CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 15

OFFICE USE ONLY
Date Received: CITY SECRETARY'S OFFICE Received FEB 1 5 2012
Date Hand-delivered/Postmarked: 2-15-12 1:30 P.M.
Receipt #
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr.
FIRST: Michael
MI:
NICKNAME: Mike
LAST: Mezmar
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 2045 Ravenwood
APT / SUITE #:
CITY: Harlingen
STATE: TX
ZIP CODE: 78550

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (956)
PHONE NUMBER: 428 - 7209
EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs.
FIRST: Minerva
MI:
NICKNAME:
LAST: Simpson
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 15701 Perkins Rd
APT / SUITE #:
CITY: Harlingen
STATE: TX
ZIP CODE: 78552

8 CAMPAIGN TREASURER PHONE
AREA CODE: (956)
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: 1 / 17 / 2012 THROUGH Month / Day / Year: 2 / 14 / 12

11 ELECTION
ELECTION DATE Month / Day / Year: 3 / 16 / 2012
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☑ Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Harlingen City Commissioner District 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name: None
Address / PO Box: Apt / Suite #: City: State: Zip Code:

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Michael "Mike" Mezmar

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- [ ] GENERAL
- [x] SPECIFIC

COMMITTEE NAME: Texas Real Estate Political Action Committee
Political Action Committee

COMMITTEE ADDRESS: P.O. Box 2246
Austin TX 78768-2246

COMMITTEE CAMPAIGN TREASURER NAME: Andrea Pennington

COMMITTEE CAMPAIGN TREASURER ADDRESS: P.O. Box 2246
Austin TX 78768

[ ] additional pages

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	$ 300.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,445.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,210.20
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1234.80
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 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

NOTARY PUBLIC STATE OF TEXAS
JOHN COREY McWHORTER
Notary Public
State of Texas
My Comm. Expires 02-16-2015

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Mezmar Jr., this the 15th day of February, 20 12, to certify which, witness my hand and seal of office

Signature of officer administering oath	Printed name of officer administering oath: John Corey McWhorter	Title of officer administering oath: Retail Banker

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) See Attached 6 Contributor address; City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address, City; State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address, City; State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address, City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address; City; State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

NAME	ADDRESS	AMOUNT OF CONTRIBUTION
Jerry Condit	1905 Augusta Harlingen TX 78552	100
Martha Stockley Uhlhorn	2601 S Hwy 77 Harlingen TX 78550	100
J Neil Murphy	P O Box 893 San Benito 78586	100
Julie Uhlhorn Allen	2601 S 77 Sunshine Strip HarlingenTX 78550	100
Tudor G/Hellen G Uhlhorn	2601 S 77 Sunshine Strip Harlingen TX 78550	100
Julie Sorenson	27131 Ashley Court Harlingen TX 78552	100
Scot Campbell	1210 E Tyler Harlingen TX 78550	250
Joan Cocozza	5611 verde Circle Harlingen TX 78552	250
Capt Leo J & Jeannette Mcdonald	3325 W Cobblestone Creek Dr Harlingen TX 78550	100
Claudia ann Aguero-Vazquez	2041 Ravenwood Lane Harlingen TX 78550	100
Ricardo Leal	117 El Cielo Circle Harlingen TX 78552	50
Donald/Veronica Bumbulis	1126 S 16th St Harlingen TX 78550	25
Tom Mathis	183 Isabella Pt Port Isabel TX 78558	100
Robert Archer	202 E Flynn Harlingen TX 78550	100
Michael Mezmar Jr	2045 Ravenwood Harlingen TX78550	625
Elaine Lockhart	3110 Leon Circle Harlingen TX 78550	100
John O Garner	313 Wild Olive Harlingen TX 78552	50
Blas Cantu Jr	1408 Pine Ct Harlingen TX 78550	50
Daniel S Hoehne	930 Ebony Dr Harlingen TX 78550	100
Minerva Simpson	15701 Perkins Rd Harlingen TX 78552	200
Wanda Gilchrist	2817 Cypress Dr Harlingen TX 78550	45
Connie De la Garza	503 E Harrison Harlingen TX 78550	100
Dave E Allex	P o Box 531180 Harlingen TX 78553	200
Jim Trolinger	22717 Briggs Coleman Harlingen TX 78550	100
Guadalupe Gutierrez Garza	2002 Elmwood Dr Harlingen TX 78550	50
Russell/Ruth Vigstol	2806 Lazy Lake Dr Harlingen TX 78550	25
Lee Means	2701 Jacaranda Harlingen TX 78550	25
Jane Clark	1003 Ebony Harlingen TX 78550	100
Kathleen Fitzgerald	2922 Jacaranda Dr Harlingen TX 78550	100
Vincent/Deborah Marino	405 Riverview Ct Harlingen TX 78550	150
Floyd Engeling	1136 Fairway Harlingen TX 78550	200
Jeanette Zain Pitts	1701 S Parkwood Harlingen TX 78550	100
Roger Terry Gray	429 E Woodland Harlingen TX 78550	100

