CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY					
NAME	Mr. Micheal C					
	NICKNAME LAST SUFFIX					
	Franco					
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
OFFICEHOLDER	3905 S. Gail Ave Monahans TX 79756					
MAILING						
ADDRESS						
Change of Address	AREA CODE PHONE NUMBER EXTENSION Date Headershipped At Date Programmer Lead					
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION Date Hand delivered on Date Postmarked					
OFFICEHOLDER PHONE	(432)894-6267					
	MS / MRS / MR FIRST MI Receipt # Land Amount's g					
6 CAMPAIGN TREASURER	Nietzel C					
NAME	DUELN					
	Date Imaged					
	Franco STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; ZIP CODE					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE), APT / SOITE #,					
ADDRESS	3905 S. Gail Ave Monahans TX 79756					
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
TREASURER						
PHONE	(432) 894-6267					
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15 Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit					
10 PERIOD	Month Day Year Month Day Year					
COVERED	01 / 06 /2024 THROUGH 02 / 04 / 2024					
11 ELECTION	ELECTION DATE ELECTION TYPE					
1, 222011014	Primary Runoff Other					
	Month Day Year Description					
	03 / 05 /2024 General Special ————————————————————————————————————					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	Ward County Sheriff					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,363.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
	1//10)
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	v :
(4) ACC-I		
(1) Affidavit		
1		
NOTARY STAMP/SEA		Ah n
Sworn to and subscribed	before me by Michael C. Franco this the	J - day of Jelmany.
nii	which, witness my hand and seal of office.	Ú
LOHN House	in a Corna Hawkins Ch	jef Deputy Clerk
Signature of officer administe		Title of officer administering oath
and Marie Services	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is	(city)	state) (zip code) (country)
Foresidad in	(60,600)	state) (zip code) (country)
Executed in	County, State of , on the day of (mont	
	Signature of Candi	date/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

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 Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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:	2 FILER Michea	NAME I C Franco			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGED	TOACRE	EDIT CARD	\$	
5 Date 01/19/2024	6 Payee Crazy	_{name} /cheappoliticalsigns.c	com			
7 Amount (\$) 592.34	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor Advert	y (See Categories listed at the top of this ing	s schedule)	(b) Description		
ZXI ZIIZII ZII	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ididate / Officeholder name	Of	fice sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE	Catego	ry (See Categories listed at the top of the	nis schedule)	Description		
OF EXPENDITURE						
×		Check if travel outside of Texas. Comple	ete Schedule T.	Check if A	austin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	0	ffice sought	Office h	neld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking **Event Expense** Transportation Equipment & Related Expense Office Overhead/Rental Expense Travel In District Food/Reverage Expense Consulting Expense Polling Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Total pages Schedule G: Micheal C Franco 5 Payee name 4 Date 01/08/2024 amazon.com 7 Payee address; State: Zip Code Amount (\$) City; 25.38 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 01/17/2024 amazon.com State: Zip Code Amount (\$) Payee address; City: 27.60 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/19/2024 pens.com Payee address; Zip Code State; City; Amount (\$) 325.55 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Other (enter a category	not listed above)			
1 Total pages Schedule G:	2 FILER NAME Micheal C Franco	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
01/24/2024	amazon.com						
6 Amount (\$) 40.09 Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Event Expense						
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
01/25/2024	orientaltrading.com						
Amount (\$) 131.53 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code			
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	Event Expense						
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
01/26/2024	amazon.com						
Amount (\$) 121.82 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE	Event Expense						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED				

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	ical Committee Legal Services Salaries/Wages/Contract Labor				Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	s how to co	omplete	this form.			
1 Total pages Schedule G:	2 FILER NA	C Franco				3 Filer ID (Eth	ics Cor	mmission Filers)
4 Date	5 Payee nar	me						
01/26/2024	amazon.	com						
6 Amount (\$) 52.20 Reimbursement from political contributions intended	7 Payee ad				City;	State	r;	Zip Code
8 PURPOSE OF		(See Categories listed at the top of this so	chedule)	(b) Des	scription			
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin	, TX, officeholder livin	ig exper	se
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	late / Officeholder name		Office s	ought		Off	ice held
Date 02/04/2024	Payee na	ne nzon.com						
Amount (\$) 46.74 Reimbursement from political contributions intended	Payee ad	dress;			City;	State	: ;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so	chedule)	De	scription			
		Check if travel outside of Texas. Complete Sci	hedule T.		Check if Austin	n, TX, officeholder livi	ng expe	nse
Complete ONLY if direct expenditure to benefit C/0		date / Officeholder name		Office s	sought		Of	fice held
Date	Payee na	me						
Amount (\$)	Payee ad	dress;			City;	State;		Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	De	scription			
		Check if travel outside of Texas. Complete Sci	hedule T.		Check if Austir	n, TX, officeholder livi	ng expe	nse
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office s	sought		Of	fice held
	ATT	ACH ADDITIONAL COPIES O	F THIS SC	CHEDU	LE AS NEE	DED		