CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u></u>		
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	Michael		OFFICE USE ONLY	
NAME	NICKNAME	Soudreaux	SUFFIX	Date Received RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	-	Groves TX	OCT 28 2024 CITY OF GROVES	
Change of Address	<u></u>		1, 77619	CITY MANAGER'S OFFICE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR	Michael	мі	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX		
	Bou	dreaux		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	_	STATE; ZIP CODE	
(Residence or Business)	<u> </u>	·	Jes. TK 776	19	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 10 6 A C THROUGH 10 28 24				
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description		
	11/5/	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	n)	
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 I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
GO TO PAGE 2					

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
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.					
m!ln					
Signature of Candidate or Officeholder					
	·				
Please complete either option below:					
	•				
(A) BEELZ					
(1) Affidavit					
NOTARY STAMP/SEA	L				
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 administe	ering cath Printed name of officer administering cath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati					
My name is IT ich	ael L. Boadreaux and my date of birth is				
My address is	(atreat) (city)	<u>X. 77679, USFT.</u> state) (zip code) (country)			
Executed in <u>Teffe</u>	(city) (c	t., 20 24.			
	Signature of Candi	date/Officeholder (Declarant)			