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		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO I	PAGE 2	



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this form. 3 Fder ID (Ethics Commission Fders) 2 FILER NAME Mikely Partiles 4 Date 7 Amount of contribution (S) G Contributor eddress. City: State, Zip Code 1,000 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Qui-of-state PAC (IOs Amount of contribution (S) Emina Brown City; State, Zip Code 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-ct-state_PAC_tiDs_____ Date Amount of contribution (S) State, Zip Code Contributor address, City: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor _____ aut-of-state PAC (ID8_____ Amount of contribution (\$) State, Zip Code Contributor address, City: Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 20 Filer ID (Ethics Commission Filers) 19 FILER NAME SUBTOTAL 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE s 2,100 SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS 1. SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0 2 SCHEDULE B. PLEDGED CONTRIBUTIONS 0 3. SCHEDULE E' LOANS 0 4. 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1,250 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS s () 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD S. SVI.IS 9. SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS s C 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 50 11. SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 20

TO FILER

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750 00	8 Payee address. Pa Bax 2513	Cunrue Ty	77305	State,	Zip Code
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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
Actuary Revolung
Corcusting Expense
Commissions Donations Made By
Candidate Orice/holder/Potical Commission
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Gift Awards Marronals Caponso
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction C.	
	The Instruction Guide explains how to complete this f	orm.
C/OH NAME	"Complete only if "Report Type" on page 1 is marked "Fi	nal Report**
MILL	u Patilo	2 Filer ID (Ethics Commission Filers)
designating a	ct any further political contributions or political expenditures in connection with a report as a final report terminates my campaign treasurer appointment. I also intributions or make any campaign expenditures without a campaign freasurer of the contributions	understand that I may not accept any
	HO IS NOT AN OFFICEHOLDER to A & B below only if you are not an officeholder. **	
A. C	AMPAIGN FUNDS	
	not have unexpended contributions or unexpended interest or income earned have unexpended contributions or unexpended interest or income earned from p nay not convert unexpended political contributions or unexpended interest or income earned from poersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political continuity final report. Further, I understand that I must dispose of unexpended political continuity for income earned on political continuitions in accordance with the required interest or income earned on political continuitions in accordance with the required	political contributions. I understand that I income earned on political contributions to ad contributions and that I may not retain contributions longer than six years after political contributions and unexpended
B. Check	ASSETS only one: I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.
	I do retain assets purchased with political contributions or interest or other incom that I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with porrequirements of Election Code, § 254.204.	other income from political contributions to
The second second	CEHOLDER nglote this section only if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an officeholder will be a made aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as
		Signature of Officeholder

CANDID	ATE / OF GN FINAN	FICEHOLDER ICE REPORT	La constant	FORM C/OH COVER SHEET PG 1	
		ow to complete this form.	1 Filer ID (Erics Commission Flors		
3 CANDIDATE/ OFFICEHOLDE NAME	MS / MRS / MR	Nikill Patillo	SUFFIX SUFFIX TY STATE: ZP COOP	APR 2 8 2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	91115 16	ra St Beaument	Tx 77705	Date Hand-delivered or Date Postsus and	
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8 CAMPAIGN TREASURER PHONE	(409)	391-9331	EXTENSION		
9 REPORT TYPE	July 15	30th day fallent til		16et cay after campaign treasume appointment (Officeholder Only) Tinal Report (Attach C/OH - FR)	
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NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTH THE CANDIDATE / OFFX CONSENT CANDIDATES	CE OF POLITICAL CONTRIBUTIONS A CEMOLDER. THESE EXPENDITURES I AND OFFICEHOLDERS ARE REQUIRED.	ACCEPTED OR POLITICAL EXPENDITUR MAY HAVE BEEN MADE INTRODUCTHE SED TO REPORT THIS INFORMATION ON	res made by political committees to supple E Candidite's or Officeholder's knowledge Ly if they receive nonge of such expenditur	ORT OR RES.
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Revised 11/15/2022



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18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all info
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME	20 Feler ID (Ethics Com	mission Filura)
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1. 7 SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS		\$ 936
2 SCHEDULE A2: NON MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$
3. SCHEDULE B: PLEOGED CONTRIBUTIONS		S
4: SCHEDULE E: LOANS		S
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	S
6 SCHEDULE F2. UNPAID INCURRED OBLIGATIONS		52,464 64
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	S
8 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	S
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF CIOH	S
II. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	S
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	TRIBUTIONS RETURNED	S

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mitelle	Patillo		7 Amount of contribution (\$)	
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4-24-23	6 Contributor address: City.	State; Zip Code	di.	
			8736	
8 Principal occ	2145 Nova St Penament Tx 77	9 Employer (See Instr	uctions)	
Instructo		IPVA		
Date	Full name of contributor		Amount of contribution (\$)	
1-24-23	Kathy Zummo Gontributor address; Chy.			
24 93	Contributor address; City;	State: Zip Code	\$ 200	
	3705 St. James Blud Beaum	ont To 77705		
trepreneur		Zummo pres	Conjuny	
Date	Full name of contributor	G (IDIF	Amount of contribution (\$)	
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rincipal occupat	tion / Job title (See Instructions)	Employer (See Inst	ructions)	
ste	Full name of contributor out-of-state PA	C (IO#:	Amount of contribution (\$	
	Contributor address; City;	State; Zip Code		
	n / Job title (See Instructions)	Employer (See Ins		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Forms provided by Teras Ethics Commission

www.ethics.state.tx.us

Revised 11 15 2022

CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO	INCURRED OBLIGATIONS		SCHEDULE F2
If the reques	ted information is net applicable. DO NOT inc	clude this page in the re	port.
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The second district of	NITEMIZED UNPAID INCURRED OBLIG	BATIONS	\$ 1250.00
5 Date	6 Payou name		
7 Amount (\$)	Mikilu Patillo	City:	State; Zip Code
1250.00	2145 Nora St Beaum	ont Tx 77205	
9 TYPE OF EXPENDITURE	Political [Non-Political	
10	(a) Galagory (See Categories listed at the top of this s	schedute) (b) Description	
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Revised 11 15 2022

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2	CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY
_	NAME	no MSL II	
		ins mule	Filer ID
		NICKNAME LAST SUFFIX	Date Received CO
		Patillo	200 3
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
	MAILING		
	ADDRESS		
		2442 1 2	Date Hard de vered or Postmarked
		2145 Norast Beaumont Tx 77705	
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Recei 1# Amount\$
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		(401) 55D-1943	Date Processed
5	OFFICE		Date Imaged
	HELD (if any)		,
6	OFFICE		Reconstruction of the second o
	SOUGHT	D'an 0 1 4 0 11 12 11	
	(if known)	BISD Board Trustee At Varge	
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX
		Ms Krustal	Dackson
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
(1	residence or business)	9476 Arkansas St Braumont Tx	77707
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
	TREASURER PHONE		
	FIIONE	(409) 291-9331	
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.
		I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
		I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
		Mattle 2 Signature of Candidate	-7-2023 Date Signed



CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME Mikelle 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING **CHOOSING MODIFIED REPORTING DECLARATION** •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) • Candidates for the office of state chair of a political party may NOT choose modified reporting. .. I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report. 'ear of election(s) or election cycle to which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php