# APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

L INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICAT	ED AS OPTIONAL	Failure to provi	de required	information	may result in re	jection of applicatio
APPLICATION FOR A PLACE ON THE Ke			of Trust	<u>ce</u> GENER	AL ELECTIO	N BALLOT
TO: City Secretary/Secretary of Board	(name of e				I	
I request that my name be placed on the above-named o					llow.	
OFFICE SOUGHT (Include any place number or other disti	^		NDICATE T	EKINI		
Keller Board of Trustee	Place 1		X.J <sub>FULL</sub>		UNEXPIRE	
FULL NAME (First, Middle, Last)		PRINT NAME AS	S YOU WAN	II II IU APP	EAR ON THE B	ALLOT
Micah, Stearns Young		Mical	h )	lound		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Bo) o		PUBLIC MAILIN				h you receive
you do not have a residence address, describe location of residence	.)	campaign related	corresponde	nce, if availar	ole)	
CITY Spanish Bay DI	JP .	CITY	and the same of		STATE	ZIP
		Ci, i			SIAIL	
5110	76248					
	ON (Do not leave	•	E OF BIRTH	1	NUMBER <sup>2</sup> (Op	FRATION VUID
	Associate				HOWBER (OF	Libriary
TELEPHONE CONTACT INFORMATION (Optional)	зиле дать	2009 112				
Home: Office:				Cell:		
FELONY CONVICTION STATUS (You MUST check one)		F CONTINUOUS	RESIDENCE		THIS APPLICATION	ON WAS SWORN
I have not been finally convicted of a felony.	IN TH	E STATE OF TEX	(AS	IN TERRITO	RY/DISTRICT/P	RECINCT FROM
I have been finally convicted of a felony, but I have been	n	<u>40</u> year(s		WHICH THE	OFFICE SOUGH	
pardoned or otherwise released from the resulting		<u>10</u> year(s	)		<u>70,</u> y∈	ar(s)
disabilities of that felony conviction and I have provided	ľ	_O month	n(s)		6 m⋅	onth(s)
proof of this fact with the submission of this application *If using a nickname as part of your name to appear on the b.				o following	<del>1,11,111,111</del> %	. ,
my nickname does not constitute a slogan or contain a title,						
been commonly known by this nickname for at least three ye						
Election Code regarding the rules for how names may be liste	ed on the official	ballot.				
Before me, the undersigned authority, on this day personally	appeared (name	of candidate)_	Mical	h You	ny	, who
being by me here and now duly sworn, upon oath says:		_		,	- )	
"I, (name of candidate) M. Cah Young		of 1 <i>01</i>	rant		County	, Texas,
	50 Board					Constitution and
laws of the United States and of the State of Texas. I am a ci	tizen of the Unite	ed States eligible	e to hold su	ch office un	der the constitu	ition and laws of
this state. I have not been determined by a final judgment of mentally incapacitated without the right to vote. I am aware	of the nenotism	ing probate juris law Chanter St	33 Governr	nent Code	entally incapaci Lam aware tha	tated or partially
any prior felony conviction, and if so convicted, must provide	proof that I have	been pardoned	or otherwi	se released	from the result	ing disabilities of
any such final felony conviction. I am aware that knowingly						
status constitutes a Class B misdemeanor. I further swear tha	it the foregoing s	tatements inclu	ded in my a	pplication a	re in all things t	ue and correct."
	Х	1/6/000		Ma		
	Sid	GNATURE OF	ANDIDA	F Y	5	
214		7002	> .	Mice	ny	ano
Sworn to and subscribed before me this the (day)	(month)	(year		· · · · · · · · · · · · · · · · · · ·	me of candidat	
2 Miles	<b>,</b> ,	Lia		46		
Signature of Officer Authorized to Administer Oath <sup>4</sup>			<u> </u>	er Authoriz	d te Administe	r OathLIAM HILL
NOTANY Dublic				- 1		Notary ID #1327340 Ny Commission Exp
Title of Officer Authorized to Administer Oath					Ve of for	October 16, 202
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATIO	N IS ACCOMPA	NIED BY THE RE	QUIRED FI	LING FEE (	Applicable) P	AID BY:
CASH CHECK MONEY ORDER CASHIERS CHE					_ 6	
This document and \$ filing fee or a nominating	petition of	pages recei	ved.	W Voter R	egistration Sta	itus Verified
1 12412022 1 125 12022	-(Spp Sprtinn 1	007) M	270	DITTE		
Date Received Date Accepted	(See Section 1.			Officer or	Designee	
2410 110001400 2010 1.000 Prod		- 0				

# 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		OFFIC	CE USE ONLY
	NAME	Micah 5		Filer ID #	
		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP C	FIX	Date Received	
		Toung			
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIPC	CODE		
	ADDITEGO	7624	18	Date Hand-deliver	ed or Postmarked
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	F	Receipt#	Amount \$
		(832) 776-7175	ī	Date Processed	
5	OFFICE HELD (if any)		C	Date Imaged	
6	OFFICE SOUGHT (if known)	Keller ISO Bourd of Trustees	, Pla	ie 1	
7	CAMPAIGN TREASURER NAME	MS/MRS/GB FIRST MI NICKNAME Rudy Littler		LAST	SUFFIX
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS: APT/SUITE #; CITY;	7	STATE:	ZIP CODE 76748
(	residence or business)				
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION			
	TREASURER PHONE	(469) 431-3076			
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of t	he Texa	as Govern	ment Code.
		I am aware of my responsibility to file timely repo the Election Code.	rts as re	equired b	y title 15 of
		I am aware of the restrictions in title 15 of the Electrom corporations and labor organizations.  Signature of Candidate		de on con	tributions
		GO TO PAGE 2			

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Mical Young
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• 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 \$940 in political contributions or make more than \$940 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.
	Year of election(s) or election cycle to which declaration applies  Signature of Candidate  Signature of Candidate

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 <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST <b>Micah</b>	MI S	OFFICE	USE ONLY
NAME	NICKNAME	Young	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	h Bay Dr, Keller, T	CITY; STATE; ZIP CODE  TX 76248		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	PHONE NUMBER 431-3076	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST <b>Rudy</b>	MI	Receipt #	Amount \$
NAME				Date Processed	
	NICKNAME	Littler	SUFFiX	Date imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / S , Keller, TX 76248		STATE;	ZiP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (469 )	рноме мимвек 431-3076	EXTENSION		
9 REPORT TYPE	January 15	30th day before	[	treasurer ap (Officeholde	r Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1	/ 1 / 22	тнкоидн 3	/ 28 / 22	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Manth Day	Primary	Runoff		
	Month Day	Year	Description	Bd	
	5 / 7	/ 22 General	Special Local School	Board	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Keller ISD Board		Place 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES NESS MAY HAVE BEEN MADE WITHOUT THE CAN.  RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

)-04-2003 (00000-de-200-400	The state of the s	14.4
15 C/OH NAME Micah Young	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)	\$ 13,555.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,555.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,997.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,997.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 855 <b>21.00</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	s 0.00
ł –	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	nd correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
\$1.50		
	Signature of Cardio	date of Officeholder
	organica of ognical	U Sillosifoldor
( )		
	Please complete either option below:	
	DEBORAH L ROWAN Notary Public, State of Texas My Commission Expires May 19, 2025 NOTARY ID 12530502-5	
(1) Affidavit	May 19, 2025 NOTARY ID 12530502-5	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by Micah Young this the	1 day of April.
Albach	which, witness my hand and seal of office. Rowan Deborah Rowan	Secretary
Signature of officer administe	· · · · · · · · · · · · · · · · · · ·	Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
-		
	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candidate	/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

	FILER NAME icah Young	20 Filer ID (Ethics Com	nmiss	ion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,555.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	4,997.38
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 FUI	NDS	\$	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 CO	ONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	0.00

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6
2 FILER NAME Micah You	ng		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Micah Young	(ID#)	7 Amount of contribution (\$)
02/07/2022	6 Contributor address; City; 1521 Spanish Bay Dr, Kelle	State; Zip Code er, TX 76248	5,000.00
8 Principal occu Agent, Real E	1 - 1	9 Employer (See Instructi BHHS	ons)
Date	Full name of contributor out-of-state PAC Micah Young	(ID#:)	Amount of contribution (\$)
02/27/2022	Contributor address; City; 1521 Spanish Bay Drive, Ke	State; Zip Code	10.00
Principal occup Agent, Real E	eation / Job title (See Instructions) State	Employer (See Instruction BHHS	ons)
Date 02/27/2022	Full name of contributor out-of-state PAC Cliff Donnelly	(ID#)	Amount of contribution (\$)
0212112022	Contributor address; City; UNKNOWN	State; Zip Code	200.00
Principal occup unknown	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
03/03/2022	Contributor address; City; 4925 Harrell Street, North Richland	State; Zip Code	25.00
Principal occup Agent, Real E	state [See Instructions]	Employer (See Instruction BHHS	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

	· · · · · · · · · · · · · · · · · · ·		•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Micah You	ng		3 Filer (D (Ethics Commission Filers)
4 Date	John Miliara	C (ID#:)	7 Amount of contribution (\$)
03/04/2022	6 Contributor address; City; 2333 Florence Rd, Keller	State; Zip Code	500.00
8 Principal occu unknown	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (1D#:)	Amount of contribution (\$)
03/05/0222	Contributor address; City; 1709 Joyner Rd, Keller	State; Zip Code	2,500.00
Principal occup Media Consul	pation / Job title (See Instructions)	Employer (See Instruct Mercury Radio Arts	ions)
Date	Full name of contributor out-of-state PA Shannon Dubberly	C (ID#)	Amount of contribution (\$)
03/05/2022	Contributor address; City; 2119 Alma Drive Keller	State; Zip Code	250.00
Principal occup IT Project Mar	nation / Job title (See Instructions)	Employer (See Instruct Balfour Beatty	ions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
03/05/2022	Contributor address; City; 6103 Hunter Lane, Colley\	State; Zip Code	500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OE THIS SCHEDI II E AS N	EEDED
	If contributor is out-of-state PAC, please see Insti		

## SCHEDULE A1

ii tiic requee	ted information is not applicable, be	, 110 i iii		
The	Instruction Guide explains how to com	plete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Micah Your	ng			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-	-of-state PAC	C (ID#)	7 Amount of contribution (\$)
03/08/2022	6 Contributor address; Cit 4916 Bob Wills Drive F		State; Zip Code	50.00
8 Principal occur unemployed	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor out	-of-state PAC	C (ID#)	Amount of contribution (\$)
03/08/2022	Contributor address; Ci	<sub>ty:</sub> Kelle	State; Zip Code er TX 76248	250.00
Principal occup unknown	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor out-	of-state PAC	C (ID#)	Amount of contribution (\$)
03/08/2022	Contributor address; Cit 720 Richmond Ln K	•	State; Zip Code TX 76248	250.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	dons)
Date	Full name of contributor out-	-of-slate PAC	: (ID#)	Amount of contribution (\$)
03/09/2022	Contributor address; City		State; Zip Code	200.00
	1508 New Castle Road	South	,	
Commerical R	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL		OF THIS SCHEDULE AS Nuction guide for additional r	

## SCHEDULE A1

Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1:
ng		3 Filer ID (Ethics Commission Filers)
Paul Alvarado		7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code	50.00
		tions)
	Vanderlande Industri	•
	ite PAC (ID#)	Amount of contribution (\$)
	1	50.00
	, ,	30.00
ation / Job title (See Instructions)	Employer (See Instruct	ions)
	te PAC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	20.00
ation / Job title (See Instructions)	Employer (See Instruct	ions)
	te PAC (ID#:)	Amount of contribution (\$)
	State; Zip Code	250.00
13 Jamie Ct Trophy C	lub, TX 76262	
ation / Job title (See Instructions)	Employer (See Instructi	ions)
ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED
	5 Full name of contributor Paul Alvarado 6 Contributor address; City; 221 Redwood Court Ke  upation / Job title (See Instructions) //elopment Manager  Full name of contributor  Zach Smith  Contributor address; City; 4133 Drexmore Rd Ke  pation / Job title (See Instructions)  Full name of contributor  Contributor address; City; 7812 Baywood Court North Rice  pation / Job title (See Instructions)  Full name of contributor  Glyn Smith  Contributor address; City; 13 Jamie Ct Trophy Contain / Job title (See Instructions)	5 Full name of contributor Paul Alvarado 6 Contributor address; City; State: Zip Code 221 Redwood Court Keller TX 76248  upation / Job title (See Instructions) Velopment Manager  Full name of contributor  Zach Smith  Contributor address; City; State: Zip Code 4133 Drexmore Rd Keller TX 76244  pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Underlande Industrictions  Out-of-state PAC (ID#:  The pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#:  The pation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  Out-of-state PAC (ID#:  State: Zip Code  TRIL name of contributor  Out-of-state PAC (ID#:  State: Zip Code  TRIL name of contributor  Out-of-state PAC (ID#:  State: Zip Code  TRIL name of contributor  Out-of-state PAC (ID#:  The pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)

## SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6
2 FILER NAME Micah You	ng		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Christopher Steele	C (ID#)	7 Amount of contribution (\$)
03/21/2022	6 Contributor address; City; 108 Churchill Court Southla	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct Self Employed	ions)
Date	Full name of contributor out-of-state PAC Brad Matheidas	(ID#)	Amount of contribution (\$)
03/24/2022	Contributor address; City;	State; Zip Code	200.00
	511 Ironwood Drive Kelle	er TX 76248	
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Instructi Altus	ons)
Date		: (ID#)	Amount of contribution (\$)
03/24/2022	Brittany Platz  Contributor address; City;	State; Zip Code	150.00
	8216 Rio Vista Court North Richlan	nd Hills TX 76182	
Principal occup unemployed	ation / Job title (See Instructions)	Employer (See Instructi unemployed	ons)
Date	Full name of contributor out-of-state PAC  Donna Cobb	(ID#:)	Amount of contribution (\$)
03/28/2022	Contributor address; City;	State; Zip Code	2,000.00
	707 W LD Lockett RD Colley	ville TX 76034	, , , , , , , , , , , , , , , , , , , ,
Principal occup unemployed	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTAOLIABBITIONIA OOMIOO	OF THIS COURT I TAKE	
	ATTACH ADDITIONAL COPIES C	JE THIS SCHEDULE AS NE	ENEN

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

## 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: 6
FILER NAME Micah You	ng		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC Mike Colin	(ID#:)	7 Amount of contribution (\$)
3/28/2022	6 Contributor address; City;	State; Zip Code	100.00
	4508 Weyhill Drive Arlington	on TX 76013	
Principal occu	pation / Job title (See Instructions)	9 Emptoyer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
:	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (	(ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Principal occup	1		

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

## 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 Giff/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.

	The instruction dutie explains now to co	ompiete mis ioni.		
1 Total pages Schedule F1: 5	2 FILER NAME Micah Young		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
01/19/2022	Harland Clarke			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
27.55	15955 La Cantera Pkwy San Antonio,	, TX 78256		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	Check book p	urchase	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Micah S Young	(ISD Board of Trustees	Place 1	
Date	Payee name			
02/02/2022	FIVERR			
Amount (\$)	Payee address;	City;	State	Zip Code
449.85	www.fiverr.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Website Desig	gn	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Micah S Young	(ISD Board of Trustees	Place 1	
Date	Payee name			
02/07/2022	Signs on the Cheap			
Amount (\$)	Payee address;	City;	State;	Zip Code
211.09	11525A Stonehollow Dr, Suite 100 Au	ıstin, TX <b>7875</b> 8		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Sign Purchase	)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	<sup>t</sup> Micah S Young K	ISD Board of Trustees	Place 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

## 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 Event Expense Fees Food/Beverage Expense Giff/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 Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Micah Young 4 Date 5 Payee name 02/14/2022 PostNet 6 Amount (\$) 7 Payee address; City; State; Zip Code 50.88 1303 W Pipeline Rd Hurst, TX 76053 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising **Flyers** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 Payee name Date 02/22/2022 Wix.com Amount (\$) Payee address: City; State; Zip Code 188.35 500 Terry A François Blvd. San Francisco, CA 94158 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Website Design OF EXPENDITURE 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 Micah S Young KISD Board of Trustees Place 1 Payee name Date 02/28/2022 PostNet Roanoke Amount (\$) Payee address; City; State; Zip Code 1224 US -377 Roanoke, TX 76262 63.46 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Flyer Purchase OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

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: 5	2 FILER NAME Micah Young	;	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/28/2022	Staples			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
88.75	8004 Denton Hwy, Watauga, TX 761	48		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Flyers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Micah S Young	KISD Board of Trustees P	lace 1	
Date	Payee name			
03/02/2022	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
85.40				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	supplies		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	' Micah S Young	KISD Board of Trustees P	lace 1	
Date	Payee name			
02/28/2022	PostNet Roanoke 2			
Amount (\$)	Payee address;	City;	State;	Zip Code
63.46	1224 US -377 Roanoke, TX 76262			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Flyer Purchase		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Micah S Young	(ISD Board of Trustees Pl	ace 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

#### 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

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)

Ciedic Cald Paymon.	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 5	2 FILER NAME Micah Young		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/03/2022	Tiffany Taste CateringCo			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
400.00	12748 Oakvale Tr, Fort Worth, TX 76	6244		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	Micah S Young	KISD Board of Trustees	Place 1	
Date	Payee name			
03/04/2022	Edgerton Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,963.16	1540 Keller Pkwy 108 Keller, TX 762	48		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising	Signs		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	<sup>1</sup> Micah S Young	KISD Board of Trustees	Place 1	
Date	Payee name			
03/07/2022	INMS Marketing			
Amount (\$)	Payee address;	City;	State;	Zip Code
622.44	1224 US -377 Roanoke, TX 76262			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Marketing Mat	erials	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	<sup>1</sup> Micah S Young	(ISD Board of Trustees	Place 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
5	Micah Young			
4 Date	5 Payee name			
03/18/2022	JLT Trading			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
240.00	9889 Harwin DR. Houston, TX 77036	5		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Tshirts		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Micah S Young	Office sought KISD Board of Trustees P		Office held
Date	Payee name			
03/09/2022	Edgerton Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
542.14	1540 Keller Pkwy 108 Keller, TX 762	48		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Signs/Flyers		
OF EXPENDITURE		olgher lyold		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice held
experience to benefit G/OH	Micah S Young	KISD Board of Trustees P	Place 1	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	kpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(	Office held
expenditure to benefit C/OH	Micah S Young	ISD Board of Trustees Pla	ace 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

				-		
1 Filer ID (Ethics Comm	nission Filers)	2 Total pages file	<b>i</b> :		OFFICE	USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  MR MK  NICKNAME LAST  YO	eah	MI S SUFFIX		te Received	
4 ORIGINAL REPORT TYPE	January 15 Rui	noff seeded modified reporting	Final repo	nt Dat	e Hand-delivered	or Date Postmarked
	30th day before election		Other (specify)		e Processed	Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year 1 / 1 / 22 Th	Month IROUGH 3	Day 28 / 22	Year	e Imaged	
6 EXPLANATION OF CO	DRRECTION					
Miscalculatio	on of a expenses reported.					
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that thi	s corrected re	eport is tr	ue and corr	ect.
Che	ck ONLY if applicable:					
	I reports: I swear, or affirm, that on misrepre-sent the information of			good faith	and without	an intent to
✓ date Hearn	ts: I swear, or affirm, that I am fi ed that the report as originally file the report as originally filed was	ed is inaccurate o	incomplete.			
			Signature of C	andidate/Of	Seholder	
*******	Please c	omplete eithe	r option be	low:	/ (	
NOTARY STAMP #BIS	nary Selley Commission Expires 0/2025 No. 133076990 Id before me by			12 <sup>‡</sup>	රි _ day of _ <u>/</u>	10r <sup>-</sup> /
Sworn to and subscribed	d before me by	oung	this	the	day_of/_	( <i>1) ( ) ( )</i>
20 22 to certif	y which, witness my hand and seal of of	fice.	They		Notes	Public
Signature of officer administ	tering oath Printed name	of officer administeri	ng oath		Title of office	r administering oath
		OR		4		
(2) Unsworn Declarat	ion					
My name is		ar	d my date of bir	th is		
My address is		, 0,	a my date or on			
<u></u>	(street)	· · · · · · · · · · · · · · · · · · ·	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of (n	nonth)	, 20 (year)	
			Signature of C	andidate/Of	iceholder (Dec	larant)
Remember To Atta	ach Any Part Of The Campaign	Finance Report	Form Needed	To Repo	rt And Expla	in Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST <b>Micah</b>	MI S	OFFICE	USE ONLY
NAME	NICKNAME	LAST <b>Young</b>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1521 Spanis	; APT / SUITE #; 6 h Bay Dr, Keller, T	CITY; STATE; ZIP CODE  "X 76248		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	PHONE NUMBER 431-3076	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST <b>Rudy</b>	MI	Receipt #	Amount \$
NAME	· · · · · · · · · · · · · · · · · · ·		ČUETIV	Date Processed	
	NICKNAME	Littler	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE), APT / S r, Keller, TX 76248		STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 469 )	PHONE NUMBER 431-3076	EXTENSION		
	1 1 1				
9 REPORT TYPE	January 15	30th day before e	election		fter campaign ppointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year  / 1 / 22	THROUGH 3	Day Yea / 28 / 22	
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff # Other		
	Month Day	real	Description	Board	
	5 / 7	Z2 General	Special Local School		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Keller ISD Board	•	Place 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES MS S MAY HAVE BEEN MADE WITHOUT THE CANI	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	THE TOTAL ON THE RECOGNIZATION ONLY	THE RESIDENCE TO HOE O	, acon ex electrones.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	GO TO	PAGE 2	-	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Micah Young			16 Filer ID (i	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		S S	0.00
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LC	<b>RIBUTIONS</b> DANS, OR GUARANTEES OF LOAN	<b>\$</b>	13,555.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEN	NDITURES	\$	4,996.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE I	LAST DAY \$	8,558.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	S OF THE \$	0.00
	wear, or affirm, under penalty of perjury quired to be reported by me under Title 15		true and correct	and includes all information
	Please com	nplete either option bel	ow:	
Sworn to and subscribed  20, to certify Signature of officer administer  (2) Unsworn Declaration	on	OR		y of <u>April</u> , V <del>OYary Public</del> e of officer administering oath
			1 IS	
	(street)County, State of	(city)		code) (country) 0
		Total Address Transport	ndidate/Officeholo	der (Declarant)

## **SUBTOTALS - C/OH**

	19 FILER NAME 20 Filer ID (Ethics Com			sion Filers)
M	icah Young			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	4,996.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	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 FO	JNDS	\$	0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$	0.00

## 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: 6		
2 FILER NAME Micah Your	ng		3 Filer ID (Ethics Commission Filers)		
4 Date	Micah Young	C (ID#)	7 Amount of contribution (\$)		
02/07/2022	6 Contributor address; City; 1521 Spanish Bay Dr, Kell	State; Zip Code	5,000.00		
8 Principal occu Agent, Real E	pation / Job title (See Instructions)	9 Employer (See Instruct BHHS	ions)		
Date		C (ID#)	Amount of contribution (\$)		
02/27/2022	Micah Young  Contributor address; City;  1521 Spanish Bay Drive Ke	State; Zip Code	10.00		
1521 Spanish Bay Drive, Keller TX 76248  Principal occupation / Job title (See Instructions)  Agent, Real Estate  Employer (See Instructions)  BHHS			ions)		
Date	Full name of contributor out-of-state PAI	C (ID#)	Amount of contribution (\$)		
02/27/2022	Cliff Donnelly  Contributor address; City;	State; Zip Code	200.00		
	unknown				
Principal occur unknown	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAI	G (ID#)	Amount of contribution (\$)		
03/03/2022	Jamie Storey Contributor address; City;	State; Zip Code	25.00		
	4925 Harrell Street, North Richlar	<u> </u>			
Agent, Real E	state	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst.				

## SCHEDULE A1

If the reques	ted information is not applicable, DO NO	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Micah Your	ng		3 Filer ID (Ethics Commission Filers)
4 Date	John Miliara	te PAC (ID#:)	7 Amount of contribution (\$)
03/04/2022	6 Contributor address; City; 2333 Florence Rd, Kell	State; Zip Code	500.00
8 Principal occu unknown	pation / Job title (See Instructions)	9 Employer (See Instruction unknown	tions)
Date	Robert Shelton	te PAC (ID#)	Amount of contribution (\$)
03/05/0222	Contributor address; City; 1709 Joyner Rd, Kelle	State; Zip Code	2,500.00
Principal occup Media Consul	nation / Job title (See Instructions) ting	Employer (See Instruc Mercury Radio Arts	tions)
Date	Shannon Dubberly	te PAC (ID#:)	Amount of contribution (\$)
03/05/2022	Contributor address; City; 2119 Alma Drive Kelle	State; Zip Code er TX 76248	250.00
Principal occur IT Project Mai	 pation / Job title (See Instructions) Nager	Employer (See Instruction Balfour Beatty	tions)
Date	Full name of contributor out-of-sta	ste PAC (ID#)	Amount of contribution (\$)
03/05/2022	Contributor address; City; 6103 Hunter Lane, Colle	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	stions)
	ATTACH ADDITIONAL COP If contributor is out-of-state PAC, please see	PIES OF THIS SCHEDULE AS No Instruction guide for additional	

## SCHEDULE A1

If the reques	ted information is not applicable, DO NOT	include this page in the	report.
The	Instruction Guide explains how to complete t	1 Total pages Schedule A1:	
2 FILER NAME Micah Your	ng		3 Filer ID (Ethics Commission Filers)
4 Date	Christine Molloy	PAC (ID#)	7 Amount of contribution (\$)
03/08/2022 6 Contributor address; City: State; Zip Code 4916 Bob Wills Drive Fort Worth, TX 76244			50.00
8 Principal occu unemployed	pation / Job title (See Instructions)	9 Employer (See Instruction unemployed	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
03/08/2022	Shannon Wood  Contributor address; City;  1109 Oakmont Ct, Kel	State; Zip Code	250.00
Principal occup UNKNOWN	ation / Job title (See Instructions)	Employer (See Instructunknown	tions)
Date	Full name of contributor out-of-state  Stephen Gates	PAC (ID#)	Amount of contribution (\$)
03/08/2022	Contributor address; City; 720 Richmond Ln Kelle	State; Zip Code	250.00
Principal occup unknown	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state  Kayanne Forney	PAC (ID#:)	Amount of contribution (\$)
03/09/2022	Contributor address; City;	State; Zip Code	200.00
	1508 New Castle Road Sout	thlake, 1X 76092	
Principal occup Commerical R	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIE	S OF THIS SCHEDI II E AS N	IEENEN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Micah You	ng		3 Filer ID (Ethics Commission Filers)
4 Date	Paul Alvarado	AC (ID#:)	7 Amount of contribution (\$)
03/10/2022	6 Contributor address; City; 221 Redwood Court Kelle	50.00	
	pation / Job title (See Instructions) elopment Manager	9 Employer (See Instruction Vanderlande Industri	·
Date	Full name of contributor out-of-state PAZach Smith	C (ID#)	Amount of contribution (\$)
03/10/2022	Contributor address; City; 4133 Drexmore Rd Kell	State; Zip Code er TX 76244	50.00
Principal occup Manager	ation / Job title (See Instructions)	Employer (See Instruct BNSF	ions)
Date	Haley Thor	C (ID#:)	Amount of contribution (\$)
03/10/2022	Contributor address; City; 7812 Baywood Court North Richla	State; Zip Code	20.00
Principal occup Teacher	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
03/21/2022	Contributor address; City;  13 Jamie Ct Trophy Clu	State; Zip Code b. TX 76262	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
			,
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instru		

## SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 6			
2 FILER NAME Micah Your	ng			3 Filer ID (Ethics Commission Filers)			
4 Date	Christopher Steele			7 Amount of contribution (\$)			
03/21/2022	6 Contributor address; 108 Churchill Cour	City;	State; Zip Code	1,000.00			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)				
Date	Full name of contributor  Brad Matheidas	out-of-state PAC	C (ID#)	Amount of contribution (\$)			
03/24/2022	Contributor address; 511 Ironwood Dr	city; ive Kelle	State; Zip Code er TX 76248	200.00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct Altus	tions)			
Date			C (ID#)	Amount of contribution (\$)			
03/24/2022	Contributor address;	ttany Platz  contributor address; City; State; Zip Code  16 Rio Vista Court North Richland Hills TX 76182		150.00			
Principal occup unemployed	ation / Job title (See Instructions)		Employer (See Instruction	tions)			
Date	Full name of contributor  Donna Cobb	out-of-state PA	C (ID#)	Amount of contribution (\$)			
03/28/2022	Contributor address;	City;	State; Zip Code	2,000.00			
707 W LD Lockett RD Colleyville TX 76034							
Principal occup unemployed	ation / Job title (See Instructions)		Employer (See Instruc	tions)			
			OF THIS SCHEDULE AS N				
	If contributor is out-of-state PAC,	piease see insti	ruction guide for additional i	reporung requirements.			

## SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 6		
FILER NAME Micah Your	ng			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#) Mike Colin			7 Amount of contribution (\$)		
03/28/2022	6 Contributor address;	city; State; Zip Code /e Arlington TX 76013		100.00		
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
	ATTACH ADDI	TIONAL COPIES C, please see ins	S OF THIS SCHEDULE AS truction guide for additiona	NEEDED Il reporting requirements.		

#### 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

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
Others (Author a subgroup out listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Micah Young 5 4 Date 5 Payee name 03/03/2022 Tiffany Taste CateringCo 6 Amount (\$) 7 Payee address; City: State; Zip Code 400.00 12748 Oakvale Tr, Fort Worth, TX 76244 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **Event Expense** Food OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 Payee name Date 03/04/2022 **Edgerton Strategies** City; Amount (\$) Payee address; State: Zip Code 1,963.16 1540 Keller Pkwy 108 Keller, TX 76248 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Signs EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 Payee name Date 03/07/2022 INMS Marketing Amount (\$) Payee address; City; State: Zip Code 1224 US -377 Roanoke, TX 76262 622.44 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Marketing Materials OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		/ages/Contract Labor	Travel Out Other (ent	t Of Distric	it ory not listed above)
1 Total pages Schedule F1: 5	2 FILER N Micah Yo				3 Filer I	D (Ethics	s Commission Filers)
4 Date	5 Pavee na						
02/28/2022	Staples	ine					
	<del></del>						
6 Amount (\$)	7 Payee ad	idress;		City;	5	State;	Zip Code
88.75	8004 De	enton Hwy, Watauga,	TX 761	48			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	Adverti	sina		Flyers			
OF EXPENDITURE	/ lavord	Sirig		1 Iyolo			
CAPENDITORE	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeh	older living	ј ехрелsе
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OF	Micah S	S Young	F	CISD Board of Trustees I	Place 1		
Date	Payee na	ime					
03/02/2022	Amazon						
Amount (\$)	Payee ac	ldress;		City;	S	State;	Zip Code
85.40							
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Event E	Expense		supplies			
		Check if travel outside of Texas. Complete S	chedule T,	Check if Austin,	, TX, officeh	older living	expense
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OF	' Micar	n S Young	ř	KISD Board of Trustees i	Place 1		
Date	Payee na	ame					
02/28/2022	PostNet	Roanoke 2					
Amount (\$)	Payee ac	ldress;		City;	S	state;	Zip Code
63.46	1224 US	3-377 Roanoke, TX 76	5262				
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	ing		Flyer Purchase			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeho	older living	expense
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OF	Micah	S Young	KI	ISD Board of Trustees P	lace 1		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE!	DED		

#### 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

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

Trave Trave act Labor Othe

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Micah Young 5 Payee name 4 Date 02/14/2022 PostNet Zip Code City; State: 7 Payee address; 6 Amount (\$) 1303 W Pipeline Rd Hurst, TX 76053 50.88 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **Flyers** Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH KISD Board of Trustees Place 1 Micah S Young Payee name 02/22/2022 Wix.com State: Zip Code City; Amount (\$) Payee address; 500 Terry A Francois Blvd. San Francisco, CA 94158 188.35 Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising Website Design EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH KISD Board of Trustees Place 1 Micah S Young Payee name Date 02/28/2022 PostNet Roanoke Zip Code State: Payee address; City; Amount (\$) 1224 US -377 Roanoke, TX 76262 63.46 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Flyer Purchase Advertising OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH KISD Board of Trustees Place 1 Micah S Young ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

onsulting Expense contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing	Expense   Expense s/Wages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	
redit Card Payment	The Instruction Guide explains how to	complete this form.		
	2 FILER NAME Micah Young		3 Filer ID (Ethics	s Commission Filers)
	5 Payee name			
01/19/2022 Amount (\$)	Harland Clarke 7 Payee address;	City;	State;	Zip Code
1	15955 La Cantera Pkwy San Anton	io, TX 78256		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	Check book p	urchase	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Micah S Young	KISD Board of Trustees	s Place 1	
Date	Payee name			
02/02/2022	FIVERR		Chato	Zip Code
Amount (\$)	Payee address;	City;	State;	Zip Code
449.85	www.fiverr.com			
	Category (See Categories listed at the top of this schedule)	Description	·	
PURPOSE OF EXPENDITURE	Advertising	Website Des	ign 	
EXPERIOR STATE	Check if travel outside of Texas. Complete Schedule 1	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	<sup>H</sup> Micah S Young	KISD Board of Trustee	es Place 1	
Date	Payee name			
02/07/2022	Signs on the Cheap			
Amount (\$)	Payee address;	City;	State;	Zip Code
211.09	11525A Stonehollow Dr, Suite 100	) Austin, TX 7875	58 	<u>, , , , , , , , , , , , , , , , , , , </u>
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Advertising	Sign Purchas	se 	
	Check if travel outside of Texas. Complete Schedule	T. Check if At	ustin, TX, officeholder liv	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/C	Micali o i oang	KISD Board of Trustee		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED	
	No.			Revised 8/17

## 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/Officaholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sataries/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 Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Micah Young 4 Date 5 Payee name 03/18/2022 JLT Trading Zip Code 6 Amount (\$) 7 Payee address; City; State; 240.00 9889 Harwin DR. Houston, TX 77036 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **Tshirts** Advertising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1 Payee name **Edgerton Strategies** 03/09/2022 Amount (\$) City: State: Zip Code Payee address; 542.14 1540 Keiler Pkwy 108 Keller, TX 76248 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Signs/Flyers EXPENDITURE 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 Micah S Young KISD Board of Trustees Place 1 Payee name Date Amount (\$) Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains hov	w to complete this form	1 Filer ID (Ethics Commit	ssion Filers)	2 Total pages fil	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Micah</b>	MI S		OFFICE	USE ONLY
NAIVIE	NICKNAME	LAST <b>Youn</b> g	SU	JFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; ZIP CODE 1521 Spanish Bay Dr., Keller, TX 76248					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(469 )	Extendion				or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Rudy	MI		Receipt #  Date Processed	Amount \$
INAINE	NICKNAME	ŁAST	Su	IFFIX	Date Fincessed	
		Littler		Trus	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT r., Keller, TX 762			STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 469 )	PHONE NUMBER 431-3076	EXTENSION			
	( 100 )	TO 1-001 0				
9 REPORT TYPE	January 15	30th day befo	ore election Runoff		15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before	re election Exceeded I Reporting L		Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	3	/ 29 / 22	THROUGH	4 /	27 / 22	
11 ELECTION	ELECTION DA	(TE	ELEC	TION TYPE		
	Month Day	Year Prima	-	ther escription		
	5 / 7	<b>22</b> Gene		ocal School Bo	erd	
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Keller ISD Board of Trustees Place 1					
14 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITI	ONS ACCEPTED OR POLITICAL EXPEN URES MAY HAVE BEEN MADE WITHOU EQUIRED TO REPORT THIS INFORMATIO	IT THE CANDID	ろんてにや ヘロ ヘビビルヒレヘレカ	WOR WINNE FROM AN
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	2			
	SPECIFIC	COMMITTEE CAMPAIGN 1	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Micah Young		16 Filer ID (Ethics Co	mmission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOAN     CONTRIBUTIONS MADE ELECTRONICALLY)					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	TEES OF LOANS) \$ 6	,735.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE		0.00			
	4. TOTAL POLITICAL EXPENDITURES	s 12,	153.48			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINE OF REPORTING PERIOD	ED AS OF THE LAST DAY \$ -5	418.48			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	ING LOANS AS OF THE \$	0.00			
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 Campidate or Officeholder  Please complete either option below:						
(1) Affidavit  NOTARY STAMP/SEAL		DENNIS JAMES E Notary ID #1307 My Commission E July 15, 202	41946 Expires			
20 _ ZZ_, to certify w	which, witness my hand and seal of office.  Dennis James Engles ing geth  Printed name of officer administering of		Pril.			
	or		administering data			
(2) Unsworn Declaration						
My name is	, and m	y date of birth is	<u>.</u>			
	(street)	(city) (state) (zip code)	(country)			
Executed in	County, State of, on the	_ day of, 20	,			
	Si	gnature of Candidate/Officeholder (Declar	rant)			

## SUBTOTALS - C/OH

19	FILER	ILER NAME  20 Filer ID (Ethics Co		ommission Filers)		
21		ULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$	0.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.		SCHEDULE E: LOANS				
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
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				
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				0.00	

