JUDICIAL	CANDIDA	TE / OFFICE		FORM JC/OH COVER SHEET PG 1
				COVER SHEET PG 1
The JC/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	. MI	OFFICE USE ONLY
NAME	Ms	Amv	L.	Date Received
	, significant to the significant	Mitchell	SUFFIX	1.72
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #,	CITY: STATE; ZIP CODE	JAN 14 2022 R
MAILING ADDRESS Change of Address	3206 E. Autu	mn Run Circle, Sugar L	and, TX 77479	V.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 281-300-7323	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	M	Receipt # Amount \$
TREASURER NAME	Mrs.	Mary	E	Date Processed
	NICKNAME	Duff-Drozd	SUPPIX .	Date Imaged
7 CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	210 Main Str	eet	Richmond	Texas .77469
•				
B CAMPAIGN TREASURER PHONE	AREA CODE	281-341-1718	EXTENSION	And Andrews
REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year THROL	Month Day	Year
	7/1/2021		12/31/2021	
H ELECTION	ELECTION DATE Month Day	Year Primary	ELECTION TYPE Runoff Other Description	2.5
	11/06/2018	X General	Special	
2 OFFICE	OFFICE HELD (if any)	<i>i</i> ·	13 OFFICE SOUGHT (if known)
,			Judge of Fort Bend C	County Court at Law #4
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME			15 File	er ID (Ethics Commission Filers)
	. :			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED DIDATE / OFFICEHOLDER. THESE EXPENDITURES MINISENT. CANDIDATES AND OFFICEHOLDERS ARE IN DEC.	IAY HAVE BEEN MADE WITHOUT 1	HE CANDIDATE'S OR OFFICEHOLDER'S
			•	
	COMMITTEE TYPE	COMMITTEE NAME		
· .		• •		• •
	GENERAL	COMMITTEE ADDRESS		· : [
	SPECIFIC	COMMITTEE ADDRESS	:	
			•	· ·•
	1.		·.	6-4
	··	COMMITTEE CAMPAIGN TREASURER NAME	·	
_	· .			*.
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
			•	
17 CONTRIBUTION		UNITEMIZED POLITICAL CONTRIBUTION		
TOTALS		ES, LOANS, OR GUARANTEES OF LOA IBUTIONS MADE ELECTRONICALLY)	NS, OR	\$ 0.00
	:		:	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$ 0.00
EXPENDITURE				
TOTALS	3. TOTAL	JNITEMIZED POLITICAL EXPENDITURE	S	\$ 0.00
			<u></u>	
	4. TOTAL	POLITICAL EXPENDITURES	***	\$400.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY	\$8,418.34
	OF REP	ORTING PERIOD	·	
OUTSTANDING	6. TOTAL F	RINCIPAL AMOUNT OF ALL OUTSTAND	ING LOANS AS OF THE	0.00
LOAN TOTALS	LAST DA	Y OF THE REPORTING PERIOD	,	\$ 0.00
18 AFFIDAVIT	arian.			
798811111	RLFC			that the accompanying report is
"Pally CH	TARK		-/ 1/	on required to be reported by me
7	N. P.	under Title/15	Election Code	
STA	B AC	(()) ()	to the	7100XII
まった。	V O E	W V	MINU	
18 AFFIDAVIT	TEXP		Signature of Candidate	or Officeholder
11/1/02.10	3311		\bigvee	::
AFFIX NOTARY SIAM	PASEALAROVE		*.	
	,	by the said <u>Amy L. Mitchell</u>		thin the 14th
				this the <u>14th</u>
_day of _ <u>January</u>	2022_	_, to certify which, witness my ha	ing and seal of office.	
// A/				
		CAANIES 11. 6x	ucia /	Istany Duscic
Signature of officer a	dministering oath	Printed name of officer adminis	stering oath T	itle of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Amy L. Mitchell	No.		20 Filer ID (Ethics Com	mission Filers)
				· .	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULEA(J)1: MON	ETARY POLITICAL CONTR	RIBUTIONS (JUDICIAL)		\$0.00
2.	SCHEDULE A2: NON-N	ONETARY (IN-KIND) POLI	TICAL CONTRIBUTIONS		\$0.00
3.	SCHEDULE B(J): PLED	GED CONTRIBUTIONS (JU	JDICIAL)		\$0.00
4.	SCHEDULE E(J): LOAN	IS (JUDICIAL)			\$0.00 ,
5.	SCHEDULE F1: POLIT	ICAL EXPENDITURES MAI	DE FROM POLITICAL COI	NTRIBUTIONS	\$550.00
6.	SCHEDULE F2: UNPAIL	INCURRED OBLIGATION	s :		\$0.00
7.	SCHEDULE F3: PURC	HASE OF INVESTMENTS	MADE FROM POLITICAL	CONTRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPEN	IDITURES MADE BY CREI	DIT CARD		\$0.00
9.	SCHEDULE G: POLITIC	AL EXPENDITURES MADE	FROM PERSONAL FUNDS	·	\$0.00
10.	SCHEDULE H: PAYME	NT MADE FROM POLITICA	AL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POL	ITICAL EXPENDITURES M	ADE FROM POLITICAL CO	ONTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTERES	ST, CREDITS, GAINS, REFU R	JNDS, AND CONTRIBUTIO	NS RETURNED	\$.23

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

	٠.			
_	", ті	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A(J)1: 1 page
				.:
2	FILER NAME	Amy L. Mitchell	. The second sec	3 Filer ID (Ethics Commission Filers)
		- 1	14B	
_				7
4	Date	5 Full name of contributor ut-of-state PAC ID		7 Amount of contribution (\$)
	1 -: 1			
		6		
	٠. ١	Contributor address; City;	State; Zip Code	· · ·
		7 T		
_	Contributoria	nncipal occupation	9 Contributor's job title	
ð	Continuators p	initiopal occupation		
		·		
10	Contributor's e	mployer/law firm	11 Law firm of contributor	's spouse (if any)
				• .
12	If contributor in	s a child, law firm of parent(s) (if any)		
-		, or parorities, (ii only)	•	•
=				
	Date :	Full name of contributor	#:)	Amount of contribution (\$)
	• .		-1	
				· .
		Contributor address; City;	State: Zip Code	
	4.	. ~		g_{i}^{2}
<u> </u>	0	dada la como di		<u> </u>
	Contributor's p	principal occupation	Contributor's job title	urij
		<u> </u>		
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
_	If contribution to	a child law firm of parent/o) (if pay)	· · · · · · · · · · · · · · · · · · ·	
	Contributor R	s a child, law firm of parent(s) (if any)		74.74 · · · · · · · · · · · · · · · · · · ·
			100	
<u>_</u>				
	Date	Full name of contributor out-of-state PAC ID	#:	Amount of contribution (\$)
		V ()	3 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 数4 5 5 7 7 1 1 1 1 1 1 1 1 1
		Contributor address; City;	State: Zip Code	
		Commodici address, City,	*	
_				
		principal occupation	Contributor's job title	
		employer/law firm	Law firm of contributor	r's spouse (if any)
	1			
		a shild law fee of passet(s) (if any)		
	ii contributor is	s a child, law firm of parent(s) (if any)		
	:		$\hat{x}_{i} = x_{i}$	
	<u> </u>	<u> </u>		
		ATTACH ADDITIONAL CODICS OF	E TUIO COUEDIN E ACA	VEEDED
	***	ATTACH ADDITIONAL COPIES OF	FINIS SCHEDULE AS I	NEEDED :

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	•			
Th	ne Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A2: 1 Page	
2 FILER NAMI	E Amy L. Mitchell	$\langle \zeta_{A} \rangle$	3 Filer ID (Ethics Commission Filers)	
			· · · · · · · · · · · · · · · · · · ·	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICA	L CONTRIBUTIONS	\$	
5 Date	6 Full name of contributor	PAC (ID#:)	8 Amount of 9 In-kind co	
			Contribution \$ descriptio	'n ·
	7 Contributor address; City;	State; Zip Code	7 .	
	City,	State; Zip Code	4:	
			Check if travel outside of Texas. Cor	nplete Schedule T
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See	Instructions) 11 Employe	er (FOR NON-JUDICIAL)(See Instru	actions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See	Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FC	R JUDICIAL Y
		13 2011	:	,: ,:
16 If contributor	is a child, law firm of parent(s) (if any) (FOR J	UDICIAL)	· · · · · · · · · · · · · · · · · · ·	
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		· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	AC (ID#:)		ontribution
:			Contribution \$ descriptio	'n
	Contributor address; City;	State: Zip Code	::	
	Contributor address, City,	State, Zip Code		•.:
		· ·	Check if travel outside of Texas. Con	nplete Schedule T
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See	Instructions) Employ	er (FOR NON-JUDICIAL)(See Instru	uctions)
<u> </u>				
Contributors	principal occupation (FOR JUDICIAL)	Contribu	utors job title (FOR JUDICIAL) (See	Instructions)
Contributors	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FC	R JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR J	UDICIAL)		
	<u> Viring and a second a second and a second </u>			
1			W. S.	
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	189			
1.	ATTA OLIA DDITIONAL	CODICE OF THE COLUED	III E AS NEEDED	
	ATTACH ADDITIONAL	COPIES OF THIS SCHED		s.

Revised 1/1/2020

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

COODIC	CIAL)			: `
<u>, i</u>	The Instruction Guide explains how to con	plete this form.	1 Total pages Schedule B(J): 1 P	age
FILER NAME	E Amy L. Mitchell	,	3 Filer ID (Ethics Commission File	ers)
·. ·	_ ,,		1	
TOTAL O	F UNITEMIZED PLEDGES		\$	
101/AL 01			*	
Date	6 Full name of pledgor out-qt-state PAC	;	8 Amount 9 In-kind of Pledge \$ descri	contribution ption
	(15#)			
	City;	State; Zip Code		i i
	: ·	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas.	Complete Sched
Pledgor's pri	rincipal occupation	11 Pledgor's		
•		:		
··-				• • • • • • • • • • • • • • • • • • • •
Pledgor's em	mployer/law firm	. 13 Law firm o	of pledgor's spouse (if any)	٠.
		`	<u> </u>	
If pledgor is	a child, law firm of parent(s) (if any)		÷	٠.
• .				٠.
D-4-			Amount In-king	d contribution
Date	Full name of pledgor	ite PAC (ID#:	of Pledge \$ descri	
id.	· · · · · · · · · · · · · · · · · · ·		124	
	Blades address (Charles Charles Charle		1,44	
	Pledgor address; City;	State; Zip Code		
			Check if travel outside of Texas.	Complete Sched
Pledgor's pr	rincipal occupation ::	Pledgor's	 	*: -
		1,100g010	100 tale	
Pledgor's en	mployer/law firm	5		
en e		Law firm o	of pledgor's spouse (if any)	
lf pladassis	a shild law feet of accounts) (if acc)			· · · · ·
	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor	ite PAC (ID#:	Amount In-kind of Pledge \$ descri	d contribution
			or riedge \$ descri	phon
				,
	Pledgor address; City;	State; Zip Code		
			Check if travel outside of Texas.	Complete Sched
Pledgor's pri	rincipal occupation	Pledgor's	job title	
			of pledgor's spouse (if any)	· · · · · · · · · · · · · · · · · · ·
Pledgors ex	mplover/law firm	'l l'aw firm /		
Pledgor's en	mployer/law firm	Law firm o		٠
		L'aw firm (·
	mployer/law firm s a child, law firm of parent(s) (if any)	Law firm (1 2 3

