

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 <i>MICHAEL</i>				MI <i>A</i>	15
NICKNAME <i>Orlando</i>				SUFFIX	OFFICE USE ONLY
Date Received				Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: <i>5207 VANDERBILT AV</i> APT / SUITE #: <i>DRWSS, TX 75206</i>				JAN 15 '26 AM 1:08	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE <i>(214)</i> PHONE NUMBER <i>236-0463</i>				BY 2026 JAN 15 AM 1:08	
6 CAMPAIGN TREASURER NAME MS / MRS <i>MICHAEL</i>				Date Hand-delivered or Date Postmarked <i>JOHN C. COOPER</i>	Amount \$ <i>111.50</i>
NICKNAME <i>MONTY</i>				Receipt # <i>1115</i>	Date Processed <i>1/15/2026</i>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>1708 WESTLAKE DR</i> CITY: <i>PLANO, TX 75075</i>				STATE; <i>TX</i>	ZIP CODE <i>75075</i>
8 CAMPAIGN TREASURER PHONE AREA CODE <i>(214)</i> PHONE NUMBER <i>404-2280</i>				EXTENSION	
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit				<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED Month <i>07</i> Day <i>01</i> Year <i>2025</i>				Month <i>12</i> Day <i>31</i> Year <i>2025</i>	THROUGH
11 ELECTION ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>				ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) <i>CONSTABLE PCT. 5</i>				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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME			
		COMMITTEE ADDRESS			
		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 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)