Ruthie Ewers	138 Palm Valley Dr W Harlingen TX 78552	150
Matt Gorges	1275 N Stuart Place Rd Harlingen TX 78552	200
Michael Scaief	P O Box 1064 San Benito TX 78586	100
Georgiana Matz	900 Palm Valley Drive W Harlingen TX 78552	100
Alicia Elena Johnson	825 N 5th St Harlingen TX 78550	100
Hal/Jan Wyrick	28449 S Palm Ct Dr Harlingen TX 78552	50
Heriberto Medrano	2009 E Harrison Av Harlingen TX 78550	200
William/Teri Youngblood	534 Lake Dr Harlingen TX 78550	100
Robert Ferris	P O Box1870 Harlingen TX 78551	100
Austin/Constance Morgan	15123 Regina Dr Harlingen TX 78552	100
Dinah J Hawkins	333 Parkview Cir Harlingen TX 78550	100
Michaell Ezzell	2806 Emerald Lake Harlingen TX 78550	100
Luis/Norma Lester	2406 Mariposa Ln Harlingen TX 78550	100
William/Sharon Haraway	5001 Fiesta Dr Harlingen TX 78552	250
Frank Boggus	P O Box 1111 Harlingen TX 78551	500
Joshua Fields/Mia Delagarza	1649 Hamilton Harlingen TX 78550	25
Ronald Banks	3425 Spyglass Hill Dr Harlingen TX 78550	250
Robert/HJ Hill	1420 Preston Trail Harlingen TX 78552	100
Joe/Ralene White	1605 Walnut Ct Harlingen TX 78550	100
Gordon Hall	6245 Malcom Dallas TX 75214	200
Harriette West	121 W Sunflower Ave McAllen TX 78504	100
stanley/Nivia Fisch	2922 Emerald Lake Harlingen TX 78550	500
George/Grace Seikaly	2822 Sugar Pine Ct Harlingen TX 78550	25
Texas Real Estate Political Action Committee	P O Box 2246 Austin TX 78768	600
Rick & Pam Warner	3406 Spyglass Hill Harlingen TX 78550	100
Dennis Woolam	P O Box 2346 Harlingen TX 78551	100
Jerry W Lowry Jr	2614 Clifford St Harlingen TX 78550	100
Jeanne L Baker	2121 White Tail Dr Harlingen TX 78550	50
James E Burkholder DDS PA	1122 E Tyler Ave Harlingen TX 78550	100
McCullough & McCullough	P O Box 2244 Harlingen TX 78551	200
Neil & Lynda Haman	1704 S Dilworth Rd Harlingen TX 78552	100
William F Jorn	153 S Nueces Park Ln Harlingen TX 78552	150

Max Y Harris MD	126 Arcadia Harlingen TX 78550	100
J. R. Cocke	P O Box 531805 Harlingen TX 78553	100
Bert & Jaime Wolf	1101 Ferguson Harlingen TX 78550	200
Willie D Chidester CPA	2202 Treasure Hills Blvd Harlingen TX 78550	100
Reagan McMillin	3105 Leon Circle Harlingen TX 78550	100
John F & Ann K Phillips Jr	222 E Austin Ave Harlingen TX 78550	100
Henry or Kelly K Roberts	2801 Pine Valley Dr Harlingen TX 78550	100
M. Allen Shields III	24973 N White Ranch Rd La Feria TX 78559	100
Jesus R Vento	1214 E Tyler Harlingen TX 78550	100
Donna Pace Bonner	426 E Woodland Dr Harlingen TX 78550	100
Grand total 2/15/2012		10145

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE **A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME: Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#	6 Contributor address City State Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/29/12	George E. & Grace Seikaly	2822 Sugar Pine Ct. Harlingen TX 78550		45.00 Snacks for hosted event

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/10/12	John W. Topp	1117 N. Stuart Place Rd Harlingen TX 78552		100.00 Mail out design

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Contributor address City State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#) None 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME: Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan

7 Name of lender: None

☐ out-of-state PAC (ID# _____)

9 Loan Amount ($)

6 Is lender a financial institution? Y N

8 Lender address City, State, Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

☐ not applicable

16 Name of guarantor

17 Guarantor address City State, Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address, City State, Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address, City, State, Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 1/31/12

5 Payee name: Meade Marketing Inc.

6 Amount ($): 853.13

7 Payee address / City / State / Zip Code: 211 W. Jefferson Ste 7 Harlingen TX 78550

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Printing, Advertising

(b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Michael "Mike" Mezmar

Office sought: Harlingen City Commissioner District 3

Office held:

Date: 2/15/12

Payee name: Meade Marketing Inc.

Amount ($): 757.07

Payee address / City / State / Zip Code: 211 W. Jefferson Ste 7 Harlingen TX 78550

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing, Advertising

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Michael "Mike" Mezmar

Office sought: Harlingen City Commissioner District 3

Office held:

Date:

Payee name:

Amount ($):

Payee address / City / State / Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule):

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Michael "Mike" Mezmar

Office sought: Harlingen City Commissioner District 3

Office held:

Date: 2/9/12

Payee name: Meade Marketing Inc

Amount ($): 7600.00

Payee address / City / State / Zip Code: 211 W. Jefferson Ste 7 Harlingen TX 78550

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing, Advertising

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Michael "Mike" Mezmar

Office sought: Harlingen City Commissioner District 3

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form

1 Total pages Schedule G	2 FILER NAME Friends of Mike Mezmar	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name None	
6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H	2 FILER Friends of Mike Mezmar	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name None	
6 Amount ($)	7 Business address City State Zip Code	
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)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule I	2 FILER NAME Friends of Mike Mezmar	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name None	
6 Amount ($)	7 Payee address City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name / 6 Payor address / City / State / Zip Code / 7 Reason for credit	8 Amount ($)
	None	
Date	Payor name / Payor address / City / State / Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address / City / State / Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address / City / State / Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address / City / State / Zip Code / Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form

1 Total pages Schedule T

2 FILER NAME Friends of Mike Mezmar

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
None

5 Contribution / Expenditure reported on

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED