JUDICIAL	CANDIDATE / OFFICEHOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS Amv L. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 3206 E. Autumn Run Circle, Sugar Land, TX 77479	JUL 15 2022 RCV
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 281-300-7323	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mary E NICKNAME LAST SUFFIX Duff-Drozd	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 210 Main Street Richmond	STATE; ZIP CODE Texas 77469
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 281-341-1718	
9 REPORT TYPE	January 15 30th day before election Runoff X July 15 Sth day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7/31/2022	Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description 11/06/2018 X General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known in the state of the sought in the sou	i County Court at Law #4
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

SUPPORT THE CAND KNOWLEDGE OR CO.	IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL		
SPECIFIC	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 0.00
		\$ 0.00
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
4. TOTAL	POLITICAL EXPENDITURES	\$1,200.00
	DAY \$7,218.34	
		THE \$ 0.00
Y PUBLIC, STATE OF TEX tary ID #5889314	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is primation required to be reported by me didate or Offigeholder
P/SEALABOVE		
ibed before me, I	by the said <u>Amy L. Mitchell</u> _, to certify which, witness my hand and seal of off	, this theth
Canto dministering oath	Printed name efforficer administering oath	Notary Title of officer administering oath
	SUPPORT THE CAND KNOWLEDGE OR CO OF SUCH EXPENDITU COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL PLEDG CONTR 2. TOTAL (OTHER 3. TOTAL P OF REP 6. TOTAL F LAST D ATHY P. CANTL YPUBLIC, STATE OF TE Tary ID #5889314 res June 07, 202 CYSEALABOVE Sibed before me, I	GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD I Swear, or affirm, under penalty of pure and correct and includes all information of the property of the start of the sta

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Amy L. Mitchell 20	Filer ID (Ethics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$0.00	
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	\$1,200.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	Total pages Schedule A(J)1: 1 page
FILER NAME Amy L. Mitchell		3	Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC 6 Contributor address; City;		Amount of contribution (\$)
Contributor's	principal occupation	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	IDH:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's s	spouse (If any)
If contributor	is a child, law firm of parent(s) (if any)	1	10
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's	spouse (If any)
If contributor	is a child, law firm of parent(s) (if any)	1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 Page
2 FILER NAM	1E Amy L. Mitchell	3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 7 Contributor address; City; State; Zip Code		8 Amount of 9 in-kind contribution description	
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	_ :
District	TOP NOW (FOR MON WEIGHT) (Con Instruction)		Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		

Forms provided by Texas Ethics Commission

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Revised 1/1/2020

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

(JODIC			
1	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule B(J): 1 Page
2 FILER NAME	Amy L. Mitchell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor out-off-state PAC (ID#:		8 Amount 9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Pledgor's pri	ncipal occupation	11 Pledgor's job	title
12 Pledgor's em	płoyer/law firm	13 Law firm of p	oledgor's spouse (if any)
14 If pledgor is a	a child, law firm of parent(s) (if any)		·
Date	Full name of pledgor out-of-state PAC (ID#:	nte; Zip Code	Amount In-kind contribution of Pledge \$ description
Pledgor's pri	ncipal occupation	Pledgor's job	Check if travel outside of Texas. Complete Schedule To title
Pledgor's em	pployer/law firm	Law firm of p	oledgor's spouse (if any)
If pledgor is	a child, law firm of parent(s) (if any)		
Date	Full name of pledgor out-of-state PAC (ID#:	ate; Zip Code	Amount In-kind contribution of Pledge \$ description
Pledgor's pri	ncipal occupation	Pledgor's job	Check if travel outside of Texas. Complete Schedule 1
Pledgor's em	Pledgor's employer/law firm		oledgor's spouse (if any)
If pledgor is	a child, law firm of parent(s) (if any)	L	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instru		

LOANS (JUDICIAL) SCHEDULE E(J) 1 Total pages Schedule E(J): 1 Page The Instruction Guide explains how to complete this form. 3 Filer ID (Euros commission Filers) 2 FILER NAME Amy L. Mitchell 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan Name of lender out-of-state PAC (ID#:_ 9 Loan Amount (\$) 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Lender's Principal Occupation 13 Lenuer's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is a child, law firm of parent(s) (if any) 18 17 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 20 Name of guarantor 19 GUARANTOR 22 Amount Guaranteed (\$) INFORMATION 21 Guarantor address; City; Zip Code State: not applicable 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 26 Law Firm of guarantor's spouse (if any) 25 Guarantor's Employer/Law Firm 27 If guarantor is a child, law firm of parent(s) (if any) 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 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
Condit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)		
Total pages Schedule F1: 2 page	2 FILER NAME Amy L. Mitchell	Patrice Carlotte	3 Filer ID (Ethics Commission Filers)		
Date 4/08/2022	5 Payee name Exchange Club of Sugar Land				
6 Amount (\$) 1,100.00	7 Payee address; 4800 Sugar Grove, Suite 100	City; Stafford,	State; Zip Code TX 77477		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate (a) Description charitable donation - sponsorship				
	(b) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 5/09/2022	Payee name Chad Bridges Campaign				
Amount \$ 100.00	Payee address; 310 Morton # 268	City; Richmond,	State; Zip Code TX 77469		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul e)Contributions/Donations Made By Candidate	Description Donation			
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder 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; Zlp Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Due	⊝s		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI FAS NE	EDED		

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/ Solicitation/Fundraising Expense Contributions/Donations Made By Fees Reimbursement Transportation Equipment & Related 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 Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF 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 travel outside of Texas. Complete Schedule T. 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expen

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit	Food/Beverage Expense Gift/Awards/Memorials Expense Itee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F2:1 2 FI	LER NAME Arny L. Mitchell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED	UNPAID INCURRED OBLI	GATIONS	\$
5 Date 6 Pa	ayee name		
7 Amount (\$) 8 Pa	ayee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this a	schedule) (b) Description	
(c)	Cneck if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
	ayee name ayee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
AT A STATE OF THE	TTACH ADDITIONAL COPIES C		EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 Page
2 FILER NAM	IE Amy L. Mitchell	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zlp Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD				SCHEDULE F4		
	EX	PENDITURE CATI	EGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Food/Br ty Gift/Awr il Committee Legal S	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4: 1 Page	2 FILER NAME A	Instruction Guide expl	ains how to co	mplete this form.	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDIT	TURES CHARGE	DTOACR	EDIT CARD	\$	
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address	s;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		Non-Pol	itical		
PURPOSE OF EXPENDITURE	П	ategories listed at the top of the		(b) Description	ustin, TX. officeholder livir	no expense
10 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	/ Officeholder name	Off	fice sought	Office	
Date	Payee name					
Amount (\$)	Payee address	s;		City:	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Po	litical		
PURPOSE OF	Category (See C	categories listed at the top of the	nis schedule)	Description		
EXPENDITURE	Check if	f travel outside of Texas. Comp	ete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct experto benefit C/OH		Officeholder name	Of	fice sought	Office	held
	ATTACH ADI	DITIONAL COPIES	OF THIS SO	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Releted Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule G: 1 Page	2 FILER NAME Arrry L. Mitchell		3 Filer ID (Ethica	Commission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living e	ynense
omplete ONLY if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T	Check if Au	stin, TX, officeholder living e	ynense
omplete <u>ONLY</u> if direct conditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions interced				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder living e	mense_
omplete ONLY if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Committee Legal Services Sa The Instruction Guide explains ho FILER NAME Amy L. Mitchell	alaries/Wages/Contract Labor ow to complete this form.	Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filer
FILER NAME Amy L. Mitchell		3 Filer ID (Ethics Commission Filer
Business name		
Business address;	City;	State; Zip Code
a) Category (See Categories listed at the top of schedule)	of this (b) Description	
(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Business name		
Business address;	. City;	State; Zip Code
Category (See Categories listed at the top of this schedule) Description	•
Check if travel outside of Texas. Complete Scheduk	T. Check if Austin	, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Business name		
Business address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule) Description	
Check if travel outside of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	Business address; Category (See Categories listed at the top of schedule) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name Business address; Category (See Categories listed at the top of this schedule Candidate / Officeholder name Business name Business name Business name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Category (See Categories listed at the top of this schedule	Business address; City; a) Category (See Categories listed at the top of this chedule) (c) Check if travel outside of Texas. Complete Schedule T Check if Austin Candidate / Office holder name

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: 1 Page	2 FILER NAME Amy L. Mitchell		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name		A London Color		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se information requ		arding type of	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding t	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of information	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding	type of information	

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Revised 1/1/2020

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

SCHEDULE K

		1 Total pages Schodule V: 1 Desp
The Instruction Guide explains now to complete this form.		1 Total pages Schedule K: 1 Page
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 6/30.2020	5 Name of person from whom amount is received Amegy Bank	8 Amount (\$).23
	6 Address of person from whom amount is received; City; 3400 Avenue H, Rosenberg,	State; Zip Code Texas 77479
	7 Purpose for which amount is received: Interest	if political contribution returned to filer
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 Check	if political contribution returned to filer
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	if political contribution returned to filer
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 Check	if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

SCHEDULE L **OUTSTANDING LOANS** 1 Total pages Schedule L: 1 Page The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amy L. Mitchell 4 Name of lender **LENDER** INFORMATION 5 Lender address; Zip Code City; State: **GUARANTOR** 6 Name of guarantor INFORMATION 7 Guarantor address; not applicable Zip Code City; State: Name of lender LENDER INFORMATION Lender address; City; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code LENDER Name of lender INFORMATION Lender address; Zip Code State; City; **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address: City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State: Zip Code Name of guarantor **GUARANTOR** INFORMATION not applicable Guarantor address: City; State: Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS PURCHASED WITH CONTRIBUTIONS SCHEDULE M 1 Total pages Schedule M: 1 Page The Instruction Guide explains when and how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amy L. Mitchell Description of Asset Description of Asset Description of Asset Description of Asset **Description of Asset** Description of Asset ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 Page				
2 FILER NAME Army L. Mitchell		3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported	d on:					
	edule B Schedule B(J) Schedule	C2 Sebadula D. Sebadula D.				
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6 Dates of travel 7 Name of	f person(s) traveling					
8 Departu	8 Departure city or name of departure location					
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3 Desulia	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 / Piedgor / Payee						
Contribution / Expenditure reported	d on:					
Schedule A2 Sch	edule B Schedule B(J) Schedule	C2 Schedule D Schedule F1				
Schedule F2 Sch	edule F4 Schedule G Schedule F	H Schedule COH-UC Schedule B-SS				
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Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported	d on:					
Schedule A2 Schedule	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedu	ule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling						
Departu	Departure city or name of departure location					
Destina	Destination city or name of destination location					
Means of transportation	Purpose of travel (including name of conferen	nce, seminar, or other event)				
	1					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

C/OH	NAME Z Filer ID (Ethics Commission Filers)
SIGN	ATURE
ing a	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign outions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	R WHO IS NOTAN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••
A	CAMPAIGN FUNDS
Che	ck only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B.	ASSETS
Che	ck only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
·	Signature of Candidate
	CEHOLDER mplete this section only if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder