### JUDICIAL CANDIDATE / OFFICEHOLDER

#### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (	Guide	explains	how to c	omplet	te this form	1 Fi	ler ID (Ethic	s Commission Filers)	<b>2</b> To	tal pages file	ed: 20
3 CANDIDATE /	MS	/MRS/MR		F	IRST			MI		OFFICI	E USE ONLY
OFFICEHOLDER NAME	M	Is	1.7		Amy			L.			L USE ONE!
	NICI	KNAME LAS	ST					SUFFIX	Date R	eceived	
				Mi	itchell						
	ADD	RESS / PO	BOX; A	PT / SUI	ΓE #;	CITY;	STA	TE; ZIP CODE			
	320	06 E. A	utumn F	Run C	ircle, Sug	ar Land,	TX 774	79			
	AREA								1::::::::::::::::::::::::::::::::::::::	Ł.	IUL 15 2025 RCI
5 CANDIDATE/ OFFICEHOLDER	AREO			PHONE N			EXT	ENSION	Date H	and-delivered	or Date Postmarked
PHONE			) 28	31-300	)-7323				Receipt	#	Amount \$
6 CAMPAIGN		IRS / MR		FIE	ST			MI	- 1000,		
TREASURER NAME		. Mary l	E					**	Date Pr	ocessed	
NAME	NICKR	AME			*			SUFFIX	Date Im	aged	
			D	ouff-D	rozd				Date in	agou	
7 CAMPAIGN TREASURER	STREET RESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
ADDRESS (Residence or Business)	210	) Main	Street			) :::::: j	Richmor	nd	Texas		77469
8 CAMPAIGN TREASURER	AREÂDE PHONE NUMBER						EXT	ENSION			
PHONE	281 ) 281-341-1718										
9 REPORT TYPE		January 1	15		30th day befo	re election		Runoff		15th day af treasurer a (Officeholde	
	X	July 15			8th day befo	re election		Exceeded Modified Reporting Limit			rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year			I			Month Day Year			
COVERED		/01/202	5		Th	IROUGH		7/1/2025			
11 ELECTION		ELEC DATE						ELECTION PE Other			
	Month	Day Year					Primary Bunof	Description			
	1	11/06/20	018		X Gen	eral	Special				
12 OFFICE	OFFIC	CE HELD (if	any)				13 0	FFICE SOUGHT (if know	wn)		
							Juc	dge of Fort Bend	County C	ourt at Lav	w #4
					G	то ра	GE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Cathy P. Contu

#### FORM JC/OH COVER SHEET PG 2

TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  \$ 0.00  4. TOTAL POLITICAL EXPENDITURES  COMMITTEES ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 0.00  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES  \$ 0.00  4. TOTAL POLITICAL EXPENDITURES  \$ 200.00  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	4 JC/OH NAME			15 F	Filer ID (Ethics Commission Filers)
Additional Pages  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ 0.00  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 1,769.44	16 NOTICE COMMITTEE(S) FROM	OR CONSE	DATE / OFFICEHOLDE	R. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA	TE'S OR OFFICEHOLDER'S KNOWLEDGE
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TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00  4. TOTAL POLITICAL EXPENDITURES \$200.00  CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$1,769.44		2.			\$ 0.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$1,769.44		3.	TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$ 0.00
BALANCE S. TOTAL FORTING PERIOD \$1,769.44		4.	TOTAL POLITICA	AL EXPENDITURES	\$200.00
OUTSTANDING					\$1,769.44
LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 0.00	OUTSTANDING LOAN TOTALS				\$ 0.00
	NOTARY Notary	PUBLIC, STATE OF	TEXAS 314	information required to be re	ported by me under Title 15
# CRYPIN CATLINED CALIFFEE IN	AEEIV NOTARV S	STAMP / SEAL ABO	OVE	Amy I Mitchell on the Day of January	

Cathy P. Carle Notary

## SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

9 FILER	NAME Amy L. Mitchell	20 Filer ID (Ethics Commission Filers)
	EDULE SUBTOTALS E 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. 'X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$200.00
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 CONTRIBUTIONS	\$0.00
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$.08

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

Ţ	he Instruction Guide explains he	ow to complete this		1 Total pages Schedule A(J)1: 1 page
2 FILER NAME Am	y L. Mitchell			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC ID	)#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Contributor's princip	L pal occupation		9 Contributor's job title	
10 Contributor's empl	oyer/law firm		11 Law firm of contributor's spo	ouse (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 Code	
Contributor's prin	Cipal occupation		Contributor's job title	
Contributor's emp	oloyer/law firm		Law firm of contributor's spo	ouse (if any)
If contributor is a c	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 Code	
Contributor's princ	cipal occupation		Contributor's job title	
Contributor's empl	loyer/law firm		Law firm of contributor's spo	ouse (if any)
If contributor is a c	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

	The Instruction Guide explains how to complete this form.		Total pages Schedu	le A2: 1 Page
2 FILER NAME	Amy L. Mitchell		3 Filer ID (Ethics Com	mission Filers)
4 TOTAL OF U	NITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsic	de of Texas. Complete Schedule T.
10 Principal occup	ation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer	OR NON-JUDICIAL)(Se	e Instructions)
12 Contributor's pr	incipal occupation (FOR JUDICIAL)	13 Contributo	s job title (FOR JUDICIAL	L) (See Instructions)
	nployer/law firm (FOR JUDICIAL) child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm o	contributor's spouse (if an	ny) (FOR JUDICIAL)
Date	Full name of contributor out-of-state PAC (ID#:		G o	9 000
	Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occup	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	OR NON-JUDICIAL)(See	e Instructions)
Contributor's p	rincipal occupation (FOR JUDICIAL)	Contributo	job title (FOR JUDICIAL	.) (See Instructions)
Contributor's e	mployer/law firm (FOR JUDICIAL)		Law firm of contributor's	spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	E AS NEEDED	

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

# PLEDGED CONTRIBUTIONS (JUDICIAL)

### SCHEDULE B(J)

т.	he Instruction Guide explain	s how to complete this fa		1	Total pages Sche	edule B(J): 1 Page
2 FILER NAME A		3	Filer ID (Ethics C	Commission Filers)		
4 TOTAL OF U	JNITEMIZED PLEDGES	\$				
5 Date	6 Full name of pledgor out-of-s (ID#:	tate PAC		8	Amount of Pledge \$	9 In-kind contribution description
	City; 7 Pledgor address;	State;	Zip Code		Check if travel ou	itside of Texas. Complete Schedule T.
10 Pledgor's princip	pal occupation		11 Pledgor's job	title		
12 Pledgor's employ	er/law firm		13 Law firm of ple	edgor's	spouse (if any)	
14 If pledgor is a ch	ild, law firm of parent(s) (if any)				0	
Date	Pledgor address;	City; Stat	e; Zip Code		Amount of Pledge \$	In-kind contribution description
Pledgor's princip			Pledgor's job t	title		
Pledgor's employ	yer/law firm		Law firm of ple	edgor's	spouse (if any)	
If pledgor is a chi	ild, law firm of parent(s) (if any)					
Date	Full name of pledgor	out-of-state PAC (ID#:	)		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Stat	e; Zip Code			
Pledgor's principa	al occupation		Pledgor's job t	title	⊒s∵neck if fravel ou	tside of Texas. Complete Schedule T
Pledgor's employ	/er/law firm		Law firm of ple	edgor's	spouse (if any)	
If pledgor is a chi	ild, 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 In	struction Guide explains	how to complete this	form.			1 Total pages Schedule E(J): 1 Page
? FIL	LER NAME Amy L. N	<b>ditchell</b>					3 Filer ID (Ethics Commission Filers)
TO	TAL OF UNITEN	MIZED LOANS					\$
Da	ite of loan	7 Name of lender	out-of-state PAC	(ID#:			9 Loan Amount (\$)
a f	lender inancial stitution?	8 Lender address;	City; Sta	te;		Zip Code	10 Interest rate
	YN						11 Maturity date
2 Len	der's Principal Occu	pation		13 Le	ender's Jo	ob Title	
4 Ler	4 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (i				f lender's spouse (if	any)	
6 If	lender is a child, law	v firm of parent(s) (if any)					
7	Description of Col	lateral		18		Check if person account (See Inc	al funds were deposited into political structions)
	19 GUARANTOR INFORMATION	20 Name of guarantor					22 Amount Guaranteed (\$)
		21 Guarantor address;	City; Stat	e;		Zip Code	
	not applicable						
3 Gua	arantor's Principal O	ccupation		<b>24</b> G	uarantor's	s Job Title	
<b>5</b> Gua	arantor's Employer/L	aw Firm		26	aw Firm	of guarantor's spous	se (if any)
. <b>7</b> If g	uarantor is a child, la	aw 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Con Credit Card Payment	nmittee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/	e Contract Labor	Travel In District Travel Out Of District Other (enter a category	y not listed above)
4. Tatal assess Cabact to 54. 0 asses			The Instruction Guide expla	ains now to con	npiete this form.		
1 Total pages Schedule F1: 2 page	2 FI	LER NAM	ME Amy L. Mitchell			3 Filer ID (Eth	ics Commission Filers)
4 Date 1/6/2025	<b>5</b> Pay	ee name	Exchange Club of Sugar Land				
6 Amount (\$) 50.00		ee addre Sugar G	ss; krove, Suite 100		City; Sugar Land,	State; TX	Zip Code 77479
8 PURPOSE OF EXPENDITURE	sche	dule)	e Categories listed at the top of this onations Made By Candidate		(a) Description	charitable donation	
	(b)		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / 0	Officeholder name		Office sought		Office held
Date 04/07/2025	Pa	yee nam	e Exchange Club of Sugar Land				
Amount \$50.00	Pay	ee addre	ess; 4800 Sugar Grove, Suite 100		City; Sugar Land	d State; TX	Zip Code 77479
PURPOSE O F EXPENDITURE	.11.		See Categories listed at the top of this scheo s/Donations Made By Candidate	dule)	Description Donation	on	
	- ::		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / C	Officeholder name		Office sought		Office held
Date 2/4/25	Pay	ee name	Lee Shuchart Campaign				
Amount (\$) 100	8 Pay	ee addre	ss;7930 N. Wellington Court,		City; Houston	State; TX	Zip Code 77055
PURPOSE O F		-	See Categories listed at the top of this sched //Donations Made By Candidate	dule)	Description Campai	ign Donation	
EXPENDITURE							
			Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / 0	Officeholder name		Office sought		Office held
**					77		