\$ 15,600.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2675.00

**CONTRIBUTION
BALANCE**

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

\$ 12,925.00

**OUTSTANDING
LOAN TOTALS**

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

\$ 40,000.00

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 OROZCO, and my date of birth is 6-26-1973.
 My address is 5016 GROOM LN, DAVIS, TX 75227 USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in DAVIS County, State of TX, on the 15 day of JAN, 20 26.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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	\$ 15,600. 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	\$ 2675. 00	
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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>10</i>
2 FILER NAME <i>MICHAEL OROZCO</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11-18-25</i>	5 Full name of contributor <i>NEW AMERICAN PAC</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; <i>1111 W. MOCKINGBIRD LN #1200</i>	City; State; Zip Code <i>Dallas, TX 75247</i>		
8 Principal occupation / Job title (See Instructions) <i>JUDGE</i>		9 Employer (See Instructions) <i>DALLAS COUNTY</i>	
Date <i>11/18/25</i>	Full name of contributor <i>JULIAN JASSO</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>250.00</i>
Contributor address; <i>PO BOX 3764 DALLAS, TX 75208-1664</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>COUNCILMAN</i>		Employer (See Instructions) <i>CITY OF DALLAS</i>	
Date <i>11-18-25</i>	Full name of contributor <i>PAUL RIDLEY</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>5100 VICTOR ST DALLAS, TX 75214</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		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.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>MICHAEL OROZCO</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11-16-25</i>	5 Full name of contributor <i>PAULINE MEDRANO</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>50. 00</i>
6 Contributor address; <i>2346 DOUGLAS AV DALLAS, TX 75219</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)	
Date <i>11-16-25</i>	Full name of contributor <i>RICHARD OROZCO SR.</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1200. 00</i>
Contributor address; <i>5707 VANDERBILT AV DALLAS, TX 75206</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>POLICE OFFICER</i>		Employer (See Instructions) <i>D. I. S. D.</i>	
Date <i>11-16-25</i>	Full name of contributor <i>KIM COVINGTON</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100. 00</i>
Contributor address; <i>PO BOX 132207 DALLAS, TX 75313</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>OFFICE MANAGER</i>		Employer (See Instructions) <i>MCCARTHY, PARKER, RUST & HORTON L.L.P.</i>	
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2 FILER NAME <i>MICHAEL OROZCO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-18-25</i>	5 Full name of contributor <i>SONG WHIDDEN PLLC</i> 6 Contributor address; <i>8111 CBJ FRM #480 DALLAS, TX 75251</i>	7 Amount of contribution (\$) <i>100. 00</i>
8 Principal occupation / Job title (See Instructions) <i>PROFESSOR</i>		9 Employer (See Instructions) <i>DALLAS COLLEGE</i>
Date <i>11-18-25</i>	Full name of contributor <i>RODOLFO GUEC</i> Contributor address; <i>2119 MARYLAND AVE DALLAS, TX 75216</i>	Amount of contribution (\$) <i>100. 00</i>
Principal occupation / Job title (See Instructions) <i>VP COMMUNITY RELATIONS CHILDREN'S HEALTH</i>		Employer (See Instructions)
Date <i>11-11-25</i>	Full name of contributor <i>CRISTAL RETANA</i> Contributor address; <i>2512 BILL MOSER PLAZA FARMERS BRANCH, TX</i>	Amount of contribution (\$) <i>100. 00</i>
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF-EMPLOYED</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <i>MICHAEL ORozco</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11-11-25</i>	5 Full name of contributor <i>MICHAEL WARRIOR</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; <i>821 S. TYLER ST DALLAS, TX 75208</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>SELF-EMPLOYED</i>	
Date <i>11-12-25</i>	Full name of contributor <i>KEVIN NICHOLSON</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>25.00</i>
Contributor address; <i>10039 PENSIVE DR DALLAS TX 75229</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>BARTENDER</i>		Employer (See Instructions) <i>THE GRAPEVINE</i>	
Date <i>11-11-25</i>	Full name of contributor <i>RENEE CHRISTIAN</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; <i>901 PLANTATION DR DESOTO, TX 75115</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>POLICE OFFICER</i>		Employer (See Instructions)	
Date <i>11-17-25</i>	Full name of contributor <i>ANDY KORN</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>4000.00</i>
Contributor address; <i>4221 AVUNDRAE AV DALLAS, TX 75219</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF-EMPLOYED</i>	
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2 FILER NAME <i>MICHAEL OROZCO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-12-25</i>	5 Full name of contributor <i>CARME OROZCO</i>	6 Contributor address; City; State; Zip Code <i>7100 TWISTED CARS DR AUSTIN, TX 78745</i>
		7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>ASST CUST</i>		9 Employer (See Instructions) <i>BEXAR CO. SD</i>
Date <i>11-11-25</i>	Full name of contributor <i>DIMMA OROZCO-GARRETT</i>	Contributor address; City; State; Zip Code <i>1315 CALLE RAMON SANTA FE, NM 87501</i>
		Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>11-14-25</i>	Full name of contributor <i>TODD HILL</i>	Contributor address; City; State; Zip Code <i>604 FORT WORTH AV #3013 DALLAS, TX 75208</i>
		Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>DIRECTOR</i>		Employer (See Instructions) <i>URBAN INSTITUTE</i>
Date <i>11-17-25</i>	Full name of contributor <i>ERIN MOORE</i>	Contributor address; City; State; Zip Code <i>324 EASTON RD DALLAS, TX 75218</i>
		Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>STAFFER</i>		Employer (See Instructions) <i>US CONGRESS</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <i>MICHAEL CROZIER</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>11-16-25</i>	5 Full name of contributor <i>BRIAN BRESSNER</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; <i>7152 CORNELIA LN DAMS, TX 75214</i>		City;	State;	Zip Code
8 Principal occupation / Job title (See Instructions) <i>FINANCIAL ADVISOR</i>		9 Employer (See Instructions) <i>SELF-EMPLOYED</i>		
Date <i>11-16-25</i>	Full name of contributor <i>RODRIGO FRAGOSO</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>2424 KINGS COUNTRY DR IRVING, TX 75036</i>		City;	State;	Zip Code
Principal occupation / Job title (See Instructions) <i>MANAGER</i>		Employer (See Instructions) <i>SANTANDER</i>		
Date <i>11-16-25</i>	Full name of contributor <i>JAMES COLTHARP</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>250.00</i>
Contributor address; <i>8840 SWEETWATER DR. DALLAS, TX 75228</i>		City;	State;	Zip Code
Principal occupation / Job title (See Instructions) <i>SERVER</i>		Employer (See Instructions) <i>AL BIERNAT'S</i>		
Date <i>11-16-25</i>	Full name of contributor <i>JASON BROWN BROWN</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>997 REDWOOD TRAIL ROCKWALL, TX 75087</i>		City;	State;	Zip Code
Principal occupation / Job title (See Instructions) <i>LT.</i>		Employer (See Instructions) <i>RED OAK PD</i>		
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

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2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11-16-25</i>	5 Full name of contributor <i>MARIO CASAREZ</i>	6 Contributor address; City; State; Zip Code <i>197 PR 6080 CAMERON, TX 76520</i>	7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions) <i>REALTOR</i>		9 Employer (See Instructions) <i>SELF-EMPLOYED</i>	
Date <i>11-16-25</i>	Full name of contributor <i>ERIC MATA</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>1500 N. FITZHUGH AV #119 DALLAS, TX 75204</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions) <i>HR</i>		Employer (See Instructions) <i>DALLAS MORNING NEWS</i>	
Date <i>11-16-25</i>	Full name of contributor <i>CHRIS RUIZ</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>5675 LAKE DISTRICT DR #229 COLONY, TX 75056</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>ASST CHIEF</i>		Employer (See Instructions) <i>DALLAS COUNTY</i>	
Date <i>11-16-25</i>	Full name of contributor <i>JESSE MORENO</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>4809 VICTOR ST. DALLAS, TX 75246</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions) <i>COUNCILMAN</i>		Employer (See Instructions) <i>CITY OF DALLAS</i>	
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2 FILER NAME <i>MICHAEL OROZCO</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11-16-25</i>	5 Full name of contributor <i>EDDIE SANCHEZ</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>500.00</i>
	6 Contributor address; <i>PO BOX 491 ENNIS, TX 75120</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>CUTTER DEPUTY</i>		9 Employer (See Instructions) <i>DAWNS COUNTY</i>	
Date <i>11-16-25</i>	Full name of contributor <i>JIM IRISH</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>500.00</i>
	Contributor address; <i>4575 ASHFORD DR DALLAS, TX 75214</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>INVESTOR</i>		Employer (See Instructions) <i>SELF-EMPLOYED</i>	
Date <i>11-16-25</i>	Full name of contributor <i>ALEX GARCIA</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
	Contributor address; <i>PO BOX 181394 DALLAS, TX 75218</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>11-16-25</i>	Full name of contributor <i>MICHAEL KEARNEY</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
	Contributor address; <i>1208 C HEYENNE DR. AUBREY, TX 76227</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions) <i>SERV PRO</i>	
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2 FILER NAME <i>MICHAEL OROZCO</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11-20-25</i>	5 Full name of contributor <i>JOSBPH. OROZCO</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100. ~</i>
6 Contributor address; <i>4603 SUMMERTIME AV DALLAS, TX 75206</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>OFFICER CANDIDATE</i>		9 Employer (See Instructions) <i>USMC</i>	
Date <i>11-22-25</i>	Full name of contributor <i>EDWARD ANTUNEZ</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1000. ~</i>
Contributor address; <i>2935 BARTON SPRINGS LN RUCKER, TX 75067</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>POLICE OFFICER</i>		Employer (See Instructions) <i>CITY OF GARLAND</i>	
Date <i>11-25-25</i>	Full name of contributor <i>CHRIS WEST</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500. ~</i>
Contributor address; <i>810 N. BISHOP AV DALLAS, TX 75208</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>CITY COUNCILMAN</i>		Employer (See Instructions) <i>CITY OF DALLAS</i>	
Date <i>12-12-25</i>	Full name of contributor <i>APARTMENT ASSOCIATION OF GREATER DALLAS PAC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1500. ~</i>
Contributor address; <i>2100 W. WALNUT AVE LN # 100 C</i>		City; State; Zip Code <i>IRVING, TX 75038</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>MICHAEL OROZCO</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>12-24-25</i>	5 Full name of contributor <i>ERLCA SOLIS</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; <i>2322 KENESAW DR. DALLAS, TX 75212</i>		City;	State;	Zip Code
8 Principal occupation / Job title (See Instructions) <i>DOCTOR PHYSICIAN DOCTOR</i>		9 Employer (See Instructions) <i>HHM HEALTH</i>		
Date <i>12-29-25</i>	Full name of contributor <i>HECTOR LEISMA</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>500.00</i>
Contributor address; <i>2616 FUNVILLE DR DALLAS, TX 75227</i>		City;	State;	Zip Code
Principal occupation / Job title (See Instructions) <i>PRESIDENT</i>		Employer (See Instructions) <i>INTEGRAL COMMERCIAL INC.</i>		
Date <i>1/8-25</i>	Full name of contributor <i>SID DAVIS</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>50.00</i>
Contributor address; <i>5717 McCommas Blvd HA DALLAS, TX 75206</i>		City;	State;	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
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.				

**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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	MICHAEL OROZCO	
4 Date	5 Payee name	
9-9-2025	PHOTOGRAPHER ON BOARD	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
300.00	5620 EAST SIDE AV DAVIS	TX 75214
<input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PRINTING EXPENSE	PUSH CARDS
	<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	Payee name	
11-21-2025	PHOTOGRAPHER ON BOARD	
Amount (\$)	Payee address;	City; State; Zip Code
755.00	5620 EAST SIDE AV DAVIS	TX 75214
<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	DEAL ITINERARY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
11-21-2025	PHOTOGRAPHER ON BOARD	
Amount (\$)	Payee address;	City; State; Zip Code
620.00	5620 EAST SIDE AV DAVIS	TX 75214
<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	STICKERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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
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:	2 FILER NAME <i>MICHAEL OROZCO</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-5-25</i>	5 Payee name <i>DALLAS COUNTY DEMOCRATIC PARTY</i>		
6 Amount (\$)	7 Payee address: <i>1414 N. WASHINGTON AV</i>	City: <i>DALLAS</i> State: <i>TX</i> Zip Code <i>75204</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FBBES</i>	(b) Description <i>FILING FEE FOR PRIMARY</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	Candidate / Officeholder name	Office sought	Office held
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	
	<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	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	
	<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			