Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Files)

2 Total pages filed: 12

OFFICE USE ONLY
Date Received: Received MAR 8 2012 CITY SECRETARY'S OFFICE HARLINGEN, TX
Date Hand-delivered/Postmarked: 3-8-12 ac
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
ADDRESS / PO BOX: 2045 Ravenwood APT / SUITE #: CITY: STATE: ZIP CODE:
Harlingen TX 78550
☐ change of address

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (956) PHONE NUMBER: 428 - 1209 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: STATE: ZIP CODE:
Harlingen TX 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 2 Day 15 Year 12 THROUGH Month 3 Day 8 Year 12

11 ELECTION
ELECTION DATE: Month 3 Day 16 Year 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
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

- [ ] additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4275.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,587.18
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 22.62
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael "Mike" Mezmar, this the 8th day of March, 20 12, 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
Amanda C. Elizondo	Amanda C. Elizondo	City Secy.

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#	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	See Attached		
	6 Contributor address City State Zip Code		
		(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#	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address City State Zip Code		
		(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#	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address City State Zip Code		
		(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#	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address City State Zip Code		
		(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#	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address City State Zip Code		
		(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	Check Amount
Victor D. Leal	2225 W Arbor St - Harlingen, Tx 78552	$ 100.00
R.R. Grider- N.g. Grider	3302 W Cobblestone Creek Dr - Harlingen, Tx 78550	$ 100.00
Craig & Vail Vittitoe	2810 Becky Ln - Harlingen, Tx, 78550	$ 200.00
Alayne & Victor Villareal	16156 Weston Way - Harlingen, Tx 78552	$ 200.00
William & Merrilee Elliff	159 South Nueces Park Ln - Harlingen, Tx 78552	$ 100.00
Mitchell & Cynthia Hughston	3301 Lazy Lake - Harlingen, Tx 78550	$ 50.00
Pat Kornegay	28315 Norma Linda - San Benito, Tx 78586	$ 300.00
David Smith	1626 Sam Houston - Harlingen, Tx 78550	$ 100.00
Michael M. Murphy	1102 Ferguson Dr - Harlingen, Tx 78550	$ 100.00
Robert & Anne Shephard	5348 Papaya CR - Harlingen, Tx 78552	$ 100.00
James R Hess	140 S Nueces Park Ln - Harlingen, Tx 78552	$ 100.00
Jo Rae Wagner	3010 Pinehurst Dr. - Harlingen, Tx 78550	$ 250.00
Edward & Dee Davis	1401 Palm Valley Dr. East - Harlingen, Tx 78552	$ 200.00
Bob & Lynn Murphy	417 Retama Place - Harlingen, Tx 78550	$ 100.00
Patty Duncan	3008 Daniel Circle - Harlingen, Tx 78550	$ 250.00
Lisa Dela Garza	2814 Lotus St - Harlingen, Tx 78550	$ 50.00
James & Anne Denison	1627 Sam Houston St. - Harlingen, Tx 78550	$ 100.00
James & Beverley Ferrell	1435 Preston TRL - Harlingen, Tx 78552	$ 200.00
Alan & Elizabeth Johnson	16924 Garrett Rd - Harlingen, Tx 78552	$ 100.00
Kathy Preddy	2814 Loretta Dr - Harlingen, Tx 78550	$ 50.00
Mary Beth & Leonard Simmons	19573 Simmons Rd - Harlingen, Tx 78550	$ 100.00
Sam & Irma Gorena	1702 S. Parkwood - Harlingen, Tx 78550	$ 75.00
Pete Moore	P.O. Box 2729 - South Padre Island, Tx 78597	$ 200.00
Fritz & Margo Jaenike	2814 Mariposa - Harlingen, Tx 78550	$ 50.00
Lawrence & Charlotte Dahm	2938 Lazy Lake Dr. - Harlingen, Tx 78550	$ 200.00
Robert Perez & Julie Ezel	16673 Garrett Rd. - Harlingen, Tx 78552	$ 100.00
D. Michael & Tracia Forman	1625 Sam Houston Dr. - Harlingen, Tx 78550	$ 100.00
Gene & Bertha Campos	2620 Lotus St. - Harlingen, Tx 78550	$ 100.00
Larry Beakey	7200 Red Pebble Road Austin TX 78739	$ 500.00
Samuel Simmons	3125 Clifford - Harlingen TX 78580	$ 100.00
Total		$ 4,275.00

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#	8 Amount of pledge ($)	9 In-kind description (if applicable)
	None 7 Pledgor address City State Zip Code		(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#	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address City State Zip Code		(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#	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address City State Zip Code		(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#	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address City State Zip Code		(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#	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address City State Zip Code		(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 ☐ 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: 2/21/12	5 Payee name: Topp Direct Marketing	
6 Amount ($): 1575.24	7 Payee address, City, State, Zip Code: 1117 N. Stuart Place Road Harlingen TX 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Printing, Other (Mailing)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Michael "Mike" Mezmar	Office sought: Harlingen City Commissioner District 3 / Office held
Date: 2/21/12	Payee name: Meade Marketing, Inc	
Amount ($): 811.88	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: 3/5/12	Payee name: Meade Marketing, Inc	
Amount ($): 3200.06	Payee address, City, State, Zip Code: 211 W. Jefferson Ste 7 Harlingen TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Printing, Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Michael "Mike" Mezmar	Office sought: Harlingen City Commissioner District 3 / Office held
Date	Payee name	
Amount ($)	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	Office sought / Office held

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)

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	
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 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	
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 H	2 FILER NAME 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

Texas Ethics Commission P.O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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

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

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

Dates of travel

Name of person(s) traveling

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
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED