

**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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS (M) MR FIRST: MICHAEL MI NICKNAME: Mike LAST: MIZUMA SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: 2045 RAVENWOOD LN HARLINGEN TX 78550	Date Received Harlingen City Secretary's Office JUL 16 2018 Received by: <u>all</u> 8:25 p.m.	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: 1956 428 7209	Date Hand delivered or Date Postmarked 7-16-18	
6 CAMPAIGN TREASURER NAME	MS (M) MRS MR FIRST: CATHERINE MI NICKNAME: Cathy LAST: MIZUMA SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>Residence or Business</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: 2045 RAVENWOOD LN HARLINGEN TX 78550	Date Processed 7-16-18	Date Imaged 7-16-18
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: 1956 428 7209		
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C.OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 28 / 2018 THROUGH 07 / 15 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): HARLINGEN CITY COMMISSIONER # 3	13 OFFICE SOUGHT (if known):	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COV

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST LAST MI SUFFIX	OFFICE U.	
	NICKNAME	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	Harlingen City Secretary's Office	
	<input type="checkbox"/> Change of Address	JUL 16 2018	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Received by: <u>all</u>	
		8:25 p.m.	
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST LAST MI SUFFIX	Date Hand-delivered or Date Postmarked	
	NICKNAME	7-16-18	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE	Receipt #	Amount \$
	Residence or Business	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	7-16-18	
		7-16-18	
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C.OH - FR)		
10 PERIOD COVERED	Month Day Year		Month Day Year
	4 / 28 / 2018		THROUGH 07 / 15 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Harlingen City Commissioner #3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
MICHAEL / MEZMAR

15 Filer ID (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 / 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 300.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1200.98

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

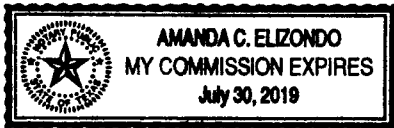
\$ 1817.81

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Mezmar, this the 16th day of July, 20 18, to certify which, witness my hand and seal of office.

Amanda C. Elizondo AMANDA C. ELIZONDO City Secy
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>MICHAEL MEZMAN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>300⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1200.98</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>450.53</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL MARZANO		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# CHRIS DEBOUNT VITTITOE	7 Amount of contribution (\$) 250 ⁰⁰
6 Contributor address: City: State: Zip Code 2810 BECHY LANE HARLINGEN TX 78550		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) ADAMS + GRATHAM
Date 5/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# KATHY PRON	Amount of contribution (\$) 50 ⁰⁰
Contributor address: City: State: Zip Code 2814 LORITA DR HARLINGEN TX 78550		
Principal occupation / Job title (See Instructions) NON PROFIT		Employer (See Instructions) UNITED WAY
Date 5/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# DAVID DAY	Amount of contribution (\$) 100 ⁰⁰
Contributor address: City: State: Zip Code 901 S STUARTS PLACE HARLINGEN TX 78550		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) CISA ENGINEERING
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
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.

POLITICAL EXPENDITURES MADE 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: 2 FILER NAME: MICHAEL MEZMAN 3 Filer ID (Ethics Commission Filers):

4 Date: 6/2/18 5 Payee name: MICHAEL MEZMAN

6 Amount (\$): 450.53 7 Payee address: 2045 RAUENWOOD LN HARLINGEN TX 78550

8 PURPOSE OF EXPENDITURE: REIMBURSE PERSONAL CREDIT CARD EXPENSE TO FACE BODY (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit COH: Candidate/Officeholder name: MICHAEL MEZMAN HARLINGEN TX Office sought: COMMIS CITY Office held: #3

Date: 5/7/18 Payee name: COLLETTIS

Amount (\$): 508.71 Payee address: 202 S 1ST HARLINGEN TX 78550

PURPOSE OF EXPENDITURE: VICTORY PARTY (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit COH: Candidate/Officeholder name: MICHAEL MEZMAN HARLINGEN TX Office sought: COMMIS CITY Office held: #3

Date: 4/20/18 5/31/18 Payee name: ROY CREDIT UNION

Amount (\$): 12.00 Payee address: 1221 MORGAN BLVD HARLINGEN TX 78550

PURPOSE OF EXPENDITURE: \$4/MO checking fee. \$ 3 MO X \$4 = \$12 (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit COH: Candidate/Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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:		2 FILER NAME MICHAEL MEZMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 6 12 18		5 Payee name AIM MISS TEXAS			
6 Amount (\$) 72⁰⁰		7 Payee address: City: State: Zip Code PO BOX 3267 MCALLEN TX 78502			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) NEWS PAPER ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MICHAEL MEZMAN Office sought Commission HARLINGEN CITY Office held #3 COMMISS			
Date 5 02 18		Payee name WAL MART			
Amount (\$) 37.74		Payee address: City: State: Zip Code 1801 W LINCOLN ST HARLINGEN TX 78552			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) THANK YOU CARDS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MICHAEL MEZMAN Office sought Commission HARLINGEN CITY Office held #3 COMMISS			
Date 5 1 18		Payee name US POST OFFICE			
Amount (\$) 100⁰⁰		Payee address: City: State: Zip Code HARLINGEN TX 78501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) STAMPS FOR THANK YOU CARDS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MICHAEL MEZMAN Office sought Commission HARLINGEN CITY Office held #3 COMMISS			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4:	2 FILER NAME MICHAEL MZZMAN	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/30/18	6 Payee name FACEBOOK
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7 Amount (\$) 1.96	8 Payee address: City: State: Zip Code 1601 Willow Rd MUNLO PARK CA 94025
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FACEBOOK PAGE + ADVERTISING FOR CAMPAIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name MICHAEL MZZMAN	Office sought COMMISSION	Office held HARDINGEN CITY #3
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Date 4/30/18	Payee name FACEBOOK
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Amount (\$) 448.57	Payee address: City: State: Zip Code 1601 Willow Rd MUNLO PARK CA 94025
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FACEBOOK PAGE + ADVERTISING FOR CAMPAIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name MICHAEL MZZMAN	Office sought COMMISSION	Office held HARDINGEN CITY #3
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED