

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: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR**

FIRST **Michael** MI **P.**

NICKNAME **"Mike"** LAST **Wolfe** SUFFIX

OFFICE USE ONLY

Date Received

OCT 7 2024 PM 12:18

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

**P.O. Box 316
Baytown TX 77527**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 907-0326

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MS**

FIRST **Joella** MI **A.**

NICKNAME **Linker** LAST SUFFIX

Receipt #

Amount \$

Date Processed

10/7/24

Date Imaged

10/8/24

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

10855 Eagle Dr. Baytown TX #228 77525

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 566-9942

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 Day Year Month Day Year
7/29/2024 THROUGH 9/26/2024

11 ELECTION

ELECTION DATE

Month Day Year
11/5/24

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 P. "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)	\$ <u>6,385.38</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,631.32</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>293.68</u>
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 P. "Mike" Wolfe and my date of birth is [REDACTED]

My address is 7447 Eastpoint Blvd, Baytown, TX 77521 USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX #9103, on the 7 day of October, 2024
(month) (year)

Michael P. Wolfe
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME
Michael P. "Mike" Wolfe

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,625.⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,760.³²</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,331.³²</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>300.⁰⁰</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> 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: <u>2</u>
2 FILER NAME <u>Michael P. "Mike" Wolfe</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>8/8/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Donald + Rita Summers</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address: _____ City: _____ State: <u>Spring TX</u> Zip Code: <u>77379</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>8/9/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Eugene + Joan Tulich</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address: _____ City: _____ State: <u>Spring TX</u> Zip Code: <u>77379</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>8/9/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>The Cweren Law Firm, PLLC</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>Houston TX 77098</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>8/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kathy Haigler</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>Dale TX 78616</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		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.

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: <u>2</u>
2 FILER NAME <u>Michael P. "Mike" Wolfe</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/6/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Candiss Wells</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>
6 Contributor address: _____ City: <u>Baytown TX</u> State: _____ Zip Code: <u>77520</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>9/7/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>J. Fallin</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address: _____ City: _____ State: _____ Zip Code: <u>Baytown, TX 77520</u>		
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions) <u>Self-Employed</u>
Date <u>9/8/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Clinton Davidson</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address: _____ City: _____ State: _____ Zip Code: <u>League City, TX 77520</u>		
Principal occupation / Job title (See Instructions) <u>Ombudsman</u>		Employer (See Instructions) <u>Texas Attorney General</u>
Date <u>9/23/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Gambol Golden</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address: _____ City: _____ State: _____ Zip Code: <u>Baytown TX 77520</u>		
Principal occupation / Job title (See Instructions) <u>Businesswoman</u>		Employer (See Instructions) <u>Self-Employed</u>

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

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 A2. 1	
2 FILER NAME <i>Michael P. "Mike" Wolfe</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/9/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gregory Degeyter</i>	8 Amount of Contribution \$ <i>\$811.00</i>	9 In-kind contribution description <i>Social Media</i>
7 Contributor address: City: State: Zip Code <i>7918 Prestwood Dr #4 Houston TX 77036</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self-Employed</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <i>8/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gregory Degeyter</i>	Amount of Contribution \$ <i>\$1,948.00</i>	In-kind contribution description <i>Social Media</i>
7 Contributor address: City: State: Zip Code <i>7918 Prestwood #4 Houston TX 77036</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self-Employed</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 P. "Mike" Wolfe 3 Filer ID (Ethics Commission Filers)

4 Date: 8/12/24 5 Payee name: 512 New Media

6 Amount (\$): \$1,244.88 Payee address: 5959 Richmond Ave. Suite 310 City: HERKSTEN State: TX Zip Code: 77057

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Advertising Expense (b) Description: Social Media
 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: 8/20/24 Payee name: Hilton Nashville Airport

Amount (\$): \$214.09 Payee address: 2200 Elm Hill Pike Nashville TN City: 37214 State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Travel Out of District Description: Hotel
 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: 9/7/24 Payee name: Henry Dibrell & Associates

Amount (\$): \$595.00 Payee address: 4203 Glade Shadow Court Katy TX City: 77494 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	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 P. "Mike" Walker		Filer ID (Ethics Commission Filers)
4 Date 9/12/24	5 Payee name Devine Promotions & Printing LLC		
6 Amount (\$) \$297.00	7 Payee address; City; State; Zip Code 5411 Brookgreen, Suite B Houston TX 77017		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Vehicle Magnets	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/6/24	Payee name Texas Right to Life		
Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. Box 36560 Houston TX 77236-9902		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/6/24	Payee name Texas Values		
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 830 Austin TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Conference	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 P. "Mike" Wolfe	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/24	5 Payee name Hilton Garden Inn Austin North	
6 Amount (\$) \$94.10	7 Payee address: 12400 North IH-35 Building C AUSTIN TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Hotel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/24	Payee name El Toro Mexican Restaurant		
Amount (\$) \$300.00	Payee address: 5810 Gaerth Rd. Baytown TX 77521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Deposit	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/24	Payee name Council for National Policy		
Amount (\$) \$292.00	Payee address: 444 North Capitol St. NW, Suite 830 Washington DC 20001		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by Candidate	Description Donation	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Michael P. "Mike" Wade</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/30/24</i>	5 Payee name <i>Paypal Inc.</i>	
6 Amount (\$) <i>\$1.50</i>	7 Payee address; City: State: Zip Code <i>2211 N. 1st St. San Jose, CA 95131</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/8/24</i>	Payee name <i>Paypal Inc.</i>	
Amount (\$) <i>\$1.50</i>	Payee address; City: State: Zip Code <i>2211 N. 1st St. San Jose, CA 95131</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <i>FEES</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>9/23/24</i>	Payee name <i>Paypal Inc.</i>	
Amount (\$) <i>\$1.25</i>	Payee address; City: State: Zip Code <i>2211 N. 1st St. San Jose, CA 95131</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>Michael P. "Mike" Wolfe</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/5/24</i>	5 Payee name 8588 Katy Freeway <i>Harris County GOP</i>	
6 Amount (\$) <i>\$300.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>8588 Katy Freeway, Suite 445</i> <i>Houston TX 77024</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Donation by Candidate</i>	<i>Sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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 T: <u>1</u>
2 FILER NAME <u>Michael P. "Mike" Wolfe</u>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Payee: Hilton Nashville Airport</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel <u>8/17/24</u> to <u>8/21/24</u>	7 Name of person(s) traveling <u>Mike Wolfe</u>	
	8 Departure city or name of departure location <u>Baytown, TX</u>	
9 Destination city or name of destination location <u>Nashville, TN</u>		
10 Means of transportation <u>Vehicle</u>	11 Purpose of travel (including name of conference, seminar, or other event) <u>Pat Boone Endorsement - Grand Ole Opry</u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED