

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: **14**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Jan M
NICKNAME LAST SUFFIX
Mangum-Merendino

OFFICE USE ONLY

Date Received **FILED**
at **10:00** o'clock **A** M

JAN 17 2024

LEE H. CHAMBERS
COUNTY CLERK, LIBERTY COUNTY, TEXAS
BY: **Adrian Driver** DEPUTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Darla J.
NICKNAME LAST SUFFIX
Elder

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

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
7 / 17 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District Attorney, Liberty County, Texas

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.

Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	COMMITTEE ADDRESS
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

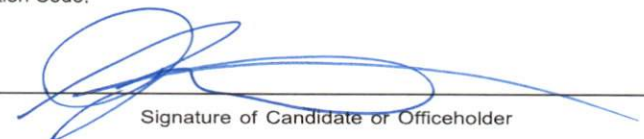
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

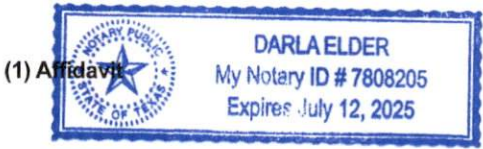
15 C/OH NAME Mangum-Merendino, Jan M.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,178.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,223.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,651.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Jan Michelle Mangum Merendino this the 12th day of January, 2024, to certify which, witness my hand and seal of office.

Darla Elder Darla Elder Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,477.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,701.39
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,992.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 9,614.08
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 Melendino, Michelle Mangum -		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/23	5 Full name of contributor out-of-state PAC (ID#: _____) Robbie Harrington	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Entrepreneur		9 Employer (See Instructions) Self
Date 11/28/23	Full name of contributor out-of-state PAC (ID#: _____) Eric Thaxton	Amount of contribution (\$) \$87.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Daisetta
Date 11/14/23	Full name of contributor out-of-state PAC (ID#: _____) William Knox	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Liberty County
Date 11/14/23	Full name of contributor out-of-state PAC (ID#: _____) Barbara Norwood	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
<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>		

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 Merendino, Michelle Mangum -		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/23	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Perry	7 Amount of contribution (\$) 5,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 11/7/23	Full name of contributor out-of-state PAC (ID#: _____) Emily Cook	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/3/23	Full name of contributor out-of-state PAC (ID#: _____) Leon Wilson	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Liberty Cooney
Date 11/14/23	Full name of contributor out-of-state PAC (ID#: _____) Deborah Sloane	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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 Merendino, Michelle Mangum -^{Jon}		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	5 Full name of contributor John Bush out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/11/23	Full name of contributor Charles Cook out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>2</u>	
2 FILER NAME <u>Merendino, Michelle Mangum</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>403.89</u>	
5 Date <u>11/14/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Addison</u>	8 Amount of Contribution \$ <u>431.25</u>	9 In-kind contribution description <u>event space rental + food</u>
7 Contributor address; City; State; Zip Code [REDACTED]		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/14/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles Cook</u>	Amount of Contribution \$ <u>431.25</u>	In-kind contribution description <u>event space rental and food</u>
Contributor address; City; State; Zip Code [REDACTED]		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>2</u>	
2 FILER NAME <u>Manzum Merendino, Jan M.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>12/10/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leon Wilson</u>	8 Amount of Contribution \$ <u>435.00</u>	9 In-kind contribution description <u>event</u>
7 Contributor address; City; State; Zip Code [REDACTED]		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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 | 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: 3	2 FILER NAME Michelle Mangum	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Payee name Texas First Bank	
6 Amount (\$) 30.00	7 Payee address: 1302 N. Main St	City; State; Zip Code Liberty TX 77575
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) banking	(b) Description balance fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Aug. 23, 2023	Payee name Deluxe	
Amount (\$) 19.00	Payee address: 801 S. Monquette ave	City; State; Zip Code Minneapolis, MN 55402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) banking	Description checks
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/23	Payee name Meta	
Amount (\$) \$168.32	Payee address: 1 Hacker Way	City; State; Zip Code Menlo Park, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook Ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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 | 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: 3	2 FILER NAME Melendez, Michelle Mangum- <i>Jan</i>	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	5 Payee name Liberty County Republican Party	
6 Amount (\$) \$1,250.00	7 Payee address: 1808 Sam Houston St #309 Liberty, TX 77575	City: Liberty State: TX Zip Code: 77575
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee	(b) Description filing fee for primary
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/28/23	Payee name City of Cleveland	
Amount (\$) \$100.00	Payee address: 907 East Houston St. Cleveland, TX 77327	City: Cleveland State: TX Zip Code: 77327
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description venue rental
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/23	Payee name Liberty Lumber JAXE	
Amount (\$) \$250.00	Payee address: 7200 MUX DR.	City: Liberty State: TX Zip Code: 77575
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description event venue rental
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 | 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: <u>3</u>	2 FILER NAME <u>Jan Melendino, Michelle Mangum -</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10-17-23</u>	5 Payee name <u>Pack Ship & Copy</u>	
6 Amount (\$) <u>185.00</u>	7 Payee address: <u>1808 Sam Houston St.</u>	City; State; Zip Code <u>Liberty, TX 77575</u>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>copies</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME Merendino, Michelle Mangum - ^{Jan}	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/24	5 Payee name Buddy Lowe	
6 Amount (\$) 375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 110 W Boothe St. Cleveland, TX 77327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description band
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/23	Payee name Victory Store	
Amount (\$) 7,802.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5200 SW 30th St. Davenport Iowa 52802	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/23	Payee name Tractor Supply	
Amount (\$) 235.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2337 N. Main St. Liberty TX 77575	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description +posts for signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

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 G: <p style="text-align:center;">3</p>	2 FILER NAME <p style="text-align:center;">Jean Meandino, Michelle Mangum</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center;">11/28/23</p>	5 Payee name <p style="text-align:center;">Tractor Supply</p>	
6 Amount (\$) <p style="text-align:center;">\$261.97</p> <small>Reimbursement from political contributions intended <input checked="" type="checkbox"/></small>	7 Payee address; City; State; Zip Code <p style="text-align:center;">6202 Garza Road Daytown TX 77521</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Advertising expense</p>	(b) Description <p style="text-align:center;">t-posts</p>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <p style="text-align:center;">10/31/23</p>	Payee name <p style="text-align:center;">Walmart</p>	
Amount (\$) <p style="text-align:center;">\$681.67</p> <small>Reimbursement from political contributions intended <input checked="" type="checkbox"/></small>	Payee address; City; State; Zip Code <p style="text-align:center;">2121 N. Hwy 146 Liberty TX 77375</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Advertising expense</p>	Description Candy, labels, + staples for parade handouts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <p style="text-align:center;">11/21/23</p>	Payee name <p style="text-align:center;">Potetz</p>	
Amount (\$) <p style="text-align:center;">60.00</p> <small>Reimbursement from political contributions intended <input checked="" type="checkbox"/></small>	Payee address; City; State; Zip Code <p style="text-align:center;">2516 N. Main St. Liberty TX 77575</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Advertising</p>	Description Zipties for signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME Jan Merendino, Michelle Mangum	3 Filer ID (Ethics Commission Filers)
4 Date 11/5/23	5 Payee name LHS Cheerleading	
6 Amount (\$) 75. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2615 Jefferson Drive	City: Liberty TX Zip Code 77575
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description booth
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/4/23	Payee name Brookshire Brothers	
Amount (\$) 122.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2325 N. Main St.	City: Liberty TX Zip Code 77575
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description cheer booth candy/cookies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED