

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: <div style="text-align: center; font-size: 2em;">4</div> | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Michael | MI J | OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue;">RECEIVED IN THE OFFICE OF THE CITY CLERK</div> <div style="font-size: 1.5em; color: blue;">APR 26 2024</div> |
| | NICKNAME Courtwright | LAST | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10 Ambassador Ct, Denison TX 75020 | | | Date Hand-delivered or Date Postmarked |
| | AREA CODE PHONE NUMBER EXTENSION (903) 647-9366 | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 647-9366 | | | Receipt # Amount \$ |
| | MS / MRS / MR FIRST MI Mr Jared | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr Jared | | | Date Processed |
| | NICKNAME LAST SUFFIX Johnson | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Po Box 409, Denison, TX 75021 | | | Date Imaged |
| | AREA CODE PHONE NUMBER EXTENSION (903) 821-1810 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 821-1810 | | | Date Imaged |
| | 9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 16 / 24 THROUGH 4 / 25 / 2024 | | | 11 ELECTION |
| | ELECTION DATE Month Day Year 5 / 4 / 24 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>City Council</u> | |
| 12 OFFICE | OFFICE HELD (if any) City Council Place 1 | | 13 OFFICE SOUGHT (if known) City Council Place 1 | |
| | 14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME Denison Forward PAC | | |
| | | COMMITTEE ADDRESS 505 W. Crawford Denison, TX 75020 | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME Jim Taylor | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS 505 W. Crawford | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 C/OH NAME <i>Michael Courtright</i> | | 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 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Michael J. Courtright, and my date of birth is [REDACTED].
 My address is 10 Ambassador Ct, Denison, TX, 75020.
(street) (city) (state) (zip code) (country)
 Executed in Grayson County, State of Texas, on the 25 day of April, 20 24.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Michael Courtright

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>1704.60</i> |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Michael Courtright</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>0</u> | |
| 5 Date <u>4-4-24</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Denison Forward PAC</u> | 8 Amount of Contribution \$ <u>861.80</u> | 9 In-kind contribution description <u>Mailer</u> |
| 7 Contributor address; City; State; Zip Code <u>505 W. Crawford Denison TX 75020</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>N/A</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>N/A</u> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) <u>—</u> | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) <u>—</u> | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) <u>—</u> | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>—</u> | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>—</u> | | | |
| Date <u>4-22-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Denison Forward PAC</u> | Amount of Contribution \$ <u>842.80</u> | In-kind contribution description <u>Mailer</u> |
| Contributor address; City; State; Zip Code <u>505 W Crawford Denison TX 75020</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>N/A</u> | | Employer (FOR NON-JUDICIAL)(See Instructions) <u>N/A</u> | |
| Contributor's principal occupation (FOR JUDICIAL) <u>—</u> | | Contributor's job title (FOR JUDICIAL)(See Instructions) <u>—</u> | |
| Contributor's employer/law firm (FOR JUDICIAL) <u>—</u> | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>—</u> | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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