CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to	complete this form.	1 Filer ID (Ethi	cs Commission Filers)	2 Total pages filed.	
3 CANDIDATE/	MS / MRS / MR	FIRST		MI	OFFICEUSE	ONLY
OFFICEHOLDER NAME	Mrs.	Michelle LAST Fennick		SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 7314 Big Valle	APT / SUITE #: y Dr. Houston, Tex	AND!	23 63		
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 721-9590	EXT	ENSION	Date Hand-delivered or D	te Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Same as abo	FIRST V C LAST		MI SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	same as abo	,	SUITE #:	CITY: 	STATE; ZI	PCODE
CAMPAIGN TREASURER PHONE	same as above	PHONE NUMBER	EXT	ENSION		
REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modified Reporting Limit	15th day after cal treasurer appoint (Officeholder Onl) Final Report (Alta	ment
10 PERIOD COVERED	Month 8	Oay Year	THROUGH			
11 ELECTION	ELECTION DAY Month Day	Year Primar		Olher Description	E	
12 OFFICE	OFFICE HELD (# any)		CFIS	FICE SOUGHT (if know	osition 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	EHOLDER: THESE EXPENDITOR AND OFFICEHOLDERS ARE REC COMMITTEE NAME COMMITTEE ADDRESS	VES MAY HAVE BEEN H	TICAL EXPENDITURES IADE WITHOUT THE CA S INFORMATION ONLY I	MADE BY POLITICAL COMMITT NOIDATE'S OR OFFICEHOLDER'S F THEY RECEIVE NOTICE OF SUC	EES TO SUPPORT 5 KNOWLEDGE OR H EXPENDITURES
	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					
		GO TO	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Fil	er ID (Ethics Commission Filers)	
7 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$ 970.00	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS	\$ 970.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL 8	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDIT	\$ 967.00		
CONTRIBUTION BALANCE	J. TOTAL TOLITORE SSTATE			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF THE PERIOD	\$ 0.00	
8 SIGNATURE 1 s	wear, or affirm, under penalty of perjury, tha quired to be reported by me under Title 15, Elec	t the accompanying report is true and ction Code.	correct and includes all information	
		Michelle F	innisk	
		Signature of Candida		
	Please comple	ete either option below:		
(1) Affidavit	Please comple	ete either option below:		
		ete either option below:		
NOTARY STAMP/SEA	ıL		day of	
NOTARY STAMP/SEA			day of	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	before me by which, witness my hand and seal of office.		day of Title of officer administering oat	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	before me by rwhich, witness my hand and seal of office. ering oath Printed name of office	this the		
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer	before me by which, witness my hand and seal of office. ering oath Printed name of office	this the er administering oath	Title of officer administering oat	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administr (2) Unsworn Declaration My name is Michelle I	before me by r which, witness my hand and seal of office. ering oath Printed name of office fion Fennick	this the er administering oath OR, and my date of birth is Ma	Title of officer administering oat	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administr (2) Unsworn Declaration My name is Michelle I	before me by r which, witness my hand and seal of office. ering oath Printed name of office fion Fennick g Valley Dr.	this the er administering oath OR , and my date of birth is Ma , Texas	Title of officer administering oat rch 23, 1972 77095 US	
Sworn to and subscribed 20, to certify Signature of officer administration (2) Unsworn Declaration My name is Michelle I My address is 7314 Bi	before me by	this the er administering oath OR, and my date of birth is Ma	Title of officer administering oat	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
	Michelle Fennick					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 970.00			
2.	SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ ₀			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0			
4.	SCHEDULE E: LOANS		\$0			
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$967.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s ₀			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s ₀			
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	JNDS	\$0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	s 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	^{\$} 0			