

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Michael L NICKNAME LAST SUFFIX Geler		OFFICE USE ONLY Date Received 2026 OCT -1 AM 10:45 JON E. WALKER COUNTY CLERK DALLAS COUNTY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE PO Box 25277 DALLAS TX 75225										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 802-9332										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Elchanan Y NICKNAME LAST SUFFIX Geller										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 5944 Willow Lane DALLAS TX 75230										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 901-8131										
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 26 THROUGH 9 / 24 / 26										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 3 / 26 ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) Dallas JP 3-2										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">☐ GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">☐ SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Michael L Geller		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)	\$	875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	875.00
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.



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

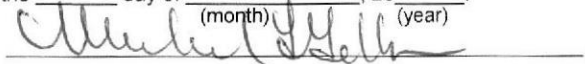
OR

(2) Unsworn Declaration

My name is Michael L Geller, and my date of birth is 08/18/61.

My address is 5944 Willow Lane, Dallas, TX, 75230, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 1 day of October, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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

1. ■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 Michael L. Geller		3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2026	5 Full name of contributor out-of-state PAC (ID# _____) Robert D'Agostino 6 Contributor address; City; State; Zip Code 8592 Roswell#319 Atlanta GA 30350	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/04/2026	Full name of contributor out-of-state PAC (ID# _____) Charles Vickers Contributor address; City; State; Zip Code PO Box 400 Naples FL 34106	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/15/2026	Full name of contributor out-of-state PAC (ID# _____) Norman Hoppenstein Contributor address; City; State; Zip Code 3821 Matterhorn Plano TX 75075	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoppenstein Law Firm
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		