# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages fil	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS	Т	MI	OFFICE	USE ONLY
NAME	Mr. Michael		M	Date Received	
	NICKNAME LAS		SUFFIX	7	
	Driski			RECE	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2964 Golfing Green Dr F		STATE; ZIP CODE , TX 75234-4911	JUL 14	
X Change of Address			CI	SECRETA	PV'S OFFIC
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUM		EXTENSION		or Date Postmarked
PHONE	(469) 733-250	9		Julio Fiana dominio	or Bate i commande
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS		МІ	Receipt #	Amount \$
NAME	Mr. Daniel		D SUFFIX	Date Processed	
	NICKNAME LAS		SUPPIX	Date Imaged	
- 0.11011	STREET ADDRESS (NO PO BOX PLEA		CITY;	STATE,	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	NO				ZIP GODE
(Residence or Business)	2941 Ermine Way	F	armers Branch, TX 7	5234	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (651 ) 387-6630		EXTENSION		
9 REPORT TYPE		Oth day before election	Runoff  Exceeded Modified Reporting Limit	treasurer a (Officeholde	
10 PERIOD COVERED	Month Day 01 16 2	Year 2021 T	Month	Day Year / 15 / 2021	
11 ELECTION	ELECTION DATE		ELECTION TY	PE	
	Month Day Year	Primary _	Runoff Other Description		
	11 / 03 /2020	X General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if knd	own)	
	City Council - District 2				
		GO TO PAG	GE 2		

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

 JBTOTAL MOUNT
\$ 0
\$ 0
\$ 0
\$ 0
\$ 112.64
\$ 0
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2			
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)			
	el M Driskill		- File 15 (Ethics Commission File 19)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0			
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#	)	8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State; Zip Cod		Check if travel outside of Texas, complete Schedule T			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State; Zip Co		Check if travel outside of Texas, complete Schedule T			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL CODIES OF THE COLEDULE AS MEEDED						

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

#### SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Michael M Driskill TOTAL OF UNITEMIZED LOANS \$ 0 5 9 Loan Amount (\$) Date of loan 7 Name of lender out-of-state PAC (ID# 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) **16** GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID# Interest rate City; State; Zip Code Is lender Lender address; a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	2							
EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Italins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F2;	2 FILER NAME Michael M Driskill		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OB	LIGATIONS	\$ 0					
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schedule) (b) Description						
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense					
11 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					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	f this schedule) Description						
	Check if travel outside of Texas. Com	plete Schedule T Check if	Auslin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held					
	14							
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	IEEDED					

#### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Michael M Driskill 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0 5 Date 6 Payee name 8 Payee address; **7** Amount (\$) City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE 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 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount (\$) State: Pavee address: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

#### **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 Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		g Expense es/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H	2 FILER NAME Michael M Driskill		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedul					
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)			
Michae						
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
}	6 Address of person from whom amount is received; City; State; Zip Code					
	7 Purpose for which amount is received	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City, Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

## FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)					<b>2</b> Total pages filed: 7	2 Total pages filed: 7	
3 FILER NAME	MS / MRS / MR	FIRST	OFFICE USE ONLY				
	Mr.	Michae	1	M	Date Received		
	NICKNAME	LAST		SUFFIX			
		Driskill			RECEI	VED	
4 FILER ADDRESS	ADDRESS / PO BOX; AF		CITY; STATE	; ZIP CODE	INLULI	VLD	
X Change of Address	2964 Golfing Gree	en Dr Farmers Bi	ranch, TX 7523	34-4911	JUL 14	2021	
5 FILER PHONE	AREA CODE PH	HONE NUMBER	EXTEN	ISION CIT	VSECRETA	RY'S OFFIC	
	(469) 73	33-2509		_	Date Hand delivered of	Dale Postmarked	
6 REPORT TYPE					Receipt #	Amount.\$	
THE OTT THE	January 15		30th day before election	1304	Date Processed	7.50	
	X July 15		8th day before election			7 (27 1	
			Runoff		Date Imaged		
7 PERIOD COVERED	Month Day	Year			Month Day	Year	
	01 /16	2021	THROUGH	07	15	2021	
8 ELECTION	ELECTION DATE	ELECTION	I TYPE				
	Month Day 11 / 03 / 20	Year	Primary	Runoff	Other		
	11 / 03 / 20	x	General	Special	Description		
9 FILER ACTIVITY	1. Candidates	A. Supported					
(Attach lists on plain	(Identify by name or, if applicable,						
paper to complete this section if necessary.)	classify by party.)	B. Opposed					
	2 Magauras	A. Supported					
	(Describe by date and location of election and						
	nature of issue.)	B. Opposed					
	3. Officeholders						
	Assisted						
	(Identify by name or, if applicable, classify by party.)						
	·						
GO TO PAGE 2							

## SUBTOTALS - DCE

## FORM DCE COVER SHEET PG 3

FILER NAME	15	Filer ID (Ethics Co	ommis	sion Filers)
Michael M Driskill				
				SUBTOTAL AMOUNT
SCHEDULE F1: POLITICAL EXPENDITURES			\$	112.64
2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE F1: POLITICAL EXPENDITURES  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	Michael M Driskill  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE F1: POLITICAL EXPENDITURES  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	Michael M Driskill  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE F1: POLITICAL EXPENDITURES  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	Michael M Driskill  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE F1: POLITICAL EXPENDITURES  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  \$

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

				001122	
	EXPENDITURE	CATEGORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Office Overhead Polling Expense	e Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F2:	2 FILER NAME Michael M Driskill			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED	OBLIGATIONS		\$	0
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City;	State; Zip Code			
Expenditure from Corporate Funds					
9 TYPE OF EXPENDITURE	Political	Non-Political	Not Applicat	ole for Form DCE	
10	(a) Category (See Categories listed at the	he top of this schedule)	(b) Description	on	
PURPOSE OF EXPENDITURE			Check if	travel outside of Texas, Complet	e Schedule T.
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder n H	name Office	sought	Office held	L L
Date	Payee name				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from Corporate Funds			_		
TYPE OF EXPENDITURE	Political	Non-Political	Not Applica	ble for Form DCE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	he top of this schedule)	Descriptio	on f travel oulside of Texas. Complet	e Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder r H	name Office	sought	Office hel	d
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHI	EDULE AS NE	EDED	

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

#### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME Michael M Driskill					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	Corporation	or Labor O	rganization / Pledgor /	Payee		
5 Contribution / Expend	liture reported	on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F						
Schedule F2		edule F4	Schedule G	Schedule H		
	Scne	eaule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name o	f person(s)	traveling			
	8 Departu	e city or na	ame of departure location	on		
	9 Destinat	on city or r	name of destination loc	ation		
10 Means of transportati	ion	11 Purpo	se of travel (including r	name of conference, se	eminar, or other event)	
Name of Contributor	Corporation	or Labor O	rganization / Pledgor /	Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s)	traveling			
	Departu	re city or na	ame of departure locati	on		
	Destinat	ion city or I	name of destination loc	eation		
Means of transportat	ion	Purpo	se of travel (including r	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor /	Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destinat	ion city or	name of destination loc	ation		
Means of transportat	ion	Purpo	se of travel (including r	name of conference, so	eminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						