Michael C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085953
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4 Date 02/09/2026	5 Payee name MailChimp
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6 Amount (\$) \$143.91	7 Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 405 N Angier Ave NE Atlanta, GA 30312
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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 Campaign Email Subscription
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2026	Payee name NOW Magazines
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Amount (\$) \$1,669.00	Payee address; City; State; Zip Code PO Box 1071 Waxahachie, TX 75168-1071
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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 Magazine Ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name NOW Magazines
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Amount (\$) \$1,669.00	Payee address; City; State; Zip Code PO Box 1071 Waxahachie, TX 75168-1071
---------------------------	--

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

1 Total pages Schedule F1: Sch: 5/6 Rpt: 14/16	2 FILER NAME Olcott, Michael C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/17/2026	5 Payee name The UPS Store (Hudson Oaks)	
6 Amount (\$) \$90.61	7 Payee address; City; State; Zip Code 200 S Oakridge Dr Ste 101 Hudson Oaks, TX 76087	
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 Printing Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name The UPS Store (Hudson Oaks)	
Amount (\$) \$477.39	Payee address; City; State; Zip Code 200 S Oakridge Dr Ste 101 Hudson Oaks, TX 76087	
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 Printing Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2026	Payee name The UPS Store (Hudson Oaks)	
Amount (\$) \$292.28	Payee address; City; State; Zip Code 200 S Oakridge Dr Ste 101 Hudson Oaks, TX 76087	
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 Printing Service
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 | 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: 6/6 Rpt: 15/16	2 FILER NAME Olcott, Michael C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085953
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4 Date 01/26/2026	5 Payee name The What's Up Radio Program
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 10924 Grant Road Suite 133 Houston, TX 77070
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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 Magazine Ad
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2026	Payee name White, Griffin
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Amount (\$) \$562.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Azle, TX 76020
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Compensation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 16/16
2 FILER NAME Olcott, Michael C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085953
4 Date 02/04/2026	5 Name of person from whom amount is received Kaboom Consultants	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Pfluerville, TX 76660	
	7 Purpose for which amount is received Refunded expense	<input type="checkbox"/> Check if political contribution returned to filer