

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: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(MR)** FIRST **MICHAEL** MI **A**
NICKNAME LAST SUFFIX
OROZCO

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
5707 VANDERBILT AV
DALLAS, TX 75206

FEB 23 '26 PM 1:22

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 236-0463

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **(MR)** FIRST **MICHAEL** MI
NICKNAME LAST SUFFIX
MONTOYA

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1708 WESTLAKE DR
PLANO, TX 75075

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 404-2280

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
1 / 23 / 2024 THROUGH **2 / 21 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 03 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

CONSTABLE PCT. 5

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

FEB 26 PM 12

15 C/OH NAME

MICHAEL OROZCO

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5675.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3915.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 16734.96

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 40,000.00
~~16734.96~~

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 OROZCO, and my date of birth is JUNE 26, 1973

My address is 5016 GROOM LN, DALLAS, TX 75227, USA

(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TX, on the 23 day of FEB, 20 26

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

2025
 FEB
 20

19 FILER NAME

MICHAEL OROZCO

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5675. ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3915. ⁰⁴
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

11-02-2012

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 1-28-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INEZ SOOKMA	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3508 WALDRE DR DALLAS, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1-29-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAD WEST	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO BOX 795 MIDLOTHIAN, TX 76065		

Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) SELF-EMPLOYED
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Date 1-29-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAY REVI	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 908 W. BISHOP AV # 102 DALLAS, TX 75208		

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions)
---	-----------------------------

Date 1-29-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSICA GONZALEZ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO BOX 224392 DALLAS, TX 75222		

Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) SELF-EMPLOYED
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 3
2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 1-30-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADAM MEDRANO	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2338 DOUGLAS AV DALLAS TX 75219		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 1-31-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FEARGIL MCKINNEY	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5722 ORAM ST DALLAS TX 75206		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-4-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRISTEN ANTUNEZ	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 3889 MAPLE MAPLE AV DALLAS TX 75219 Suite 300		
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) WEST SUSTAINABLE WASTE MANAGEMENT
Date 2-4-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARK MELTON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2921 LEESAIRE DR. DALLAS, TX 75229		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HOLLAND & KNIGHT

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

20260102

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

MICHAEL OROZCO

3 Filer ID (Ethics Commission Filers)

4 Date

2-5-2026

5 Full name of contributor

JOSEPH FITZHUGH

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

#231

301 W. LAS COLINAS BLVD IRVING, TX 75039

8 Principal occupation / Job title (See Instructions)

MANAGER

9 Employer (See Instructions)

HBL TOWING

Date

2-12-2026

Full name of contributor

MICHAEL MARTINEZ

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3037 RICHWOOD CIR BEDFORD, TX 76001

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF-EMPLOYED

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	2 FILER NAME MICHAEL OROZCO	3 Filer ID (Ethics Commission Filers)
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4 Date 1-26-2026	5 Payee name PHOTOGRAPHER ON BOARD
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6 Amount (\$) 527.34	7 Payee address; City; State; Zip Code 5620 EAST SIDE AV DALLAS TX 75214 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description STICKERS
	(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
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Date 1-23-2026	Payee name INFOCUS CAMPAIGNS LLC
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Amount (\$) 1142.40	Payee address; City; State; Zip Code 4 NE 10th ST OKLAHOMA CITY, OK 75104 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EXPENSE ADVERTISING	Description TEXTS
	(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
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Date 2-5-2026	Payee name PHOTOGRAPHER ON BOARD
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Amount (\$) 320.00	Payee address; City; State; Zip Code 5620 EAST SIDE AV DALLAS TX 75214 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PUSH CARDS
	(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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 | | | |

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1 Total pages Schedule F1: 2	2 FILER NAME MICHAEL O ROZCO	3 Filer ID (Ethics Commission Filers)
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4 Date 2-21-2026	5 Payee name INFOCUS CAMPAIGNS LLC
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6 Amount (\$) 1925.30	7 Payee address; 4 NE 10th ST OKLAHOMA CITY, OK	City;	State;	Zip Code 73104
<input type="checkbox"/> Check if individual's residence address				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description TEXTS
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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