RECEIVED FOR FILING ELECTIONS DEPARTMENFORM COH **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT DALLAS COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS (MR) OFFICE USE ONLY MICHAEL **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX OFOZEO APT / SUITE #; CITY; ADDRESS / PO BOX; 4 CANDIDATE / ZIP CODE OFFICEHOLDER 5707 VANDERBILT AV MAILING **ADDRESS** DAWS , TX 75206 Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 236-0463 MS/MRS/MR FIRST PHONE Receipt # Amount \$ 6 CAMPAIGN MICHAEL **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged MONTOYA STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE 1708 WESTLAKE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN EXTENSION TREASURER PHONE (214) 404- 2280 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav COVERED 10 /30/2022 12/31/2022 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Day Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CONSTABLE PLT. 5 CONSTABL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

		RECEIVED FOR FILLING
	E / OFFICEHOLDER N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	CHARL OROZCO	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	S C
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	(NS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 46,500. W
	wear, or affirm, under penalty of perjury, that the accompanying report is juired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	Signature of	Candidate or Officeholder
(1) Affidavit	Please complete either option bel	ow:
NOTARY STAMP/SEAL	3	
Sworn to and subscribed	before me by Michael Drozco this t	he 12 day of Junuary,
20 24 , to certify	which, witness my hand and seal of office.	,
Grant legal	a Juanita Avala	Notary Public
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	的复数 的复数电子 医皮肤性炎
(2) Unsworn Declaration	on	
My name is	, and my date of birt	ı is
Executed in	(street) (city) County, State of , on the day of	(state) (zip code) (country) onth) , 20 (year)
	Signature of Ca	ndidate/Officeholder (Declarant)

RECEIVED FOR FILING ELECTIONS DEPARTMENT FORM COH DALLAS CO COVER SHEET PG 1 CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 12 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** MICHAEL NAME Date Received NICKNAME OROZ(O 4 CANDIDATE / ADDRESS / PO BOX; 5707 VANDERBILT AU OFFICEHOLDER MAILING **ADDRESS** DAWAS, TX 75206 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 236-0463 MS/MRS/MR) FIRST PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** MICHMEL Date Processed NAME Date Imaged MONTO A STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE; ZIP CODE **TREASURER** 1708 WESTLAKE DR **ADDRESS** (Residence or Business) CAMPAIGN EXTENSION **TREASURER** PHONE (214) 404-2280 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 01/01/2023 30 / 2023 **THROUGH** 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) CONSTABLE PCT. 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

ELECTIONS DEPAREMENT FORM COH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) MICHTEL OPOZCO 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: Juanita G Ayala My Commission Expires 09/24/2024 ID No. 11016223 (1) Affidavit NOTARY STAMP/SEAL Michael $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ day of $\frac{1}{1}$ Sworn to and subscribed before me by , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is _____, and my date of birth is ____ My address is (street) (city) (state) (zip code) (country) _____ County, State of _____ , on the ___ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FOR FILING
ELECTIONS DEPARTMENT
DALL AS FORM C/OH
2021 COVER SHEET PG 3

7 FIRO L107	111 2: 23
19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
MICHAEL OROZCO	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250. W
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

ELECTIONS DEBANTMENT
DALLAS COUNTY
SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** PH 2: 25

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:	
2 FILER NAME MICHAE	N 0802(0		3 Filer ID (Ethics Commission Filers)	
1-17-2023	Full name of contributor out-of-state PAC TECTOR FLORES Contributor address; City; Co30 TRACY AVE DUNCANVILLE, TX	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occupat	tion / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3-13-2023	ANA PACE Contributor address; City; 750 N: COLLINS 1 5T #2 PICHARD SUN TX 750	State; Zip Code	150. w	
	on / Job title (See Instructions)	Employer (See Instructi		
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructi	ons)	
If	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see Instru			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR FILING ELECTIONS DEFA IN FORM C/OH DALL ASCOVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	FIRST MICHAEL	MI A	OFFICE	USEONLY
TV WIL	NICKNAME	080260	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	100	APT/SUITE #: C ANDERBILT / TX 75206	CITY; STATE; ZIP CODE		(3)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214) 3	PHONE NUMBER 236-0463	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR	FIRST MICHTEL	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Montane	MONTOYA	SUFFIX	Date Imaged	
7 CAMPAIGN	1	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	1708 WE	STLAKE DR			
(Residence or Business)	PLANO,	TX 7507	5		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(0111)	11			
	(219) 9	104-2280			4
9 REPORT TYPE	January 15	30th day before e	lection Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	170 Visit 2000000	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	r
COVERED	07	101/2023	THROUGH 12	/31 /20	23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	100	
	Month Day	Year Primary	Runoff Other Description		
	/ /	General	Special		
	/ /	20 (A. Carlos Sarl	30 - 140		
12 OFFICE	OFFICE HELD (if any)	100-00	13 OFFICE SOUGHT (if known	۱)	
	CONSTIME	BLE PLT. 5			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	GENERAL	ACC			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		p = 00			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FURFI		
LECTIONS DEFA		
COVER	SHEET	PG 2

	T INANCE REPORT			
15 C/OH NAME	ICHTHEL OROZCO 2024 JAG Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTÉES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 250. w		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46,500.00		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true and con	rrect and includes all information		
	quired to be reported by me under Title 15, Election Code.			
	Signature of Candidate of	or Officeholder		
		*		
	Please complete either option below:			
	SAN Pro-			
	Juanita G Ayala My Commission Expires			
	09/24/2024 ID No. 11016223			
(1) Affidavit	E			
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by Michael Ordzco this the 12 day of January,				
20, to certify which, witness my hand and seal of office.				
Guant DC	10000	Kutury Public		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
OR .				
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
	(street) (city) (state)	(zip code) (country)		
Executed in	County, State of , on the day of (month)	, 20		
	Signature of Candidate/Offic	eholder (Declarant)		