

# 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: 15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MICHAEL

A

NICKNAME

LAST

SUFFIX

ORZCO

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5707 VANDERBILT AV

DAWSON, TX 75206

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 236-0463

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MICHAEL

NICKNAME

LAST

SUFFIX

MONTANA

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

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 <u>MICHAEL OROZCO</u>		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)	\$ <u>15,600.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2675.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,925.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>40,000.00</u>

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, 20 26.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MICHAEL GROZCO

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
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: <b>10</b>
2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-18-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NEW AMERICAN PAC</b>	7 Amount of contribution (\$) <b>1000.00</b>
6 Contributor address; City; State; Zip Code <b>1111 W. MOCKINGBIRD LN #1200 DALLAS, TX 75247</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN JASSO</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 3764 DALLAS, TX 75208-1664</b>		
Principal occupation / Job title (See Instructions) <b>JUDGE</b>		Employer (See Instructions) <b>DALLAS COUNTY</b>
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL RIDLEY</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>5100 VICTOR ST DALLAS, TX 75214</b>		
Principal occupation / Job title (See Instructions) <b>COUNCILMAN</b>		Employer (See Instructions) <b>CITY OF DALLAS</b>
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL RAMIREZ</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>731 BARBARY LN ROSECHY, TX 75189</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



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## SCHEDULE A1

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2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-18-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAULINE MEDRANO</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>2346 DOUGLAS AV DALLAS, TX 75219</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO SR.</b>	Amount of contribution (\$) <b>1200.00</b>
Contributor address; City; State; Zip Code <b>5707 VANDERBILT AV DALLAS, TX 75206</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO JR.</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>2825 VACHERIE LN DALLAS, TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>POLICE OFFICER</b>		Employer (See Instructions) <b>D.F.S.D.</b>
Date <b>11-18-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIM COVINGTON</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 132207 DALLAS, TX 75313</b>		
Principal occupation / Job title (See Instructions) <b>OFFICE MANAGER</b>		Employer (See Instructions) <b>MCCALL, PARRISH &amp; HORTON L.L.P.</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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## 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 11-18-25	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 CBJ 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 MOSER 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
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-25	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 align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-12-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUPE GARZA	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7100 TWISTED CACTUS DR AUSTIN, TX 78745		
8 Principal occupation / Job title (See Instructions) ASST CHIEF		9 Employer (See Instructions) BEXAR CO. SO
Date 11-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANA OROZCO-GARRETT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1315 CALLE RAMON SANTA FE, NM 87501		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TODD HILL	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 604 FORT WORTH AV #3013 DALLAS, TX 75206		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) URBAN INSTITUTE
Date 11-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIN MOORE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 324 EASTON RD DALLAS, TX 75218		
Principal occupation / Job title (See Instructions) STAFFER		Employer (See Instructions) US CONGRESS
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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#: BRIAN BESSNER	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7152 CORNELIA LN DALLAS, TX 75214		
8 Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		9 Employer (See Instructions) SELF-EMPLOYED
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGO FRAGOSO	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2424 KINGS COUNTRY DR IRVING, TX 75038		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SANTANDER
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES COLTHARP	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8840 SWEETWATER DR. DALLAS, TX 75228		
Principal occupation / Job title (See Instructions) SERVER		Employer (See Instructions) AL BIERNATS
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JASON ESQUIBEL	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 997 REDWOOD TRAIL ROCKWALL, TX 75087		
Principal occupation / Job title (See Instructions) LT.		Employer (See Instructions) RED OAK PD
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

## 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 11-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARIO CABAREZ 6 Contributor address; City; State; Zip Code 197 PR 6080 CAMERON, TX 74520	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) SELF-EMPLOYED
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC MATA Contributor address; City; State; Zip Code 1500 N. FITZHUGH AV #119 DALLAS, TX 75204	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) DALLAS MORNING NEWS
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRIS RUIZ Contributor address; City; State; Zip Code 5615 LAKE DISTRICT DR #229 COLONY, TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ASST CHIEF		Employer (See Instructions) DALLAS COUNTY
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSE MORENO Contributor address; City; State; Zip Code 4809 VICTOR ST. DALLAS, TX 75246	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) COUNCILMAN		Employer (See Instructions) CITY OF DALLAS
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



## 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 11-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del>EDIE</del> EDDIE SALAZAR 6 Contributor address; City; State; Zip Code PO BOX 491 ENNIS, TX 75120	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) CHIEF DEPUTY		9 Employer (See Instructions) DALLAS COUNTY
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM IRISH Contributor address; City; State; Zip Code 4575 ASHFORD DR DALLAS, TX 75214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF-EMPLOYED
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del>ALEX</del> ALEX GARCIA Contributor address; City; State; Zip Code PO BOX 181394 DALLAS, TX 75218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL KEARNEY Contributor address; City; State; Zip Code 1208 CHEYENNE DR. AUBREY, TX 76227	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SERV PRO
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME MICHAEL OROZCO		3 Filer ID (Ethics Commission Filers)
4 Date 11-20-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH H. OROZCO 6 Contributor address; City; State; Zip Code 4203 SUMMERVILLE AV DALLAS, TX 75206	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) OFFICER CANDIDATE		9 Employer (See Instructions) USMC
Date 11-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del>KEN</del> EDUARDO ANTUNEZ Contributor address; City; State; Zip Code 2935 BARTON SPRINGS LN ROCKWELL, TX 75087	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) CITY OF GARLAND
Date 11-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHAD WEST Contributor address; City; State; Zip Code 810 N. BISHOP AV DALLAS, TX 75206	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) COUNCILMAN		Employer (See Instructions) CITY OF DALLAS
Date 12-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APARTMENT ASSOCIATION OF GREATER DALLAS PAC Contributor address; City; State; Zip Code 2100 W. WALNUT HILL LN #100C IRVING, TX 75038	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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

12-24-25

5 Full name of contributor

☐ out-of-state PAC (ID#:

ERICA SOLIS

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2322 KENESAW DR. DALLAS, TX 75212

8 Principal occupation / Job title (See Instructions)

~~PHYSICIAN~~ DOCTOR

9 Employer (See Instructions)

HHM HEALTH

Date

12-29-25

Full name of contributor

☐ out-of-state PAC (ID#:

HECTOR LEISA

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2616 FONVILLE DR DALLAS, TX 75227

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

INTEGRAL COMMERCIAL INC.

Date

11-8-25

Full name of contributor

☐ out-of-state PAC (ID#:

SID DAVIS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5717 McCommas Blvd #A DALLAS, TX 75206

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

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: <b>2</b>		2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9-9-2025</b>		5 Payee name <b>PHOTOGRAPHER ON BOARD</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address; <b>5620 EAST SIDE AV DALLAS</b>		City; <b>TX</b>	State; <b>TX</b>
				Zip Code <b>75214</b>	
		<input checked="" type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <b>PUSH CARDS</b>	
		(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 <b>11-21-2025</b>		Payee name <b>PHOTOGRAPHER ON BOARD</b>			
Amount (\$) <b>755.00</b>		Payee address; <b>5620 EAST SIDE AV DALLAS</b>		City; <b>TX</b>	State; <b>TX</b>
				Zip Code <b>75214</b>	
		<input checked="" type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>TRUCK HOURS</b>	
		<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 <b>11-21-2025</b>		Payee name <b>PHOTOGRAPHER ON BOARD</b>			
Amount (\$) <b>620.00</b>		Payee address; <b>5620 EAST SIDE AV DALLAS</b>		City; <b>TX</b>	State; <b>TX</b>
				Zip Code <b>75214</b>	
		<input checked="" type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>STICKERS</b>	
		<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

# 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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 1.5em;">2</span>	<b>2</b> FILER NAME <span style="font-size: 1.2em;">MICHAEL OROZCO</span>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <span style="font-size: 1.2em;">12-5-25</span>	<b>5</b> Payee name <span style="font-size: 1.2em;">DALLAS COUNTY DEMOCRATIC PARTY</span>				
<b>6</b> Amount (\$) 	<b>7</b> Payee address; City; State; Zip Code <span style="font-size: 1.2em;">1414 N. WASHINGTON AV DALLAS TX 75204</span> <input type="checkbox"/> Check if individual's residence address.				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em;">FEES</span>				
	<b>(b)</b> Description <span style="font-size: 1.2em;">FILING FEE FOR PRIMARY</span>				
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 30%; border: none;">Office sought</td> <td style="width: 30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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.				
<b>PURPOSE OF EXPENDITURE</b>	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				
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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.				
<b>PURPOSE OF EXPENDITURE</b>	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					
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 30%; border: none;">Office sought</td> <td style="width: 30%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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