CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed: 10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (MR) FIRST: Michael P. MI SUFFIX NICKNAME: "Mike" LAST: Wolfe	**OFFICE USE ONLY**

OFFICE USE ONLY

Date Received OCT 28 2024 PM4:43

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: P.O. Box 316 APT / SUITE #; CITY; STATE; ZIP CODE Baytown, TX 77522

Date Hand-delivered or Date Postmarked
OCT 28 2024 PM4:44

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713) PHONE NUMBER 907-0326 EXTENSION

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Joella A. MI SUFFIX NICKNAME: LAST: Linker

Date Processed 10/28/24
Date Imaged 10/29/24

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 10855 Eagle Dr. #228 APT / SUITE #; CITY: Baytown STATE: TX ZIP CODE 77523

8 CAMPAIGN TREASURER PHONE	AREA CODE (512) PHONE NUMBER 566-9942 EXTENSION

9 REPORT TYPE	☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
	☐ July 15	☑ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month 9 / Day 27 / Year 2024 THROUGH Month 10 / Day 26 / Year 2024

11 ELECTION	ELECTION DATE Month 11 / Day 5 / Year 24	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known) Mayor of Baytown, TX

14 NOTICE FROM POLITICAL COMMITTEE(S)

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 TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Michael Price "Mike" Wolfe	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	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)	$ 4,775.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 7,909.13
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 60.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE   I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _Michael Price "Mike" Wolfe_ and my date of birth is ████████

My address is _7447 Eastpoint Blvd. #5103_ _Baytown_ _TX_ _77521_ _USA_
                        (street)   (city)   (state) (zip code) (country)

Executed in _Harris_ County, State of _TX_ , on the _26_ day of _October_, 20 _24_
                                                    (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME Michael Price "Mike" Wolfe

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. [✓]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$4,775.00
2. [ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. [ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. [ ]	SCHEDULE E: LOANS	$
5. [✓]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$5,008.68
6. [ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. [ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. [ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. [✓]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$2,900.45
10. [ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. [ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. [ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 2

2 FILER NAME Michael Price "Mike" Wolfe	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/14/24	Shelley Sekula Gibbs	$200.00
	6 Contributor address: ▓▓▓▓▓▓ cove TX City; State; Zip Code The Woodlands, 77380	

8 Principal occupation / Job title (See Instructions) Retired	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/15/24	Shannon Brinkley	$750.00
	Contributor address: ▓▓▓▓▓▓ City; State; Zip Code Highlands, TX 77562	

Principal occupation / Job title (See Instructions) Businessman	Employer (See Instructions) Self-Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/15/24	Candiss Wells	$1,000.00
	Contributor address: ▓▓▓▓▓▓ City; State; Zip Code Baytown, TX 77520	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/21/24	Rodger Brogdon	$2,500.00
	Contributor address: ▓▓▓▓▓▓ City; State; Zip Code Houston, TX 77086	

Principal occupation / Job title (See Instructions) Businessman	Employer (See Instructions) Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME Michael Price "Mike" Wolfe

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:____)	7 Amount of contribution ($)
10/15/24	Phyllis Hildenbrand	$200.00
	6 Contributor address: City: State: Zip Code ▮▮▮ Baytown, TX 77520	
8 Principal occupation / Job title (See Instructions) Retired	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
10/15/24	Donald Aikey	$100.00
	Contributor address: City: State: Zip Code ▮▮▮ Baytown, TX 77520	
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
10/15/24	Aiden Moore	$25.00
	Contributor address: City: State: Zip Code ▮▮▮ Baytown, TX 77523	
Principal occupation / Job title (See Instructions) Student	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)
	Contributor address: City: State: Zip Code	
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.

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Michael Price "Mike" Wolfe	3 Filer ID (Ethics Commission Filers)

4 Date 10/2/24	5 Payee name Council For National Policy

6 Amount ($) $292.00	7 Payee address; 444 North Capitol St. NW Suite 830 Washington, D.C. 20001	City;	State;	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation by Candidate	(b) Description Donation

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/16/24	Payee name United States Postal Service

Amount ($) $170.00	Payee address; 475 L'Enfant Plaza SW, Room 4012,	City;	State; Washington D.C	Zip Code 20260-2200

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Office Overhead

☐ 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 10/15/24	Payee name Henry Dibrell & Associates

Amount ($) $2,100.00	Payee address; 4203 Glade Shadow Court Katy, TX 77494	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Advertising

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Michael Price "Mike" M06	3 Filer ID (Ethics Commission Filers)

4 Date 10/21/24	5 Payee name Aiden Moore

6 Amount ($) $90.00	7 Payee address; 10527 Langston Dr. City; Baytown, State; TX Zip Code 77523

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Contract Labor

(c) ☐ Check if travel outside of Texas. Complete Schedule T   ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date 10/21/24	Payee name Paypal Inc.

Amount ($) $74.75	Payee address; 2211 N. 1st. St. City; San Jose, State; CA Zip Code 95131

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Fees	Description Fees

☐ 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 10/14/24	Payee name Paypal Inc

Amount ($) $5.98	Payee address; 2211 N. 1st St. City; San Jose, State; CA Zip Code 95131

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Fees	Description Fees

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Michael Price "Mike" Wolfe	3 Filer ID (Ethics Commission Filers)

4 Date 10/26/24	5 Payee name Henry Dibrell & Associates

6 Amount ($) $556.00	7 Payee address: 4203 Glade Shadow Court	City; Katy, TX	State;	Zip Code 77494

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Advertising

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/26/24	Payee name Michael Wolfe

Amount ($) $1,719.95	Payee address: P.O. Box 316 Baytown, TX	City;	State;	Zip Code 77522

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Reimbursement	Description Reimbursement of Political Expenditures

☐ 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 ($)	Payee 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/OH	Candidate / Officeholder name	Office sought	Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Michael Price "Mike" Wolfe	3 Filer ID (Ethics Commission Filers)

4 Date 10/8/24

5 Payee name El Toro Mexican Restaurant

6 Amount ($) $970.00
☑ Reimbursement from political contributions intended

7 Payee address: 5810 Garth Rd.
City: Baytown State: TX Zip Code: 77521

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) Event Expense
(b) Description Deposit

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 10/7/24

Payee name El Toro Mexican Restaurant

Amount ($) $654.00
☑ Reimbursement from political contributions intended

Payee address: 5810 Garth Rd.
City: Baytown State: TX Zip Code: 77521

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Event Expense
Description Deposit

☐ 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

Date 10/11/24

Payee name Home Depot

Amount ($) $302.79
☑ Reimbursement from political contributions intended

Payee address: 4915 Garth Rd.
City: Baytown State: TX Zip Code: 77521

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Other
Description Stakes and Supplies

☐ 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

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2024

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
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Michael Price "Mike" Wolfe	3 Filer ID (Ethics Commission Filers)

4 Date 10/12/24	5 Payee name Home Depot		
6 Amount ($) $203.62 ☐ Reimbursement from political contributions intended	7 Payee address: 4915 Garth Rd.	City; Baytown	State; TX	Zip Code 77521

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Stakes
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 10/13/24	Payee name Home Depot		
Amount ($) $233.04 ☑ Reimbursement from political contributions intended	Payee address: 507 Marina Bay Dr.	City; Kemah	State; TX	Zip Code 77565

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Stakes
	☐ 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 10/26/24	Payee name Aiden Moore		
Amount ($) $530.00 ☑ Reimbursement from political contributions intended	Payee address: 10527 Langston Dr.	City; Baytown	State; TX	Zip Code 77523

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract Labor
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED