

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

FILED

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **15**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR**

FIRST

MICHAEL

MI

A

NICKNAME

LAST

OROZCO

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5707 VANDERBILT AV

DALLAS, TX 75206

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 236-0463

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR**

FIRST

MICHAEL

MI

NICKNAME

LAST

MONTANA

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**1708 WESTLAKE DR
PLANO, TX 75075**

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

07 / 01 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

Primary

Runoff

Other Description

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**

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, DALLAS, TX, 75227, USA
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TX, on the 15 day of JAN, 2026.
(month) (year)

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: 10
2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEW AMERICAN PAC	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 1111 W. MOCKINGBIRD LN #1200 DALLAS, TX 75247		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN JASSO	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO BOX 3764 DALLAS, TX 75208-1664		
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions) DALLAS COUNTY
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL RIDLEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5100 VICTOR ST DALLAS, TX 75214		
Principal occupation / Job title (See Instructions) COUNCILMAN		Employer (See Instructions) CITY OF DALLAS
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL RAMIREZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 731 BARBARY LN ROYSE CITY, TX 75189		
Principal occupation / Job title (See Instructions) RETIRED		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 MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULINE MEDRANO	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2346 DOUGLAS AV DALLAS, TX 75219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD OROZCO SR.	Amount of contribution (\$) 1200.00
Contributor address; City; State; Zip Code 5707 VANDERBILT AV DALLAS, TX 75206		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11-16-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD OROZCO JR.	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2825 VACHERIE LN DALLAS, TX 75227		
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) D. F. S. D.
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM COVINGTON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO BOX 132207 DALLAS, TX 75313		
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) MCCALL, PARRISH & HORTON L.L.P.

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONG WHIDDEN PLLC	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 8111 CBS FERRY #480 DALLAS, TX 75251		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODOLFO GUEC	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2119 MARILAND AVE DALLAS, TX 75216		
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) DALLAS COLLEGE
Date 11-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRISTAL RETANA	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2512 BILL MOSERS PKWY FARMERS BRANCH, TX 75239		
Principal occupation / Job title (See Instructions) VP COMMUNITY RELATIONS CHILDRENS HEALTH		Employer (See Instructions)
Date 11-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAN CHALAKI	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 3234 COMMANDER DR #100 CARROLLTON, TX 75006		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF-EMPLOYED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-16-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL WARRIOR	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 821 S. TYLER ST DALLAS, TX 75208		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF-EMPLOYED
Date 11-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN NICHOLSON	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 10039 PENSIVE DR DALLAS TX 75229		
Principal occupation / Job title (See Instructions) BARTENDER		Employer (See Instructions) THE GRAPEVINE
Date 11-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENEE CHRISTIAN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 901 PLANTATION DR DESOTO, TX 75115		
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions)
Date 11-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY KORN	Amount of contribution (\$) 4000.00
Contributor address; City; State; Zip Code 4221 AVONDALE AV DALLAS, TX 75219		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF-EMPLOYED
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		