# POLITICAL EXPENDITURES MADE F1 FROM POLITICAL CONTRIBUTIONS

#### **SCHEDULE**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense\ Legal Services

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

Other (enter a category not listed above)

Credit Card Paymen

	The Instruction Guide explains how to complete thi	s torm.	
Total pages Schedule F1: 2	FILER NAME Amy L. Mitchell		Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
8 PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Donation	
	Check if travel outside of Texas. Complete	Schedule Check if Austin	n, TX, officeholder living expense T.
9 Complete ONLY if direct expenditure to benefit C/OF		ce held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zi	p Code
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office	ce held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zi	p Code
PURPOSE O F EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office	ce held	

### **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 Gitt/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/Political Cor	mmittee Legal	The fact of the Author				
Total pages Schedule F2:	2 FILER NAME Ar	The Instruction Guide ex ny L. Mitchell	tplains now to comp	Diete this form.	3 Filer ID (Ethics Co	ommission Filers)
TOTAL OF UNITEMIZE	D UNPAID INCUF	RRED OBLIGATIONS			\$	
Date	6 Payee name					
Amount (\$)	8 Payee address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Political			
	(a) Category (See Cat	egories listed at the top of this so	chedule) (I	) Description		
PURPOSE OF						
EXPENDITURE	(c) Check	if travel outside of Texas. Compl	lete Schedule T.	Check if A	Austin, TX, officeholder livin	g expense
				waht	Office h	eld
O Complete ONLY if direct expenditure to benefit C/OH  Date	Candidate / ·	Officeholder name	Office so	ogni	Office	eu
expenditure to benefit C/OH		Officeholder name	Office so	City;	State;	Zip Code
expenditure to benefit C/OH  Date	Payee name	Officeholder name	Office so			
expenditure to benefit C/OH  Date  Amount (\$)	Payee name	Officeholder name	Office so			
expenditure to benefit C/OH  Date	Payee name	Officeholder name	Office so	City;		
Date Amount (\$)	Payee name Payee address; Political	Officeholder name	Non-Political	City;		
expenditure to benefit C/OH  Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name Payee address; Political		Non-Political	City;		
Date Amount (\$)  TYPE OF EXPENDITURE  PURPOSE	Payee name Payee address;  Political  Category (See Ca		Non-Political	City;		Zip Code
EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Payee address;  Political  Category (See Ca	stegories listed at the top of this s	Non-Political	City; Description	State;	Zip Code
Date  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Payee address;  Political  Category (See Ca	itegories listed at the top of this s	Non-Political schedule)	City; Description	State; Check if Austin, TX, office	Zip Code
EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Payee address;  Political  Category (See Ca	itegories listed at the top of this s	Non-Political schedule)	City; Description	State; Check if Austin, TX, office	Zip Code
EXPENDITURE  PURPOSE OF EXPENDITURE	Payee name Payee address;  Political  Category (See Ca	itegories listed at the top of this s	Non-Political schedule)	City; Description	State; Check if Austin, TX, office	Zip Code

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	<b>1</b> To			
2 FILER NA	ME Amy L. Mitchell	3 File	er ID (Ethics Commission F	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				
	S Amount (investment (f))				
	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				
	Description of investment				
	Description of investment  Amount of investment (\$)				

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide explai  2 FILER NAME Amy L. Mitchell	ins how to complete this form.	3 Filer ID (Ethics Commission Filers)
1 Page	The first of the f		3 Filer ID (Etnics Commission Filers)
4 TOTAL OF UNITEMIZE	D EXPENDITURES CHARGED TO A CRE	DIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	City; 8 Payee address;		State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non- Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b)Description	
	(c) Check if travel outside of Texas. Complete So	ichedule T. Check if A	Austin, TX, officeholder living expense
10 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
TYPE OF Expenditure	Political	Non-	
PURPOSE OF	Category (See Categories listed at the top of this schedu	lule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete S	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
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NI	EEDED

## 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 Committe

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
Other (setze extractly not listed above)

edit Card Payment	The Instruction Guide explains how to	complete this form.				
Total pages Schedule G: 1 Page	2 FILER NAME Amy L. Mitchell		3 Filer ID (Ethics Co	ommission Filers)		
Date	5 Payee name					
Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE O F	(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 Austin,	TX, officeholder living exper	se		
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		
Reimbursement from political contributions intended						
PURPOSE O F	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, officeholder living expe	nse		
Complete ONLY if direct xpenditure 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 O F	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, officeholder 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Political Credit Card Payment	l Committee	Legal Services  The Instruction Guid	Salaries/Wages/de explains how to com	Contract Labor	Other (enter a categor	ry not listed above)
1 Total pages Schedule H: 1 Page	2 FILER N	AME Amy L. Mitchell			3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	<b>7</b> Business a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a)Categor schedule	y (See Categories listed at t )	the top of this (	b) Description		
	(c)	Check if travel outside of Texas. Co	complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Offi	ce sought		Office held
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE O F EXPENDITURE	Catego	y (See Categories listed at the top of t	this schedule)	Description		
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Off	fice sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE O F EXPENDITURE	Category	(See Categories listed at the top of th	nis schedule)	Description		
En Ellollolle		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH		officeholder name	Offic	ce sought		Office held

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE

	The Instruction Guide explains how to con	nplete this form.	
1 Total pages Schedule I: 1 Page	2 FILER NAME Amy L. Mitchell		3 Filer ID (Ethics 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 (Se information req	e instructions regarding type of uired.)
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
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

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

#### SCHEDULE K

ı	he Instruction Guide explains how to complete this form.		1 Total pages Sched	dule K: 1 Page
2 FILER NA	ME Amy L. Mitchell		3 Filer ID (Ethics Co	ommission Filers)
<b>4</b> Date 6/30/23	5 Name of person from whom amount is received Amegy Bank			8 Amount \$1.18
	6 Address of person from whom amount is received; City; 3400 Avenue H, Rosen		state; Zip Code exas 77479	
	7 Purpose for which amount is received: Interest		Check if political contribut	I
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received; City;	S	tate; Zip Code	
	Purpose for which amount is received		Check if political contribut	I lion returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received; City;	Sta	ate; Zip Code	
	Purpose for which amount is received		Check if political contribut	I ion returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received; City;	Si	tate; Zip Code	
	Purpose for which amount is received		Check if political contribut	ion returned to filer

### **OUTSTANDING LOANS**

#### SCHEDULE L

The	Instruction Guide explains how to complete this form.	1. То	otal pages Schedule L: 1 Page
2 FILER NAME A	my L. Mitchell	<b>3</b> F	Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender		
	5 Lender address;	City;	State; Zip Code
	6 Name of guarantor		
GUARANTOR INFORMATION	7 Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
	Name of guarantor		
GUARANTOR INFORMATION	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
	Name of guarantor		
GUARANTOR INFORMATION	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address;	City;	State; Zip Code

#### **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					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					
Description of Asset					

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

#### SCHEDULE T

	The Ins	struction Guide expla	ins how to complete	this form	n.	1.1	otal pages Schedule T:	1 Page	
2	2 FILER NAME Amy L. Mitchell			<b>3</b> F	3 Filer ID (Ethics Commission Filers)				
4	Name of Contributor / Co	orporation or Labor Organi	zation / Pledgor / Payee						
5	Contibution / Expenditure	e reported on:							
	Schedule A2	Schedule B	Schedule B(J)		Schedule C2		Schedule D		Schedule F1
		Schedule F4	Schedule G	Г	Schedule H	[	Schedule COH-UC		Schedule B-SS
6	Dates of travel	7 Name of person(s) traveling							
		8 Departure city or name of departure location							
		9 Destination city or s	name of destination location	on					
10	Means of transportation		11 Purpose of trave	el (includi	ng name of confe	erence, se	minar, or other event)	-: .:::	
	Name of Contributor / Co	rporation or Labor Organi	zation / Pledgor / Payee						
	Contribution / Expenditur	re reported on:							
•	Schedule A2	Schedule B	Schedule B(J)		Schedule C2		Schedule D		Schedule F1
	Schedule F2	Schedule F4	Schedule G		Schedule H		Schedule COH-UC		Schedule B-SS
1	Dates of travel	Name of person(s) traveling							
		Departure city or na	ame of departure location	1					
		Destination city or r	name of destination location	on					
	Means of transport	ation	Purpose of trave	el (includi	ng name of confe	erence, se	minar, or other event)		
	Name of Contributor / Co	rporation or Labor Organi	zation / Pledgor / Payee						
-	Contribution / Expenditure	a reported on:			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
	Contribution/ Experialtal	Schedule B	Schedule B(J)		chedule C2		Schedule D		Schedule F1
		Schedule F4	Schedule G		chedule 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 r	name of destination location	n					
	Means of transports	ation	Purpose of trave	el (includi	ng name of confe	erence, se	minar, or other event)		
						NA.			
		ATTACH A	DDITIONAL COPIE	SOFT	HIS SCHEDU	JLE AS	NEEDED		

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

C/OH NA	ME	2 Filer ID (Ethics Commission Filers)
SIGNAT	URE	
ing a re	expect any further political contributions or political expenditures in connection with port as a final report terminates my campaign treasurer appointment. I also understations or make any campaign expenditures without a campaign treasurer appointme	and that I may not accept any campaign
		Signature of Candidate / Officeholder
FILER •Complete	WHO IS NOT AN OFFICEHOLDER  A & B below <i>only</i> if you are not an officeholder. ❖	
Α.	CAMPAIGN FUNDS	
Check	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 portion of convert unexpended political contributions or unexpended interest or income expended use. I also understand that I must file an annual report of unexpended contribution contributions or unexpended interest or income earned on political contributions lo report. Further, I understand that I must dispose of unexpended political contribution earned on political contributions in accordance with the requirements of Election Contributions.	earned on political contributions to personants and that I may not retain unexpended onger than six years after filing this final ons and unexpended interest or income
В.	ASSETS	
Check	only one:	
	I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.
	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or of personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	ther income from political contributions to
		Signature of Candidate
	OFFICE-HOLDER	
<ul> <li>Complete</li> </ul>	this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholde on file. I am also aware that I will be required to file reports of unexpended contrib as an officeholder, I retain political contributions, interest or other income from political contributions.	outions if, after filing the last required report
	political contributions or interest or other income from political contributions.	