#### 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	s form.	1 Total pages Schedule A1:		
2 FILER NAME Micah You				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Patrick Bouchebel			7 Amount of contribution (\$)		
03/29/2022	6 Contributor address; 1600 Greenhill Court	City; State; Zip Code Keller, TX 76248		250.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc Self-Employed	etions)		
Date	Full name of contributor  Jeff McClaskey	out-of-state PAC	C (ID#)	Amount of contribution (\$)		
03/29/2022	•••••••	city; Keller	State; Zip Code , TX 76248	100.00		
Principal occup General Con	pation / Job title (See Instructions)	Employer (See Instruc Self-Employed	tions)			
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#:)  Doug & Bettie Taylor		Amount of contribution (\$)			
03/30/2022	Contributor address; 4024 Vernon Way Fo	city: ort Worth,	State; Zip Code TX 76244	75.00		
Principal occup Unemployed	pation / Job title (See Instructions)		Employer (See Instruc Unemployed	tions)		
Date	Full name of contributor Nicholas Littler	out-of-state PAC	C ((D#:)	Amount of contribution (\$)		
04/02/2022 Contributor address;		Keller,	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions)  National Director			Employer (See Instructions) Samaritan's Purse			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

		_
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Micah Yo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#)  Carey Page	7 Amount of contribution (\$)
04/03/2022	6 Contributor address; City; State; Zip Code 1467 Highland Court Keller, TX 76262	100.00
8 Principal occu Unemployed	upation / Job title (See Instructions)  9	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Deverick Jordan	Amount of contribution (\$)
04/03/2022	Contributor address; City; State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#:)  Matt Swartz	Amount of contribution (\$)
04/04/2022	Contributor address; City: State; Zip Code  3260 Button Bush Drive Fort Worth, TX 76244	50.00
Principal occup Owner	pation / Job title (See Instructions)  Employer (See Instructions)  47 Roofing	ions)
Date	Full name of contributor out-of-state PAC (ID#)  Ryann Smythe	Amount of contribution (\$)
04/04/2022	Contributor address; City; State; Zip Code  1236 Robin Drive Roanoke, TX 76262	25.00
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ians)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

## SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Micah Yo			3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	James Pulliam  6 Contributor address: City;	State; Zip Code  1, TX 76247	7 Amount of contribution (\$) 25.00
8 Principal occu Project Mana	pation / Job title (See Instructions)	9 Employer (See Instruct 47 Roofing & Cons	
Date 04/04/2022	Full name of contributor out-of-state PA Kara Swallow  Contributor address; City;  3209 Mason Drive Plano, TX	State; Zip Code	Amount of contribution (\$)  25.00
Principal occup Loan Officer	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date Full name of contributor out-of-state  David Goff  Contributor address; City:		State; Zip Code	Amount of contribution (\$) 500.00
Principal occup Sales Manag	ation / Job title (See Instructions)	TX 75078  Employer (See Instructi	ons)
Date 04/04/2022	Full name of contributor  Victoria Schelbitzki  Contributor address;  City;  5612 English Oak Drive Fort Worth	State; Zip Code	Amount of contribution (\$)
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instructi Self-Employed	ons)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL F AS NE	EEDED

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

#### SCHEDULE A1

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

The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Micah You	ıng			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Joe & Kaycee Bergman	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/04/2022	<ul><li>6 Contributor address;</li><li>1513 Spanish Bay Dri</li></ul>	city; ve Kelle	State; Zip Code e <b>r, TX 76248</b>	100.00
8 Principal occu Unemployed	pation / Job title (See Instructions)		9 Employer (See Instruction	itions)
Date	Full name of contributor  Natalie Austin	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/04/2022	Contributor address; 101 Ben Payne Road	City;	State; Zip Code	200.00
Principal occupation / Job title (See Instructions)  Sales  Employer (See Instructions)  Salesforce				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/04/2022	Jennifer Banning  Contributor address:  11501 Maddie Ave F	city; ort Worth	State; Zip Code	10.00
Principal occupation / Job title (See Instructions)  Hair Dresser  Employer (See Instructions)  Self-Employed				
Date	Full name of contributor  MK & Will Austin	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/04/2022	Contributor address;  101 Ben Payne Road	City;	State: Zip Code	10.00
Principal occup General Conf	ation / Job title (See Instructions)		Employer (See Instruction DFW Improved	tions)
	ATTACH ADDITION	NAI COPIES	OF THIS SCHEDULE AS N	JEFNEN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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 FILER NAME Micah You	ıng		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Alex Harper	C (ID#:)	7 Amount of contribution (\$)
04/05/2022	6 Contributor address; City; 9204 Indian Knoll Trail Keller,	State; Zip Code	100.00
8 Principal occur Medical	pation / Job title (See Instructions)	9 Employer (See Instruct T Off Your Health	tions)
Date		C (ID#:)	Amount of contribution (\$)
04/05/2022	Ryann Kerekes  Contributor address;  City;  1019 Barbara Lane Keller, TX	State; Zip Code	20.00
Principal occur Unemployed	pation / Job title (See Instructions)	Employer (See Instruc Unemployed	tions)
Date	Full name of contributor out-of-state PA  Michelle Harmon	C (ID#:)	Amount of contribution (\$)
04/05/2022	Contributor address; City; 1501 Roxboro Lane McKinne	State; Zip Code y, TX 75071	25.00
Principal occu Teacher	Dation / Job title (See Instructions)	Employer (See Instruc Responsive Ed	tions)
Date	Full name of contributor out-of-state PA  Michelle Harmon	C (ID#:)	Amount of contribution (\$)
04/05/2022	Contributor address; City;	State; Zlp Code	10.00
Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instruc Unemployed	ctions)
			NEEDEO.
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Micah You	ung	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2022	5 Full name of contributor out-of-state PAC (ID#)  Lara Rudnick  6 Contributor address; City; State; Zip Code  1537 Hudnall Farm Road Keller, TX 76248	7 Amount of contribution (\$) 50.00
8 Principal occu Registered N	pation / Job title (See Instructions)  9	tions)
Date 04/05/2022	Chris Coker  Contributor address; City; State; Zip Code  1323 Briar Ridge Drive Keller, TX 76248	Amount of contribution (\$)
Principal occup Self	pation / Job title (See Instructions)  Employer (See Instructions)  Self	iions)
Date 04/05/2022	Full name of contributor  Josh & Paige Park  Contributor address;  City;  State;  Zip Code  9140 Hawley Dr Fort Worth, TX 76248	Amount of contribution (\$)  200.00
Principal occup VP Finance	pation / Job title (See Instructions)  Employer (See Instructions)  Square3 IT	tions)
Date 04/06/2022	Full name of contributor  Sabrina Menck  Contributor address;  City;  State; Zip Code  1317 Blue Ridge Rd Keller, TX 76248	Amount of contribution (\$)
Principal occup Unemployed	pation / Job title (See Instructions)  Employer (See Instructions)  Unemployed	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
<sup>2</sup> FILER NAME <b>Micah Yo</b>			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC ( Sabrina Menck	ID#:)	7 Amount of contribution (\$)	
04/06/2022	6 Contributor address; City; 1317 Blue Ridge Rd Keller, TX	State; Zip Code 76248	40.00	
8 Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date 04/06/2022	Heather Pearson  Contributor address; City;	State; Zip Code  TX 76248	Amount of contribution (\$)  10.00	
Principal occup GIS Manage	oation / Job title (See Instructions)	Employer (See Instruction H4 Energy Manage	•	
Date 04/06/2022	Ryan Kerekes	State; Zip Code	Amount of contribution (\$)  50.00	
	al Excellence	Employer (See Instruction M Financial	ns)	
Dete Full name of contributor out-of-state PAC (ID#:		D#:	Amount of contribution (\$)	
04/06/2022	20.00			
Principal occupation / Job title (See instructions)  Employer (See Instructions)  Functional Health Coach  Lifes Medicine				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDUI F AS NEF	DED	

