CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/Ms/Ms First Micheal	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Mike Mczmay	SUFFIX	Date Raceived CRETARY'S Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS IPO BOX, RAPTISUITE#: CITY:	STATE, ZIP CODE	Dale Hand-delivered or Posimarked
change of address	Harlingen TK18550)	Receipt #
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 428-7209	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	Ms/Ms/Ms First Minerva	MI	Date Imaged
	NICKNAME LAST Simpson	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street ADDRESS (NO POBOX PLEASE): APT) SUITE#. 15701 Perkins Rd Harlingen TX 7855	CITY, STATE,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 495 - 4815	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 26/12 THROUGH	Month Day	/ /3
11 ELECTION	ELECTION DATE Month Day Year // / / / / / / / / / / / / / / Primary	Runoff	General Special
12 OFFICE	office HELD (Illery) Harlingen City Commissioner Distort 3	Harlingen	City Commissioner Inst 3
	GOTOPAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hael "	Uike" Mezmar	5 ACCOUNT # (Ethics Commission Filers)	
16 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 OF 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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$231.50			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 972.90	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ (),			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$	
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.				
AMANDA C. ELIZONDO MY COMMISSION EXPIRES July 30, 2015 Signature of Canididate of Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Michael "Mike" Mezmale</u> , this the day of <u>Jan.</u> , 20 13 , to certify which, witness my hand and seal of office.				
amanda (2. Chym	& Amanda a. Elizando	City Secy.	
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath	

P.O. Box 12070

PLEDG	SED CONTRIBU	SNOITL			SCHEDULE B
The	e Instruction Guide explain	is how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAME	Friends of	Mike Mezi	mar	3 ACCOUNT # (Et	thics Commission Filers)
4 TOT	AL OF UNITEMIZED P	LEDGES: ⇔	\$ \$ \$	D D	\$
5 Date	6 Full name of pledgor 7 Pledgor address;	Gowl-of-state PAC (ID# HHTACHEC City; State; Zip Code	₹	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	upation / Job title (See Instruc	ctions)	11 Employer (See In	,	of Texas, complete Schedule T)
	E lles se of plades				
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code			
				-	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instruc	etions)	Employer (See In	istructions)	
Date	Full name of pledgor Pledgor address;	out-of-state PAC (ID#: City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				are torough audaide a	TT
Principal occupation / Job title (See Instructions) Employer (See Instru				of Texas, complete Schedule T)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code	,	1	
Principal occu	upation / Job title (See Instruc	etions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor	out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	(If travel outside c	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instruc	otions)	Employer (See In	structions)	
The second of	ATTACH A	ADDITIONAL COPIES C PAC, please see instru			requirements.

NAME	ADDRESS	AMOUNT OF CONTRIBUTION
Orlando Cruz	5105 N. 1st Lane McAllen TX 78504	200
Lawrence J/Charlotte Dham	2938 Lazy Lake Dr Harlingen TX 78550	50
Alan J Johnson	16924 Garrett Rd Harlingen TX 78552	150
Joan L Cocozza/Eric J Ziehe	5611 Cerde Circle Harlingen TX 78552	150
Century 21 Johnston Company	718 E Harrison Harlingen TX 78550	100

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	riends of Mike M	ermar	3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$ \$	\$
5 Date of loan	7 Name of lender NDNe	out-of-state PAC (ID#	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	aleral	Check if personal funds were o	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	,
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED uction guide for additional repo	

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR	8 BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Solicitation/Fundraising In Travel In District Travel Out Of District Office Overhead/Rental	Expense Transportat Contribution Candida	rment/Reimbursement ion Equipment & Related Expense as/Donations Made By te/Officeholder/Political Committee ter a category not listed above)
	The Instruction Guide	explains how to comp	olete this form.	
1 Total pages Schedule F:	2 FILER NAME FYICHS	of Mike	Memar 3 AC	COUNT # (Ethics Commission Filers)
4 Date	5 Payer name Colden Palms			
6 Amount (\$)	7 Payee address: City: Sta 2101 Treasure A Harlingen TX	Hills Blud 1855D		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (If travel outside	e of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense			
Complete ONLY if direct expenditure to benefit C/O	H WZ/WCI "MI46" WC	emav	Office sought Har In Myen	174 Commissioner
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ale; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of (his schedule)	Description (If travel outside	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		_
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	(Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
PURPOSE OF EXPENDITURE	Cetegory (See categories listed et the top	of this schedule)	Description (If travel outsid	a of Texas. complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The instruction duide explains now to	complete this form.
1 Total pages Schedule G:	Friends of Mike N	18 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories iisted at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (Sae categories listed at the top of this schedule)	Description (If trevel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicite Food/Beverage Expense Travel Polling Expense Travel	ation/Fundraising Expense Transpor In District Contribut Out Of District Cand	payment/Reimbursement rtation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule H:	Friends of Mik	· · · · · · · · · · · · · · · · · · ·	ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name None		
6 Amount (\$)	7 Business address; City: State; Zi	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so	:hedule) (b) Description (If travel ou	itside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc	hedule) Description (If travel ou	tside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City: State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	hedule) Description (If travel ou	itside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zi	ρ Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc	hedule) Description (if trevel ou	Iside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	D

Revised 09/28/2011 www.ethics.state.tx.us

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	1173-11	
1 Total pages Schedule I:	Friends of Mike Mozman	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
1/9/13	Family Crisis Crenter	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
630,98	616 West Taylor Ave	
000,00	Harlingen 72 78552)
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donations/Contributions	
Date	Payee name	
Amount (\$)	Payee address; City: State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF		
EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
BURDOSS	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required)
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	
EXPENDITURE		
Date	Payee name	
Amount (#)	Deve address: City State: 7is Code	
Amount (\$)	Payee address; City; State; Zip Code	
	0.4	December 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required)
OF EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Friends of Mike Mezmar	3 ACCOUNT # (Eth	hics Commission Filers)
4 Date	5 Name of person from whom amount is received DAC 6 Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$)
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

www.ethics.state.tx.us Revised 09/28/2011

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Dre 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H COH-UC PAC-C PAC-E Schedule N COH-T 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Purpose of travel (including name of conference, seminar, or other event)

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

The Instruction Guide explains how to complete this form. .. Complete only if "Report Type" on page 1 is marked "Final Report" .

1 C/OH NAM

2 ACCOUNT A S

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. It also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

> Candidate / Officeholder Signature

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

Α. **CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

ASSETS B.

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions

I do retain assets purchased with political contributions or interest or other income from political contributions. Tunderstand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. Talso understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

If an aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after fling the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature Officeholder