April 9

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 Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS/MRS/MR FIRST MI MICHAE NICKNAME LAST SUFFIX MIKE MEZIMA ADDRESS/POBDX, APT/SUITE#. CITY, STATE, ZIP CODE HAN (INAGN TX 78550	OFFICE USE ONLY Dele Received GECHETARY Received APR 9 2015 III Cle / 2:30 Date Hand-dell ray of Postmarket
5 CANDIDATE/ OFFICEHOLOER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIGST MI CATUS (IN) E NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STRECT ADDRESS (NO POBOX PLEASE). APT/SUITE N. CITY, STATE, DOYS RAJEN WOOD LN HAN (INJEN) 7855	ZIP CDDE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 7209 EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 04/09	/ 2015
11 ELECTION	05/89/2015	General Special
12 OFFICE	OFFICE HELD (IT ANY) DISTRICT 3 HARLING SN HARLI	Γ 3
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	HACI)	M87MA1	ACCOUNT #	(Ethics Commission Filers
16 NOTICE FROM	THIS BOX IS FOR NOT	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY	r POLITIÇAL CO	OMMITTEES TO SUPPORT THE
POLITICAL COMMITTEE(S)	!	HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT		
COMMITTEE(3)	CONSENT. CANDIDAT	ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	RECEIVE NOTI	CE DF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTER NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAMC		
addilional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50=
	70772			
		POLITICAL CONTRIBUTIONS	\$	(1C) 00
	(OTHER	R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		<u> </u>
EXPENDITURE	_			
TOTALS	3. TOTALI	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	≣D \$	00,00
	4. TOTAL	POLITICAL EXPENDITURES	\$	00.00
	1			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$	(oc 1) ov
	OF REP			<u> </u>
OUTSTANDING	6. TOTALI	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		
LOANTOTALS		AY OF THE REPORTING PERIOD	\$	00.00
18 AFFIDAVIT				
		I swear, or affirm, under penalty of pe		
204019		is true and correct and includes all just me under Title 15, Election Code.	armation re	quired to be reported by
	AMANDA C. E	LIZONDO		
	Maria			
		Signature of Candid	ate or Office	eholder
		•		
AFFIX NOTARY STAM				
Sworn to and sub	scribed before	me, by the said Muchael Muy	mai	, this the
~ 1/4		, 20 15, to certify which, witness my		
day	01 0040-01	, 20 1 V , to belief willon, withess my	nend en	2 1
1	1. Pol.	* Managed 10 . Elimando	let.	Lien
Signature of officer adm	insterior can	Printed name of officer administering oath	Title of of	ficer administering oath
I organizate or unificer admit	milerelling Gatti	, three father of officer definitioning out	11	aa, hatering voti

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A
2 FILER NAME	MICHAEL MITHMA		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout of state PAC(ID#.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7 ' '	6 Contributor address: City; State, Zip Code	v .	3000	
9 Principal occup	Dation / Job lille (See Instructions)	78550 10 Employer (See I		of Texas, complete Schedule T)
7 18 15	Full name of contributor OUT-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	6245 MARCOLM DR			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3((1)	Full name of contributor out-of-state PAC(10#_WT MOS ((ry J R) VM		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	, , ,	50	
	CAN BENITO TX 7	8586	(If trave) outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date /	Full name of contributor Out-of-state PAC (ID#	6 CANTU	Amount of contribution (\$)	In-kind contribution description (if applicable)
510	Contributor address, City. State; Zip Code	78560	D00	
	HARLINGIN IX	78550	(If travel outside	f of Texas, complete Schedule T}
Principal occup	pation / Job title (See Instructions)	Employer (See I		
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			}
			m	(7
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

PLEDGED CONTRIBUTIONS

SCHEDULE B

PLED	GED CONTRIBOTIONS			OONEDOLL D
TI	he Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B
FILER NAM	MicHAA/ MYZM	Zu/	3 ACCOUNT# (EIF	ics Commission Filers)
то	TAL OF UNITEMIZED PLEDGES:	다 나 다	ф ф	\$
Date	6 Full name of pledgor out of-state PAC(ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	/ 0	-	(If travel outside o	Flexas, complete Schedule T)
0 Principal oc	cupation / Job title (See Instructions)	11 Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zrp Code	:		
			(if travel outside o	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
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 o	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (10#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
				of Texas, complete Schedule T)
Principal oc	cupation / Job litle (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out of state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	Thought states, and the states are states and the states are states and the states are states are states are states and the states are states a			
			(If travel outside o	of Texas, complete Schedule T)

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. Mazmy 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME MICHAEL 4 TOTAL OF UNITEMIZED LOANS: \$ 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (1D# 10 Interest rate Is lender a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Cottaleral 15 Check if personal funds were deposited into political account попе 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address, Cily, Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender [] oul-of-state PAC (ID# Is lender Lender address, City; State: Zip Code Interest rate a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account none Amount Guaranteed (\$) GUARANTOR INFORMATION Name of quarantor Guarantor address; City; State; Zip Code not applicable 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

Office held

Office sought

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Event Expense Palling Expense Office Overhead/Rental Expense Printing Expense OTHER (enter a category not fisted above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F 2 FILER NAME MICHAG! 5 Payee name 4 Date 7 Payee address, City, State; Zip Code 6 Amount (\$) **(b)** Description (If travel obliside of Texas, complete Schedule T) PURPOSE 8 OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; State; Zip Code Description (If Iravel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE **EXPENDITURE** [] Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Date Payee name Amount (\$) Payee address; City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State, Zip Code Category (See categories listed at the top of this schedule) Description (if fravel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Check if Austin, TX, afficeholder living expense

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule G	2 FILER NAME HAY MY	7 MM 3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State 1p Code	
political contributions intended	_	
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schodule T)
-		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address, City, State; Zip Code	···
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Calegory (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENSITORE		. Check if Austin, TX, officeholder living expense
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		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address: City: State, Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Callegory (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/6	
Accounting/Banking	Legal Services Solicitation/Fund	
Consulting Expense	-	5 The separation and a state of a position
	Food/Beverage Expense Travel In District	Control of the Contro
Event Expense	Polling Expense Travel Out OI D	
Fees	Printing Expense Office Overhead	(Rerital 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	3 ACCOUNT # (Ethics Commission Filers
	1/41(HX2/	2 17 Cann
4 Date	5 Business name	
7 Date	3 Edsiness hame	
6 Amount (\$)	7 Business address; City, State; Zip Code	
	1 1 1 1	
	1 10 -	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave) outside of Texas, complete Schedule T)
OF EXPENDITURE	l l	
EXPERIMENT.		
	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
9 Complete QNLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	oH	
Date	Business name	
Amount (\$)	Business address; City; State, Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Proceedings (Manual subsets of Target complete Salarability T)
OF	Category (see categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
		Check if Austin, TX, officebolder living expense
	L	
Complete QNLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O)H	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
	Calegory (See categories listed at the top of this schedulo)	Description (If [ravel cutside of Texas, complete Schedule T)
PURPOSE OF	Category (366 categories listed at the top or this screening)	Description (it traver consider billionis, complete schedule 1)
EXPENDITURE		
		Check of Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office held
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/O	/n	
	Business	
Date	Business name	
Amount (\$)	Business address, City; State; Zip Code	
- 411-2411 (V)	business address, only, blate, hip code	
PURPOSE	Category (See categories listed at the top of this schedule)	Oescription (If travel outside of fexas, complete Schedule T)
OF		
EXPENDITURE		
		Check if Auslin, TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		-

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I:	2 FILER NAME MICHAY/MS	3 ACCOUNT # (Ethics Commission Filer
4 Date	5 Payee name NMC	,
6 Amount (\$)	7 Payee address. City; State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	<u> </u>
Amount (\$)	Payee address, City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	<u> </u>
Amount (\$)	Payee address; City, State; Zip Code	<u></u>
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE 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	Multry MEZMAR	3 ACCOUNT # (EI	nics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State, Zip Code		
	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		I
Dale	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	e	
	Purpose for which amount is received		1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T

	uction Guide exp	lains how to	complete this form	1. 1	Total pages Schedule T	:
FILER NAME	MICH	119	MYZN	A(3	ACCOUNT # (Ethics Co	ommission Filers)
Name of Contributor	/ Corporation or La	abor Organizati	on / Pledgor / Payee	·		
Contribution / Expend	diture reported on:			1	—	
Sc	hedule A	Schedule B	Symple C	enhedule D	Schedule F	Schedule G
☐ Sc	hedule H []	Schedule	COH-UC	[_l con	PAC-C	PAC-E
Dates of travel	7 Name of per	son(s) traveling				
	8 Departure cit	y or name of de	eparture location			_
	9 Destination of	ity or name of	destination location	-···· 		
0 Means of transporta	lion 11	Purpose of trav	ve) (including name o	of conference, semin	nar, or other event)	
Name of Contributor /	Corporation or Lat	oor Organizatio	n / Pledgor / Payee			
Contribution / Expendi	lure reported on:					
	hedule A	Schedule B	Schedule C	["] Schedule D	Schedule F	Sehedule G
			r :1		PAC-C	PAC-E
	thedule H	Schedule N	COH-UC	COH-T		
Dates of travel	Name of perso	in(s) traveling				
	Departure city	or name of dep	arture location			
		or name of de	stination location			
	Destination city					
	Destination city					
Means of transportatio		urpose of trave	I (including name of	conference, seminar	r, or other event)	
	n Pi			conference, seminal	r, or other event)	
Means of transportation	n Pi			conference, seminal	r, or other event)	
	Pi			conference, seminal	r, or other event)	
Name of Contributor /	Corporation or Lai	bor Organizatio	on / Pledgor / Payee	· -		Schedule G
Name of Contributor / Contribution / Expend	Corporation or Lai	bor Organizatio	on / Pledgor / Payee	Schedule D	r, or other event) Schadule F	Schedule G
Name of Contributor / Contribution / Expend	Corporation or Lai	bor Organization Schedule B Schedule N	on / Pledgor / Payee	· -	Schadule F	
Name of Contributor / Contribution / Expend	Corporation or Lai	bor Organization Schedule B Schedule N	on / Pledgor / Payee	Schedule D	Schadule F	
Name of Contributor / Contribution / Expend	Corporation or Lai	Schedule B Schedule N	Schedule C	Schedule D	Schadule F	
Name of Contributor / Contribution / Expend	Corporation or Lai iture reported on: hedule A	Schedule B Schedule N on(s) traveling or name of dep	Schedule C	Schedule D	Schadule F	