

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mr.</u></div> <div>FIRST <u>Larry</u></div> <div>MI <u>J.</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>mike</u></div> <div>SUFFIX <u>Jr</u></div> </div>		<b>OFFICE USE ONLY</b> <div style="border: 2px solid blue; padding: 10px; margin: 10px auto; width: 150px;"> <b>RECEIVED</b>  JUL 15 2024  BY: <u>M Vasquez</u> </div>			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address <div style="margin-top: 10px;">                 ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <u>2210 woodland oaks Dr.</u>  <u>Arlington, TX 76013</u> </div>		Date Received  Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;">                 Receipt #                   Amount \$   </div> Date Processed  Date Imaged  			
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> <div style="margin-top: 10px;">                 AREA CODE    PHONE NUMBER    EXTENSION  <u>(817) 874 6995</u> </div>		<b>6 CAMPAIGN TREASURER NAME</b> <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST <u>Yeshu</u></div> <div>MI <u>P.</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Patel</u></div> <div>SUFFIX</div> </div>			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) <div style="margin-top: 10px;">                 STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <u>2210 woodland oaks Dr, Arlington TX 76013</u> </div>					
<b>8 CAMPAIGN TREASURER PHONE</b> <div style="margin-top: 10px;">                 AREA CODE    PHONE NUMBER    EXTENSION  <u>(214) 554 2028</u> </div>		<b>9 REPORT TYPE</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
<b>10 PERIOD COVERED</b> <div style="margin-top: 10px;">                 Month    Day    Year          Month    Day    Year  <u>04</u>    <u>25</u>    <u>2024</u>    THROUGH    <u>06</u>    <u>30</u>    <u>2024</u> </div>					
<b>11 ELECTION</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                 ELECTION DATE                  Month    Day    Year                  /    /             </div> <div style="width: 60%;">                 ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special             </div> </div>		<b>12 OFFICE</b> OFFICE HELD (if any) <u>ASD School Board Trustee 3</u>			
<b>13 OFFICE SOUGHT</b> (if known)					
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Additional Pages                 </div>		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.			
<div style="display: flex; justify-content: space-between;"> <div>                 COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC             </div> <div>                 COMMITTEE NAME  <hr/>                 COMMITTEE ADDRESS  <hr/>                 COMMITTEE CAMPAIGN TREASURER NAME  <hr/>                 COMMITTEE CAMPAIGN TREASURER ADDRESS  <hr/> </div> </div>		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">GO TO PAGE 2</div>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

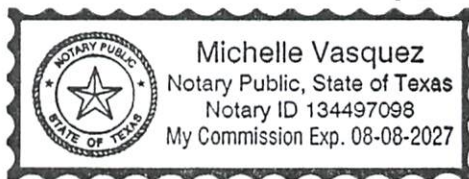
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ <u>          </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>660.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>          </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,470.57</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>581.87</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>26,336.65</u>

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]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Larry Mike this the 15 day of July, 2024, to certify which, witness my hand and seal of office.  
*[Signature]* Michelle Vasquez Coordinator  
 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)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 660
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 11,597.96
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,470.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8,597.96
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Larry J. Mike, II</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>05/01/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry J. Mike, II</i>	7 Amount of contribution (\$) <i>\$650.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Arlington, TX 76013</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney / Business owner.</i>		9 Employer (See Instructions) <i>Self-employed</i>
Date <i>05/01/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cathy Hartman</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Ft. Worth TX 76131</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>06/01/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cathy Hartman</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Ft Worth, TX 76131</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <u>Larry J. Mike, II</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/30/24</u>		5 Payee name <u>Frost Bank</u>			
6 Amount (\$) <u>\$5.00</u>		7 Payee address; City; State; Zip Code <u>5500 W. Arkansas, Ln., Arlington, Tx 76014</u>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>		(b) Description <u>Service Fee</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/30/24</u>		Payee name <u>Face book</u>			
Amount (\$) <u>\$75.00</u>		Payee address; City; State; Zip Code <u>1 Hacker way, Menlo Park, CA 94025</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Advertising</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/3/24</u>		Payee name <u>Texas Decision Intelligence</u>			
Amount (\$) <u>\$9,657.<sup>60</sup></u>		Payee address; City; State; Zip Code <u>3 Duskview Ln, Fort Worth, Tx 76134</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Advertising/Consulting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Larry J. Mike, II</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/17/24</i>		5 Payee name <i>Paige Payne</i>			
6 Amount (\$) <i>\$1,000.<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>6110 Box Hill Dr., Arlington TX 76018</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting expense</i>		(b) Description <i>Consulting</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>5/20/24</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$43.63</i>		Payee address; City; State; Zip Code <i>1 Hacker way, Menlo Park, CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description <i>Facebook Ads</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>5/31/24</i>		Payee name <i>Frost Bank</i>			
Amount (\$) <i>\$15.<sup>00</sup></i>		Payee address; City; State; Zip Code <i>5500 W. Arkansas Ln., Arlington TX 76016</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking expense</i>		Description <i>Service Fee</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Larry J. Mike, II</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/13/24</i>		5 Payee name <i>Print Factics</i>			
6 Amount (\$) <i>\$279.34</i>		7 Payee address; City; State; Zip Code <i>1137 HeathCliff Dr., Richmond, KY 40475</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>T-shirts</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>6/17/24</i>		Payee name <i>Ngucio Viet DFW News Radio.</i>			
Amount (\$) <i>\$380.00</i>		Payee address; City; State; Zip Code <i>13426 Whispering Hills Dr., Dallas TX 75243</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Radio Ad</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>6/28/24</i>		Payee name <i>Frost Bank</i>			
Amount (\$) <i>\$15</i>		Payee address; City; State; Zip Code <i>5500 Arkansas, Ln., Arlington TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking expenses</i>		Description <i>service fee</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



**LOANS****SCHEDULE E**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 E:
2 FILER NAME <span style="font-size: 1.2em; color: blue;">Larry J. Mike, II</span>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <span style="font-size: 1.2em; color: blue;">3/1/24</span>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Larry Mike, II</span>	9 Loan Amount (\$) <span style="font-size: 1.2em; color: blue;">\$3,000.00</span>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">2210 Woodland Oaks Dr.) Arlington, TX 76013</span>	10 Interest rate <span style="font-size: 1.2em; color: blue;">6.00</span>
		11 Maturity date <span style="font-size: 1.2em; color: blue;">5/4/25</span>
12 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; color: blue;">Attorney / Business owner</span>		13 Employer (See Instructions) <span style="font-size: 1.2em; color: blue;">Self employed</span>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <span style="font-size: 1.2em; color: blue;">4/25/24</span>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Yesha Patel</span>	Loan Amount (\$) <span style="font-size: 1.2em; color: blue;">\$1,000.00</span>
Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">2210 Woodland Oaks Dr.) Arlington, TX 76013</span>	Interest rate <span style="font-size: 1.2em; color: blue;">6.00</span>
		Maturity date <span style="font-size: 1.2em; color: blue;">5/4/25</span>
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; color: blue;">Attorney</span>		Employer (See Instructions) <span style="font-size: 1.2em; color: blue;">Thompson Coe</span>
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (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.



**LOANS****SCHEDULE E**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 E:
2 FILER NAME <span style="font-size: 1.2em; color: blue;">Larry J. Mike, II</span>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <span style="font-size: 1.2em; color: blue;">8/19/24</span>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Yeshaw Patel</span>	9 Loan Amount (\$) <span style="font-size: 1.2em; color: blue;">\$6,000.<sup>00</sup></span>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">2210 Woodland Oaks Dr., Arlington TX 76013</span>	10 Interest rate <span style="font-size: 1.2em; color: blue;">6.00</span>
		11 Maturity date <span style="font-size: 1.2em; color: blue;">5/4/25</span>
12 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; color: blue;">Attorney</span>		13 Employer (See Instructions) <span style="font-size: 1.2em; color: blue;">Thompson Coe</span>
14 Description of Collateral  <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <span style="font-size: 1.2em; color: blue;">6/18/24</span>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Yeshaw Patel</span>	Loan Amount (\$) <span style="font-size: 1.2em; color: blue;">\$ 1,597.96</span>
Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">2210 Woodland Oaks Dr., Arlington TX 76013</span>	Interest rate <span style="font-size: 1.2em; color: blue;">6.00</span>
		Maturity date <span style="font-size: 1.2em; color: blue;">5/4/25</span>
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; color: blue;">Attorney</span>		Employer (See Instructions) <span style="font-size: 1.2em; color: blue;">Thompson Coe</span>
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (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.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 G:	2 FILER NAME <b>Larry J. Mike</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/25/24</b>	5 Payee name <b>J.P. Morgan Chase</b>	
6 Amount (\$) <b>\$1,000.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1111 Polaris Parkway, Columbus, OH 43420</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Credit card Payment</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>3/19/24</b>	Payee name <b>J.P. Morgan Chase</b>	
Amount (\$) <b>\$6,000.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1111 Polaris Parkway, Columbus, OH 43420</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Credit card Payment</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>6/18/24</b>	Payee name <b>J.P. Morgan Chase</b>	
Amount (\$) <b>\$1,597.96</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1111 Polaris Parkway, Columbus, OH 43420</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		