

# 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

2 Total pages filed:

18

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Michael

NICKNAME

LAST

SUFFIX

Immler

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY;

ZIP CODE

1119 Fawn Ridge Dr

Duncanville, TX 75137

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Brent

NICKNAME

LAST

SUFFIX

Houser

6 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1514 Natalie Lane

Duncanville, TX 75137

(Residence or Business)

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

972-296-4675

8 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)

9 PERIOD  
COVERED

Month

Day

Year

08/27/2025

THROUGH

Month

Day

Year

12/31/2025

10 ELECTION

ELECTION DATE

Month

Day

Year

03/03/2026



Primary



General

ELECTION TYPE

☐ Runoff

☐ Other

☐ Special

11 OFFICE

OFFICE HELD (if any)

None Dallas

12 OFFICE SOUGHT (if known)

County Judge

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

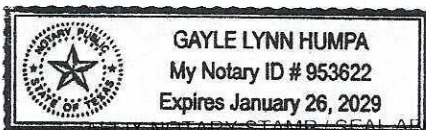
FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME Immler, Michael		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 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)	\$ 3,094.50
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 13,734.17
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,690.62
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,000.00

## 17 AFFIDAVIT

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.



*Michael E. Immler*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Earl Immler, this the 9 day of January, 20 26, to certify which, witness my hand and seal of office.

*G. Humpa* Signature of officer administering  
*Gayle Lynn Humpa* Printed name of officer administering  
*Notary* Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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18 FILER NAME

Immler, Michael

19 Filer ID

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- |     |                                                                                                             |              |
|-----|-------------------------------------------------------------------------------------------------------------|--------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3,094.50  |
| 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                                                       | \$ 18,000.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 4,432.25  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$           |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$           |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 9,301.92  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$           |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$           |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$           |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$           |



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/18
2 FILER NAME Immler, Michael		3 Filer ID
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Charlie	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code 5600 Lakeside Dr  Fort Worth, TX 76179	
8 Principal occupation / Job title (See Instructions) Senior Executive		9 Employer (See Instructions) Hillwood Development
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, James	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code 1118 Fawn Ridge  Duncanville, TX 75137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houser, Roberta	Amount of Contribution (\$)  \$4.50
	Contributor address; City; State; Zip Code 1514 Natalie Lane  Duncanville, TX 75137	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaynes, Laura	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 1104 Bristol Cir  DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Jaynes Memorial Chapel
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peeples, Jan	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 244 Kings Crest Ln  Pelham, AL 35124	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/18
<b>2</b> FILER NAME Immler, Michael		<b>3</b> Filer ID
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Bailey  <b>6</b> Contributor address; City; State; Zip Code 702 Dove Rd  Sanger, TX 76266	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Commercial Driver		<b>9</b> Employer (See Instructions) FedEx Freight
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stith, Ed  <b>Contributor address; City; State; Zip Code</b> 1623 Green Tree Ln  Duncanville, TX 75137	<b>Amount of Contribution (\$)</b>  \$140.00
<b>Principal occupation / Job title (See Instructions)</b> Librarian		<b>Employer (See Instructions)</b> Tarrant County College
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotman, Margaret  <b>Contributor address; City; State; Zip Code</b> 1489 Long Horn Rd  Middleburg, FL 32068	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson, Henry  <b>Contributor address; City; State; Zip Code</b> 6994 Ranch Oak Ln  Garland, TX 75043	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson, Henry  <b>Contributor address; City; State; Zip Code</b> 6994 Ranch Oak Ln  Garland, TX 75043	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/18
2 FILER NAME Immler, Michael		3 Filer ID
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Matt	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 2932 Pinehurst  Cedar Hill, TX 75014	
8 Principal occupation / Job title (See Instructions) Home Builder		9 Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Calvin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 8603 Ne 244th St  Battle Ground, WA 98604	
Principal occupation / Job title (See Instructions) Timber Logging Trucking		Employer (See Instructions) White and Zumstein Inc



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/2 Rpt: 7/18	
<b>2</b> FILER NAME Immler, Michael		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 08/27/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Immler, Michael		<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 1119 Fawn Ridge Dr  Duncanville, TX 75137		<b>10</b> Interest Rate 0.00
			<b>11</b> Maturity Date 11/30/2026
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) Retired	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 10/01/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Immler, Michael		Loan Amount (\$) \$5,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 1119 Fawn Ridge Dr  Duncanville, TX 75137		Interest Rate 0.00
			Maturity Date 11/30/2026
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 2/2 Rpt: 8/18

2 FILER NAME  
Immler, Michael

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
12/01/2025

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Immler, Michael

9 Loan Amount (\$)  
\$3,000.00

6 Is lender a  
financial  
institution?  
No

8 Lender address; City; State; Zip Code  
1119 Fawn Ridge Dr  
Duncanville, TX 75137

10 Interest Rate  
0.00

11 Maturity Date  
11/30/2026

12 Principal occupation / Job title (See Instructions)  
Retired

13 Employer (See Instructions)  
Retired

14 Description of Collateral  
☒ None

15 Check if personal funds were deposited into political account  
(See Instructions)  
☒

16 GUARANTOR  
INFORMATION  
☒ not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

Date of loan  
12/31/2025

Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Immler, Michael

Loan Amount (\$)  
\$5,000.00

Is lender a  
financial  
institution?  
No

Lender address; City; State; Zip Code  
1119 Fawn Ridge Dr  
Duncanville, TX 75137

Interest Rate  
0.00

Maturity Date  
11/30/2026

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Description of Collateral  
☒ None

Check if personal funds were deposited into political account  
(See Instructions)  
☒

GUARANTOR  
INFORMATION  
☒ not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal occupation

Employer (See Instructions)



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1: Sch: 1/2 Rpt: 9/18	2 FILER NAME Immler, Michael	3 Filer ID
4 Date 09/04/2025	5 Payee name Bank of America	
6 Amount (\$) \$95.91	7 Payee address; City; State; Zip Code 100 North Tryon Street  Charlotte, NC 28255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Dallas County Republican Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 11617 N Central Expy Frontage Rd  Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name Hollis, Jon	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5000 El Dorado Pkwy Suite 150-185 Frisco, TX 75033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advice
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1: Sch: 2/2 Rpt: 10/18		2 FILER NAME Immler, Michael		3 Filer ID	
4 Date 12/01/2025		5 Payee name Hollis, Jon			
6 Amount (\$) \$1,000.00		7 Payee address: City: State: Zip Code 5000 El Dorado Pkwy Suite 150-185 Frisco, TX 75033			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advice	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/19/2025		Payee name Hollis, Jon			
Amount (\$) \$1,000.00		Payee address: City: State: Zip Code 5000 El Dorado Pkwy Suite 150-185 Frisco, TX 75033			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advice	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/23/2025		Payee name Tavern			
Amount (\$) \$86.34		Payee address: City: State: Zip Code 2755 S Hulen Fort Worth, TX 76019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business lunch	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



## 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  
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 F4: Sch: 1/8 Rpt: 11/18		2 FILER NAME Immler, Michael		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution Bank of America		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$297.18	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Badges	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$21.64	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Avenue San Jose, CA 95110	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,500.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting advice	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# 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  
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 F4: Sch: 2/8 Rpt: 12/18		2 FILER NAME Immmler, Michael		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$1,470.25	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$14.06	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code One Microsoft Way Redmond, WA 98052	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,200.00	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting advice	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## 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  
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 F4: Sch: 3/8 Rpt: 13/18	2 FILER NAME Immler, Michael		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$75.76	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 6600 North Military Trail Boca Raton, FL 33496
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Expense
(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 12/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N, Seattle, WA 98103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code One Microsoft Way Redmond, WA 98052
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		



# 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  
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 F4: Sch: 4/8 Rpt: 14/18		2 FILER NAME Immmler, Michael		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$1,500.00	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$25.94	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Printerval.com		(b) Payee address; City, State, Zip Code 8 The Green Suite A Dover, DE 19901	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$268.00	(b) Date of Charge 09/25/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name USPS		(b) Payee address; City, State, Zip Code 475 L'Enfant Plaza Washington, DC 20260	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# 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  
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 F4: Sch: 5/8 Rpt: 15/18		2 FILER NAME Immler, Michael		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name JC Penney		(b) Payee address; City, State, Zip Code 6501 Legacy Drive Plano, TX 75024	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office expense	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$108.88	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name ATT		(b) Payee address; City, State, Zip Code 208 S Akard Dallas, TX 75202	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Avenue San Jose, CA 95110	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office fees	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

## 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  
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 F4: Sch: 6/8 Rpt: 16/18		2 FILER NAME Immler, Michael		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$11.55	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Parkmobil		(b) Payee address; City, State, Zip Code 1100 Spring Street NW Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Parking	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$150.67	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name El Fenix		(b) Payee address; City, State, Zip Code 1845 Woodall Rodgers Fwy Suite 1100 Dallas, TX 75201	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign meeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Microsoft		(b) Payee address; City, State, Zip Code One Microsoft Way Redmond, WA 98052	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



## 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  
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 F4: Sch: 7/8 Rpt: 17/18		2 FILER NAME Immler, Michael		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$146.14	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Gone Postal LLC		(b) Payee address; City, State, Zip Code 321 S Cedar Ridge Duncanville, TX 75116	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Cards	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$750.00	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting advice	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$1,200.00	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Campaign Command		(b) Payee address; City, State, Zip Code 1143 Rockingham Dr Richardson, TX 75080	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting advice	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



## 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  
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 F4: Sch: 8/8 Rpt: 18/18	2 FILER NAME Immler, Michael		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$333.51	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N,  Seattle, WA 98103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Equipment
(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Avenue  San Jose, CA 95110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Subscription
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		