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

LOANS (JUDICIAL)	•	SCH	EDULE E(J)
			1 Total page	Schedule E(J): 1 Page
The in	struction Guide explains how to c	omplete this form.		261
FILER NAME Amy I	Mitchell	: ; .	3 Filer ID (Ethics Commission Filer
		•	1.00	
TOTAL OF LINE	TEMIZED LOANS	12.		
	I EMIZED LOANS	· · · .	•	
Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amo	unt (\$)
eri V	· .	<u>,</u>		
Is lender	8 Lender address; City	; State;	Zip Code 10 Interest ra	te
a financial institution?	· .	· ·		<u> </u>
Y. N			11 Matunty d	ate
			,	
Lender's Principal	Occupation	13 Lender's	Job Title	. :
Lender's Employer	Law Firm	15 Law Firm	of lender's spouse (if any)	
Zerider a Employen			, or remains appeared (in arry)	
If lender is a child,	law firm of parent(s) (if any)	:		
			<u>.</u>	- Age
Description of Colla	iteral	18	Check if personal funds were d	eposited into politica
none			account (See Instructions)	
GUARANTOR	20 Name of guarantor	· v	22 Amount G	uaranteed (\$)
INFORMATION		144	70	
11	21 Guarantor address; City;	State;	Zip Code	
not applicable				
Guarantor's Princip	al Occupation	24 Guarant	or's Job Title	
Guarantor's Emplo	yer/Law Firm	26 Law Firm	m of guarantor's spouse (if any)	2 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If guarantor is a ch	ild, law firm of parent(s) (if any)			
			Harris Control	· i
				(+ <u></u>
	**		30	
•	***	·		$x_{i} \neq$
		1	14.	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: 2 page	2 FILER NAME Amy L. Mitchell	3 File	r ID (Ethics Commission Filers)
4 Date 11/23/2021	5 Payee name Exchange Club of Sugar Land		· ::-
6 Amount (\$) 345.00	7 Payee address: 4800 Sugar Grove, Suite 100	City; Stafford,	State; Zip Code
•		14 V.	
8	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	(a) Description charitable de	onation - sponsorship
PURPOSE OF EXPENDITURE		:	
•	(b) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/08/2021	Payee name Child Advocates of Fort Bend		
		· •	÷.
Amount \$ 55.00	Payee address; 5403 Avenue N	City; Rosenberg,	State; Zip Code TX 77471
	Category (See Categories listed at the top of this schedul	Description	<u> </u>
PURPOSE OF	e)Contributions/Donations Made By Candidate	Donation	til og er
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	**************************************	
Amount (\$)	8 Payee address;	City,"	State; Zip Code
	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Dues	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	aholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS Advertising Expense **EXPENDITURE CATEGORIES FOR BOX 8(a)** Accounting/Banking Consulting Expense Loan Repayment/ **Event Expense** Solicitation/Fundraising Expense Contributions/Donations Made By Transportation Equipment & Related Reimbursement Fees Candidate/Officeholder/Political Committee Food/Beverage Expense Office Overhead/Rental Expense Expense Travel In District Credit Card Payment Legal Services Salaries/Wages/Contract Labor Travel Out Of District The Instruction Guide explains how to complete this form. Other (enter a category not listed above) Total pages Schedule F1: 1 FILER NAME Amy L. Mitchell Filer ID (Ethics Commission Filers) page Date 5 Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this Description PURPOSE schedule) O F EXPENDITURE Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE Category (See Categories listed at the top of this Description O F schedule) EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this Description PURPOSE schedule) EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Contributions/Donations Made B Candidate/Officeholder/Politice		Gift/Awards/Memonals Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above
			ains how to complete this form.	
Total pages Schedule F2:1	2 FILER	NAME Amy L. Mitchell		3 Filer ID (Ethics Commission Filers
TOTAL OF UNITER	AIZED UN	PAID INCURRED OB	IGATIONS	\$
TO THE OF CHITE!	EED ON	. 7 (10 1/100) (1/120 00)		· ·
Date	6 Payee	name		
			• •	
Amount (\$)	8 Payee	address;	City;	State; Zip Code
	l ì			
TYPE OF				
EXPENDITURE	[Political	Non-Political	:
	(a) Catego	ry (See Categories listed at the top of the	nis schedule) (b) Description	
PURPOSE				
OF EXPENDITURE				:
EXPENDITURE	(c)	Check if travel outside of Texas. Comple	ata Schadula T	ustin, TX, officeholder living expense
		Crieck is travel outside of Texas, Comple	Check if A	usun, 1X, omceroider living expense
Complete ONLY if direct expenditure to benefit C/OI	Can	didate / Officeholder name	Office sought	Office held

Date	Payee	name		
	· .	***	8.7	**************************************
Amount (\$)	Payee	address;	City;	State; Zip Code
				Arbi ed
TYPE OF				
EXPENDITURE		Political	Non-Political	
	Catego	ry (See Categories listed at the top of the	nis schedule) Description	
	Categor	y (See Categories instea at the top of the	is scredile) Description	
PURPOSE OF	1			
EXPENDITURE			i ili	
* * * * * * ***		Check if travel outside of Texas. Compl	lete Schedule T. Check if /	Austin, TX, officeholder living expense
Complete ONLY if direct	Can	didate / Officeholder name	Office sought	Office held
expenditure to benefit C/O				
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		14		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide expla	ins how to complete this form.	.	pages Schedule F3: 1 Page
FILER NAME	E Amy L. Mitchell		3 Filer	ID (Ethics Commission Filers)
			410	
Date	T-2 N			
Juic	5 Name of person from	whom investment is purchased		
		i i i		
	6 Address of person fro	m whom investment is purchased;	City;	State; Zip Code
			•	;.·
		· · ·	•	
	:	•		:
	7 Description of investr	nent		
	1.		•	·
			:	
	8 Amount of investmen	t (\$)		••
	9	•	.)	·
		•		6.1 - 1.2 - 1.4
		·:		
Date	Name of person from	whom investment is purchased		
		. ** *****************************		
	Address of person fro	m whom investment is purchased;	City;	State; Zip Code
::	Description of Investr	nent		en e
•		A Company of the Comp		
•				
	Amount of investmen			
	Amount of investmen	(4)		
		77,		
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	•.			
			arte Jertij	
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Lebor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Amy L. Mitchell 3 Filer, ID (Ethics Commission Filers) 1 Page 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name City; Zip Code 7 Amount (\$) 8 Payee address; Political Non-Political TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) State; Payee address; Zip Code City; TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE . Check if travel outside of Texas. Complete Schedule T officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic			el Out Of District r (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G: 1 Page		·· · · · · · · · · · · · · · · · · · ·	ler ID (Ethics Commission Filers)
4 Date	5 Payee name	•	
Reimbursement from political contributions	7 Payee address:	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, offi	reholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	. 1 . 1	
Amount (\$)	Payee address;	City;	State: Zip Code
Reimbursement from political contributions intended			ing the second s
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
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Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
- AF ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX offic	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memonals Expense 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 (and of District)

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Total pages Schedule H: Page	2 FILER NAME Amy L. Mitchell			3 File	er ID (Ethi	cs Commission	n Filen
Date	5 Business name						
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Complete ONLY if direct	Candidate / Officeholder name	•	Office sought	. 5.		Office held	
expenditure to benefit C/OH							
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	EDED			4.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

				<u> </u>
The	Instruction Guide explains how to	complete this form.	1 Total pages Scho	edule K: 1 Page
2 FILER NAME	Amy L. Mitchell		3 Filer ID (Ethics	Commission Filers)
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6/30.2020	3 Name of person from whom amou			\$ 100 mg/m
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SCHEDULE L **OUTSTANDING LOANS** 1 Total pages Schedule L: 1 Page The Instruction Guide explains how to complete this form. 2 FILER NAME Amy L. Mitchell 3 Filer ID (Ethics Commission Filers) LENDER 4 Name of lender INFORMATION 5 Lender address; State; Zip Code **GUARANTOR** 6 Name of guarantor INFORMATION not applicable 7 Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; Name of guarantor **GUARANTOR** INFORMATION not applicable Guarantor address; Zip Code State; LENDER Name of lender INFORMATION Lender address; State; Zip Code GUARANTOR Name of guarantor INFORMATION not applicable Guarantor address; State; Zip Code Name of lender LENDER INFORMATION Lender address; Zip Code State: Name of guarantor **GUARANTOR** INFORMATION not applicable Guarantor address; City; State: ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS PURCHA	SED WITH CONTRIBU	TIONS	SCHEDULE M
The Instruction Guide e	xplains when and how to complete this	form.	Total pages Schedule M: 1 Page
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 1 Page The Instruction Guide explains how to complete this form. 2 FILER NAME Amy L. Mitchell 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 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 B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel 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 B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location. Destination city or name of destination location

Revised 1/1/2020

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)