SCHEDULE A1

## SCHEDULE A1

State: Zip Code   11261 Fincher Road   Argyle, TX 76226   20.00	The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
Tevon Taylor  04/06/2022  8 Principal occupation / Job title (See Instructions) Sales Master  Date  04/06/2022  Full name of contributor Contributor address; 11261 Fincher Road Principal occupation / Job title (See Instructions)  Date  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date (Date (D				3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Sales Master  Date  O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Principal occupation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Principal occupation / Job title (See Instructions)  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/06/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  City: State: Zip Code O4/07/2022  Full name of contributor Contributor address; City: State: Zip Code O4/07/2022  City: Sta		Tevon Taylor	le PAC (ID#:)	
Sales Master  Date  Date  Victoria Taylor  Contributor address; Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/06/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Date  O4/07/2022  Principal occupation / Job title (See Instructions)  Date  Date  Date  Date  Pull name of contributor O4/07/2022  Principal occupation / Job title (See Instructions)  Date  Date  Date  Pull name of contributor O4/07/2022  Principal occupation / Job title (See Instructions)  Date  Date  Date  Date  Date  Date  Date  Pull name of contributor O4/07/2022  Principal occupation / Job title (See Instructions)  Date  Da	04/06/2022	6 Contributor address; City;		20.00
Victoria Taylor  Contributor address; City; State; Zip Code 11261 Fincher Road Argyle, TX 76226  Principal occupation / Job title (See Instructions) Larry North  Date 04/06/2022  Full name of contributor Jared Tate Contributor address; City; State; Zip Code 1522 S. 1100 E Spanish Fork, UT 84660  Principal occupation / Job title (See Instructions) Sales  Date 04/07/2022  Full name of contributor Out-of-state PAC (ID#:				tions)
Contributor address; City; State; Zip Code  11261 Fincher Road Argyle, TX 76226  Principal occupation / Job title (See Instructions) Looking Pretty  Date  O4/06/2022  Full name of contributor Jared Tate  Contributor address; City; State; Zip Code 1522 S. 1100 E Spanish Fork, UT 84660  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Jared Tate  Contributor address; City; State; Zip Code 1522 S. 1100 E Spanish Fork, UT 84660  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  O4/07/2022  O4/07/2022  O4/07/2022  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code 10.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)			e PAC (ID#:)	
Looking Pretty  Date  O4/06/2022  Full name of contributor  Jared Tate  Contributor address;  1522 S. 1100 E Spanish Fork, UT 84660  Principal occupation / Job title (See Instructions)  Sales  Date  O4/07/2022  Full name of contributor  O4/07/2022  Full name of contributor  Contributor  O4/07/2022  O4/07/2022  Principal occupation / Job title (See Instructions)  Contributor address;  City; State; Zip Code  O4/07/2022  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	U4/U0/ZUZZ			30.00
O4/06/2022    Jared Tate				ions)
Contributor address; City; State; Zip Code  1522 S. 1100 E Spanish Fork, UT 84660  Principal occupation / Job title (See Instructions)  Sales  Principal occupation / Job title (See Instructions)  Date  O4/07/2022  Full name of contributor  Nathan Barron  Contributor address; City; State; Zip Code  14926 Kenton Place Lane Cypress, TX 77429  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Jared Tate		
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Nathan Barron  Contributor address; City; State; Zip Code 14926 Kenton Place Lane Cypress, TX 77429  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	04/00/2022	Contributor address; City;	State; Zip Code	50.00
04/07/2022  Nathan Barron  Contributor address; City; State; Zip Code  14926 Kenton Place Lane Cypress, TX 77429  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ation / Job title (See Instructions)		•
14926 Kenton Place Lane Cypress, TX 77429  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		out-or-state	9 FAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	04/07/2022		·	10.00
				ons)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

## 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 FILER NAME Micah You	ıng		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Stacie Barron		7 Amount of contribution (\$)
04/07/2022	6 Contributor address; City; State 14926 Kenton Place Lane Cypress, TX	e; Zip Code	40.00
8 Principal occu Unemployed		nployer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/07/2022	•••••	e; Zip Code	100.00
Principal occup Media		nployer (See Instruction Employed	ns)
Date	Full name of contributor out-of-state PAC (ID#  Howard Franques  Contributor address: City: State		Amount of contribution (\$)
04/07/2022	Contributor address; City; State 1508 Spanish Bay Drive Keller, TX	.,p	100.00
Principal occup Financial Adv		nployer (See Instructio nMobil	ns)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
04/08/2022	Allan Dewinter  Contributor address: City: State  523 Edgebrook Ave Keller, TX 762	e; Zip Code	100.00
_		nployer (See Instructio	ns)
Contracts	Norti	rop Grumman	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

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

## SCHEDULE A1

		•		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Micah Yo	ung	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#) Amy Hill	7 Amount of contribution (\$)		
04/08/2022	6 Contributor address; City; State; Zip Code 216 Bear Hollow Keller, TX 76248	20.00		
8 Principal occu CRNA	pation / Job title (See Instructions)  9	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Susan Michele Kemplay	Amount of contribution (\$)		
04/09/2022	Contributor address; City: State; Zip Code  2806 Cabernet Lane Arlington, TX 76001	100.00		
Principal occup Dire <b>ctor of Hi</b>	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)  John Jordan	Amount of contribution (\$)		
04/11/2022	Contributor address; City; State; Zip Code 6103 Hunter Lane Colleyville, TX 76034	1,000.00		
Principal occup Real Estate	cation / Job title (See Instructions)  Employer (See Instructions)  Colliers	ctions)		
Date	Full name of contributor out-of-state PAC (ID#)  Tiana Banes	Amount of contribution (\$)		
04/12/2022	Contributor address; City; State; Zip Code	10.00		
	745 W Park Ct Keller, TX 76248			
Principal occupation / Job title (See Instructions)  Sales  Employer (See Instructions)  Gemba Academy				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I			

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Micah Yo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/12/2022	6 Contributor address; City; State; Zip Code 745 W Park Ct Keller, TX 76248	10.00
8 Principal occu Unemployed	pation / Job title (See Instructions)  9 Employer (See Inst Unemployed	ructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
04/14/2022	Contributor address; City; State; Zip Code 523 Edgebrook Ave Keller, TX 76248	100.00
Principal occup Contracts	pation / Job title (See Instructions)  Employer (See Instructions)  Northrop Grumma	
Date	Full name of contributor oul-of-state PAC (ID#:	_) Amount of contribution (\$)
04/14/2022	Contributor address; City; State; Zip Code 4609 Redwood Dr. McKinney, TX 75070	100.00
Principal occup Broker	pation / Job title (See Instructions)  Employer (See Instructions)  Berkshire Hathaw	ructions) vay PenFed Realty
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
04/20/2022	Contributor address; City; State; Zip Code	100.00
	12401 Bella Angelo Ct Fort Worth, TX 76126	
Finance	pation / Job title (See Instructions)  Employer (See Instructions)  Merrill Lynch	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additions	

## SCHEDULE A1

	he Instruction Guide explains how t	o complete ti	his form.	1 Total pages Schedule A1:	
2 FILER NAM Micah Yo				3 Filer ID (Ethics Commission Filers)	
4 Date 04/20/2022	5 Full name of contributor Sara Pullen		AC (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; 8416 Parkdale Drive No	City;	State; Zip Code	40.00	
8 Principal occ Jnemployed	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date 04/22/2022	Full name of contributor  Donna Cobb	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
<i>1412212</i> 022	Contributor address; 707 W LD Lockett Rd	city; Colleyv	State; Zip Code ville, TX 76034	2,000.00	
Principal occu Jnemployed	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)	
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
			· ·		

## 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

Event Expense Fees
Food/Beverago Expense
Gift/Awards/Memorials Expense 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Micah Young		3 Filer ID (Ethic:	s Commission Filers)
4 Date 04/07/2022	5 Payee name JLT Trading			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
204.00	9889 Harwin Dr.	Houston	TX	77036
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name  Michah Young	Office sought KISD Board of Trustees Place 1		Office held
Deta		TOOL DOLLD OF THOSE STREET		
Date	Payee name			
04/07/2022	JLT Trading			
Amount (\$)	Payee address;	City;	State;	Zip Code
204.00	9889 Harwin Dr.	Houston	TX	77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX. afficeholdar tiving	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Micah Young	Office sought KISD Board of Trustees Place 1		Office held
Date	Payee name			
04/20/2022	Edgerton Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,000.00	1540 Keller Pkwy, Suite 108	Keller	TX	76248
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	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/OH	Candidate / Officeholder name  Micah Young	Office sought		Office held
			DED	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	กะก	

# 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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Renfal Expense Polling Expense Printing Expense

Printing Expense Tra Salaries/Wages/Contract Lebor Ott

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

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 Micah Young		3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name	***************************************		
04/24/2022	Axiom Strategies			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8,440.00	800 W. 47th Street, Suite 200	Kansas C	ity MO	64112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		***************************************
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Mai	ilers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Micah Young	Office sought KISD Board of Trustees Place 1	ſ	Office held
Date	Payee name Stripe			
Amount (\$)	Payee address;	City;	State;	Zip Code
205.99		San Fransi	co CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description Credit Card Proc Credit Card	essing Fees fo	or Donations by
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Micah Young	Office sought KISD Board of Trustees Place 1		Office held
Date	Payee name			
	Donorbox			
Amount (\$)	Payee address;	City;	State;	Zip Code
99.54	601 King St, Suite 200	Alexandri	a VA	22314
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Platform Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Micah Young	Office sought KISD Board of Trustees Place 1		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

# 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: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST <b>Micah</b>	MI S	OFFICE USE ONLY
NAME	NICKNAME	LAST Young	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1521 Spanis	h Bay Dr, Keller, T	CITY, STATE; ZIP CODE X 76248	
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(469 )	431-3076		Control Security Control of Security Security Security Control of
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST <b>Rudy</b>	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	THORWALL .	Littler	33.77	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	The second secon	NO PO BOX PLEASE); APT / S , <b>Keller, TX 76248</b>		STATE, ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(469 )	431-3076	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 28 / 22	THROUGH 5	Day Year / 14 / 22
11 ELECTION	Month Day  5 7	Year Primary  22 General	ELECTION TYPE  Runoff  Other Description Special  Local School	
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known Keller ISD Board	of Trustees Place 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Micah Young			16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELECT		AN	\$	0.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN	S)	\$ 5	5,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPEND	DITURES		\$ 9	,017.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY	\$	275.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS IG PERIOD	OF THE	\$	0.00
	Please comp	Signature of Co	/	or Office fold	ier
(1) Affidavit	DENNIS JAMES ENGLES Notary ID #130741946 My Commission Expires July 15, 2024				
NOTARY STAMP/SEAL	before me by Micah Yo	N 16-50 this th	. 16	day of	May
20 22, to certify	which, witness my hand and seal of office.	Language de la company de la c	e <u>7 W</u>	day of	ivicey.
Signature of officer administe	/	Sames Engles ficer administering path			er administering oath
		OR			
(2) Unsworn Declaration	on				
My name is		, and my date of birth	is		
My address is				11	
	(street)	(city)	(state) (	(zip code)	(country)
Executed in	County, State of	, on the day of (mor	nth)	_, 20 (year)	·
		Signature of Cano			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 M	FILER NAME icah Young	20 Filer ID (Ethics Co	mmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			9,017.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	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,	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00

## SCHEDULE A1

If the reques	ted information is not applicable, <b>DO NOT</b>	include this page in the	report.
The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 1
2 FILER NAME Micah You	ng		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state l	PAC (ID#)	7 Amount of contribution (\$)
04/28/2022	6 Contributor address; City; 1241 Village Tr Keller, T.		50.00
8 Principal occu None	pation / Job title (See Instructions)	9 Employer (See Instruction None	tions)
Date	Full name of contributor out-of-state to Chris Coker	PAC (ID#)	Amount of contribution (\$)
05/04/2022	Contributor address; City; 1323 Brir Ridge dr, Kell	State; Zip Code	5,000.00
Principal occup Self	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state I	PAC (ID#)	Amount of contribution (\$)
05/05/2022	Contributor address; City; 305 Woodland TRL, Kel	State; Zip Code	250.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state i	PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIE		

## 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

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 Payment	The Instruction Guide explains how to c	omplete this form.	, ,	
1 Total pages Schedule F1:	2 FILER NAME Micah Young		3 Filer ID (Ethics	Commission Filers)
4 Date 05/02/2022	5 Payee name The UPS Store			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
6.00	Keller Pkwy, Keller TX 76248			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Legal Services	Notary		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Micah S Young KISD Board of Trustees Place 1				
Date	Payee name			
05/12/2022	Axiom Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
8,440.00	800 W. 47th St, Suite 200 Kansas Cit	ty, MO 64112		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Signs/Flyers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Micah S Young	KISD Board of Trustees	Place 1	
Date	Payee name			
05/11/2022	Donor Box			
Amount (\$)	Payee address;	City;	State;	Zip Code
192.83	601 King St, Suite 200 Alexandria,	VA 22314		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Platform Fees		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Micah S Young κ	ISD Board of Trustees I	Place 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

# 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 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 Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
2	Micah Young			
4 Date	5 Payee name			
05/11/2022	Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
378.80		San Francisco	, CA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	CC Processing	g Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Micah Young	Keller ISD Board of Trustees	s Place 1	
Date ~	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
			858 (301) (30)	
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories fisted at the top of this schedule)	Description		
PURPOSE				
OF 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/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THE	S SCHEDILLE AS NEE	DED	
	ATTACH ADDITIONAL COPIES OF THIS	O OUDEDULE AO NEE	レミリ	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to comp	
	•• Complete only if "Report Type" on page 1 is ma	rked "Final Report" ••
	OH NAME	2 Filer ID (Ethics Commission Filers)
Vica	ah S Young	
3 SIG	SNATURE	
desi	o not expect any further political contributions or political expenditures in conne signating a report as a final report terminates my campaign treasurer appointme npaign contributions or make any campaign expenditures without a campaign t	ent. I also understand that I may not accept any
	ER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ci	heck only one:	
	I do not have unexpended contributions or unexpended interest or incom	e earned from political contributions.
<b>✓</b>	I have unexpended contributions or unexpended interest or income earner may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of ununexpended contributions or unexpended interest or income earned on p filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the	rest or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after ended political contributions and unexpended
В.	ASSETS	
Ch	heck only one:	
<b>V</b>	I do not retain assets purchased with political contributions or interest or	other income from political contributions.
	I do retain assets purchased with political contributions or interest or othe that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	erest or other income from political contributions to
OFF	FICEHOLDER	
•• C	Complete this section only if you are an officeholder ••	
✓	I am aware that I remain subject to filing requirements applicable to an officer file. I am also aware that I will be required to file reports of unexpended con an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	tributions if, after filing the last required report as political contributions, or assets purchased with