JUDICIAL CANDIDATE / OFFICEHOLDER

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled: 20
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE	E USE ONLY
NAME	Ms Amy NICKNAME LAST Mitchell	L. SUFFIX	Date Received	IOM to page no
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 3206 E. Autumn Run Circle, Sugar	CITY; STATE; ZIP CODE Land, TX 77479		JAN 18 2023 RC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 281-300-7323	EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER	Mrs. Mary	Е	Date Processed	
NAME	NICKNAME LAST Duff-Drozd	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	210 Main Street	Richmond	Texas	77469
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 281-341-1718	EXTENSION		
9 REPORT TYPE	January 15 30th day before X July 15 8th day before e		treasurer (Officehold	after campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/2022 THRO	DUGH 12/31/2022	Year	
11 ELECTION	ELECTION DATE Month Day Year 11/06/2018 Representation Primary X General	Runoff Cther Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)	
		Judge of Fort Bend (County Court at La	aw #4
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		15 Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S RMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL (UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$1,000.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$6,220.66
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT			
NOT NOT	MES L. GOULDSMI ARY PUBLIC, STATE OF TE lotary ID #574005 ires November 18, 20	exaster that the second	on required to be reported by me
AFFIX NOTARY STAME		(
		by the saidAmy L. Mitchell	, this the17th
day ofJanuary	, 2023	_, to certify which, witness my hand and seal of office.	
Signature of officer a	dministering oath	Printed name of officer administering oath	Fleeting Cleek Juntary Fitte of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Amy L. Mitchell	20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(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 CO	NTRIBUTIONS	\$1,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$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	BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$2.21

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 1 page
2 FILER NAME Amy L. Mitchell	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	
Contributor address; City; State; Zip Co	de
8 Contributor's principal occupation 9 Contributor's jo	bb title
10 Contributor's employer/law firm 11 Law firm of contributor's employer/law firm	ntributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Cod	de
Contributor's principal occupation Contributor's jo	ob title
Contributor's employer/law firm Law firm of con	ntributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State: Zip Cod	de
Contributor's principal occupation Contributor's jo	bb title
Contributor's employer/law firm Law firm of contributor's employer/law firm	ntributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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

	Th	e Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 Page
2	FILER NAMI	E Amy L. Mitchell		3 Filer ID (Ethics Commission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5	Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
		7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL)(See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor	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	Check if travel outside of Texas. Complete Schedule T.
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	If	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction	HIS SCHEDU	JLE AS NEEDED dditional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B(J): 1 Page			
The modulation canal supplies the following				
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-qT-state PAC (ID#:)	8 Amount 9 In-kind contribution description			
/ Pledgor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.			
10 Pledgor's principal occupation 11 Pledgor's job tit	itle			
12 Pledgor's employer/law firm 13 Law firm of ple	edgor's spouse (if any)			
14 If pledgor is a child, law firm of parent(s) (if any)				
Date Full name of pledgor out-of-state PAC (ID#:)	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code				
	Check if travel outside of Texas. Complete Schedule T.			
Pledgor's principal occupation Pledgor's job ti	itle			
Pledgar's employer/law firm Law firm of pled	Law firm of pledgor'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#:)	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code				
	Check if travel outside of Texas. Complete Schedule T.			
Pledgor's principal occupation Pledgor's job til				
Pledgor's principal occupation Pledgor's job til	ine			
Pledgor's employer/law firm Law firm of pled	edgor's spouse (if any)			
If pledgor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)		SCHEDULE E(J)
The Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule E(J): 1 Page
2 FILER NAME Amy L. Mitchell	A	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of Ioan 7 Name of lender ut-of-state PA	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	State; Zip Code	10 Interest rate 11 Maturity date
12 Lender's Principal Occupation	13 Lender's Job Title	
14 Lender's Employer/Law Firm	15 Law Firm of lender's spo	use (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral none	Check if perso account (See I	nal funds were deposited into political instructions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's	spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		··.
ATTACH ADDITIONAL COPIES If lender is out-of-state PAC, please see instru		

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/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Nanas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

credit Card Payment	The Instruction Guide explains how to o	complete this form.		
Total pages Schedule F1: 2 page	2 FILER NAME Amy L. Mitchell		3 Filer ID (Ethio	s Commission Filers
Date 8/26/2022	5 Payee name IACTX		I	
Amount (\$) 1,000.00	7 Payee address; 706 Overdell Dr.	City; Sugar Land,	State; TX	Zip Code 77479
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	(a) Description cha	ritable donation -	sponsorship
	(b) 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
Date	Payee name			
Amount \$	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, 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;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed et 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	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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

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/Memorials 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 Content on the Content of the Co

Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F2:1 2 FILER	R NAME Amy L. Mitchell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UI	NPAID INCURRED OBLI	GATIONS	\$
5 Date 6 Payee	name		
7 Amount (\$) 8 Payer	e address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
	ory (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF			
EXPENDITURE	Complete	Charlett A	
(c)	Check if travel outside of Texas. Complete		stin, TX, officeholder living expense
10 Complete ONLY if direct Cal expenditure to benefit C/OH	ndidate / Officeholder name	Office sought	Office held
Date Payee	e name	NAME OF THE OWNER OW	
	e address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
Catego	ory (See Categories listed at the top of this s	schedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete	e Schedule T. Check if At	ustin, TX, officeholder living expense
Complete ONLY if direct Car	ndidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Turde / Sincerial		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	ages Schedule F3; 1 Page	
2	FILER NAME	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 Cod	 e
		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; Zip Code	•
		Description of investment				
		Amount of investment (\$)				
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Fees Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME Amy L. Mitchell 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 1 Page \$ 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name City; State; Zip Code 7 Amount (\$) 8 Pavee address: Political Non-Political TYPE OF EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 10 Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct expenditure

to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Page Amy L. Mitchell 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code Reimbursement from political contributions ntended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name			
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code	Э
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Check if Austin, TX, of Office sought	ficeholder living expense Office held	
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended.	Payee address;	City;	State; Zip Code	Э
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 Austin, TX, off	iceholder living expense	
Complete ONLY if direct expenditure 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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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 Other (enter a category not listed above)

Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services Salaries The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule H: Page	2 FILER NAME Amy L. Mitchell	Andrew Allen Control Manager Advanced Control Control	3 Filer ID (Ethics Commission Filers
Date	5 Business name		
3 Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See Categories listed at the top of thi schedule)	s (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name	Annual Park Control of the State Control of the Sta	
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EAFENDITURE	Check if travel outside of Texas, Complete Schedule T	Check if Austin,	, TX, officeholder living expense
		Office sought	Office held

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		-			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (S information req	ee instructions reg uired.)	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 (Se required.)	ee instructions regarding	type of information		
Date	Payee name		3.1000000000000000000000000000000000000			
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e 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 (Se required.)	ee instructions regarding	type of information		
2507						

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 1 Page		
2 FILER NAME	FILER NAME Amy L. Mitchell 3 Filer ID (Ethics				
4 Date 12/31.2022	5 Name of person from whom amount is received Amegy Bank		8 Amount \$2.21		
		state; Zip Code exas 77479			
	7 Purpose for which amount is received: Interest Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; S	State; Zip Code			
	Purpose for which amount is received Check if p	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; S	itate; Zip Code			
	Purpose for which amount is received Check if I	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 SCHEDULE AS NEEDED					

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; City; 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; City; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; Zip Code City; State; LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; 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
The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M: 1 Page
2 FILER NAME Amy L. Mitchell	3 Filer ID (Ethics Commission Filers)
Description of Asset	•
Description of Asset	
Description of Asset	·
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S 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 Amy	FILER NAME Amy L. Mitchell		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	/ Corporation	or Labor	Organization / Pledge	or / Payee		
5 Contribution / Expend	ditura raparta	l on:				
S Contribution / Expend						
Schedule A2	Sch	edule B	Schedule B(J)) Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel	tes of travel 7 Name of person(s) traveling					
	8 Departure city or name of departure location					
					1	
	9 Destinat	ion city o	r name of destination	location		
10 Means of transportat	ion	11 Purp	oose of travel (including	ng name of conference,	seminar, or other event)	
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	diture reported	on:				
Cabadula A2	□ Sch	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule A2						
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling						
	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)					seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s) traveling			
	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)			seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)						
3	SIGNA	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	A	CAMPAIGN FUNDS						
	Chec	k 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 filin 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							
	Chec	k 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 understate 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						
5	OFFIC	EHOLDER						
5		plete 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 of 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						

JUDICIAL CANDIDATE / OFFICEHOLDER

FORM JC/OH 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: 20		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS Amy NICKNAME LAST Mitchell	L. SUFFIX	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 3206 E. Autumn Run Circle, Sugar				
5 CANDIDATE/ OFFICEHOLDER PHONE	(281) PHONE NUMBER 281-300-7323	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Mary NICKNAME LAST Duff-Drozd	E SUFFIX	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 210 Main Street	SUITE #: CITY; Richmond	STATE; ZIP CODE Texas 77469		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 281-341-1718	EXTENSION			
9 REPORT TYPE	January 15 30th day before a 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THRO	DUGH Nonth Day 12/31/2022	Year		
11 ELECTION	Month Day Year Primary 11/06/2018 X General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	Judge of Fort Bend C	County Court at Law #4		
GO TO PAGE 2					