

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Michelle Alkhatib****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 815.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 376.70
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	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Michelle Alkhatib		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 815.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 376.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 869.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Michelle Alkhatib
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michelle Alkhatib this the 27th day of October, 2025, to certify which, witness my hand and seal of office.

Sharesa Adams Sharesa Adams Board Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

50.00

9 Employer (See Instructions)

Amount of contribution (\$)

100.00

Employer (See Instructions)

Amount of contribution (\$)

10.00

Employer (See Instructions)

Amount of contribution (\$)

50.00

Employer (See Instructions)

Revised 1/1/2025

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 15 10/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sean Lee 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Michelle Corey Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Dottie Phillips Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Judy Clay Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Cathlin Shahriary 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Laura Anderson Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Kathryn Kelley Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Ashley Martinez Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lynann Ray 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) David Stanaway Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Priscilla Decolaines Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Helen Munro Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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2 FILER NAME Michelle Alkhatib			3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2025	5 Full name of contributor Bruce Munro out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/16/2025	Full name of contributor Laura Haines out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2025	Full name of contributor Rick Ilgin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2025	Full name of contributor Bren Berry out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Gail Crossley 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Bradley Willi Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Michelle Alkhatib	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2025	5 Payee name Meta Business	
6 Amount (\$) 10.10	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Ad
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/18/2025	Payee name Meta Business	
Amount (\$) 125.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising Ad
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Cross Timbers Gazette	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2221 Justin Road, Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising Ad
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/2025		5 Payee name Donorbox			
6 Amount (\$) 41.60		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Online Donation Platform Fees		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	✓ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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