

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: <div style="font-size: 1.5em; font-weight: bold;">26</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Michelle R		<div style="border: 1px solid black; padding: 10px; margin: 5px;"> OFFICE USE ONLY Date Received <div style="color: blue; font-weight: bold; font-size: 1.2em;">Received</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">APR 6 2023</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">LISD / Supt Ofc</div> </div>								
	NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold;">Alkhatib</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3001 Spring Lake Ct, Highland Village, TX 75077										
	AREA CODE PHONE NUMBER EXTENSION (972) 896-3211										
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Dr. Michelle		Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold;">Wooten</div>											
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1406 Summertime Trail, Lewisville, TX 75067										
	AREA CODE PHONE NUMBER EXTENSION (214) 724-6059										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
8 CAMPAIGN TREASURER PHONE	Month Day Year Month Day Year <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> 1 / 18 / 23 THROUGH 4 / 5 / 23 </div>										
	9 REPORT TYPE										
10 PERIOD COVERED	ELECTION DATE ELECTION TYPE <table style="width:100%;"> <tr> <td>Month Day Year</td> <td>Primary Runoff Other Description</td> </tr> <tr> <td>5 / 6 / 23</td> <td><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> </table>			Month Day Year	Primary Runoff Other Description	5 / 6 / 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
	Month Day Year	Primary Runoff Other Description									
5 / 6 / 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
11 ELECTION	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">LISD Board of Trustees Place 6</div>										
	12 OFFICE										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Michelle Alkhatib

16 Filer ID (Ethics Commission Filers)

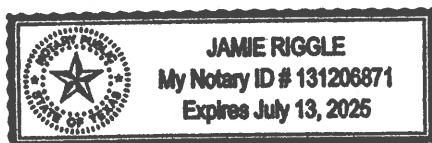
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,131.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 181.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,493.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,638.19
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.

Michelle Alkhatib
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Michelle Alkhatib this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Jamie Riggle
Signature of officer administering oath

Jamie Riggle
Printed name of officer administering oath

Notary / Not to Print
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)

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:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Louay Alkhatib 6 Contributor address; City; State; Zip Code 3001 Spring Lake Court, Highland Village, TX 75077	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Louay Alkhatib Contributor address; City; State; Zip Code 3001 Spring Lake Court, Highland Village, TX 75077	Amount of contribution (\$) 4.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Kristin Hassett Contributor address; City; State; Zip Code 3500 Beringer Court, Flower Mound, TX 75022	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Bassier Contributor address; City; State; Zip Code	Amount of contribution (\$) 40.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Amber Kimes 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Sheila Larson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Sharifa Wahlstrom Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Melissa Simpson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Adrienne Boutwell 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Dale Johnson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Bradley Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Pamela Cowan Contributor address; City; State; Zip Code	Amount of contribution (\$) 60.00
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.		

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:**2** FILER NAME

Michelle Alkhatib

3 Filer ID (Ethics Commission Filers)**4** Date

02/15/2023

5 Full name of contributor

Christine Kerr

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/15/2023

Full name of contributor

Megan Perkins

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2023

Full name of contributor

Debra Dingess

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2023

Full name of contributor

Jamie Hood

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

50.00

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.

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie Teotia 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Joanna Watson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Veronica Diaz Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Bose Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor Louay Alkhatib out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2023	Full name of contributor Mary Sample out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2023	Full name of contributor Adrienne Nesteriak out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2023	Full name of contributor Tanya Jallad out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
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.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2023	5 Full name of contributor Brandy Ruckdeschel out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/26/2023	Full name of contributor Amanda Wright out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor Latisha Raymond out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor Melissa Faulkner out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Kawley 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Perry Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Denise Wooten Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Karina Reinders Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Heather Hendrikson 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Shannon Nault Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol Kyer Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Cindy Wilson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Antonella Longo 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Megan Perkins Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Leslie Brewer Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Megan Owen Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	5 Full name of contributor Kristina Payne out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2023	Full name of contributor Mary Sample out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2023	Full name of contributor Shaheed Luqman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2023	Full name of contributor Amir Elba out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jenny Crown 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Stacy Kostas Contributor address; City; State; Zip Code	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Janelle Oppenheimer Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandy Ruckdeschel Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Leah Montez 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Adrienne Nesteriak Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Janelle Oppenheimer Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Veronica Diaz Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
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.		

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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Monica Kaied 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Ashley Wilson Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Krause Contributor address; City; State; Zip Code	Amount of contribution (\$) 21.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Hawes Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robin Ariola 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Eric Sinclair Contributor address; City; State; Zip Code	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Cara Marx Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Jeremy Stephens Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
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.		

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:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Christy Van Scoyoc 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Christine Williams Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Deborah Chester Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Walter Maranon Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
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.		

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:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**Michelle Alkhatib****4** Date**5** Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

03/30/2023

Linda Ellington**6** Contributor address;

City;

State;

Zip Code

100.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/30/2023

Randy Canivel

Contributor address;

City;

State;

Zip Code

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/30/2023

Kristina Payne

Contributor address;

City;

State;

Zip Code

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/30/2023

Carrie Baker

Contributor address;

City;

State;

Zip Code

30.00

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.

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:**2** FILER NAME**Michelle Alkhatib****3** Filer ID (Ethics Commission Filers)**4** Date**03/31/2023****5** Full name of contributor

out-of-state PAC (ID#: _____)

Nolan Warner**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/31/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Laura DuPont

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Sharon Anderson

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Trent Parrott

Amount of contribution (\$)

20.00

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.

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:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bryan Webb 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Suzanne Schapker Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Rebecca St John Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Janetta Alspaugh Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
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.		

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:**2** FILER NAME**Michelle Alkhatib****3** Filer ID (Ethics Commission Filers)**4** Date**04/01/2023****5** Full name of contributor

out-of-state PAC (ID#: _____)

Cynthia Greenlee**7** Amount of contribution (\$)**20.00****6** Contributor address;

City;

State; Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/01/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Sandy Yook

Amount of contribution (\$)

12.00

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Ronda Becker

Amount of contribution (\$)

10.00

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Carmen Imrie

Amount of contribution (\$)

30.00

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.

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:
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Christie Zupancic 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Sheila Taylor Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol Stephens Contributor address; City; State; Zip Code	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Katie Mayes Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
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.		

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:			
2 FILER NAME Michelle Alkhatib						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 181.47			
5 Date 03/14/2023		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Hassett				8 Amount of Contribution \$ 86.58		9 In-kind contribution description Steel T-Posts	
		7 Contributor address; City; State; Zip Code 3001 Spring Lake Ct., Highland Village, TX 75077				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 03/21/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louay Alkhatib				Amount of Contribution \$ 77.68		In-kind contribution description Steel T-Posts	
		Contributor address; City; State; Zip Code				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.									

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:	
2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 181.47	
5 Date 03/29/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Trickett 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 17.21	9 In-kind contribution description Printing Flyers
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:	2 FILER NAME Michelle Alkhatib	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Payee name Tex Ten Graphics	
6 Amount (\$) 1,504.95	7 Payee address; City; State; Zip Code 6201 Technology Dr #112, Frisco, TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2023	Candidate / Officeholder name Tex Ten Graphics	
Amount (\$) 662.63	Office sought 6201 Technology Dr #112, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/05/2023	Candidate / Officeholder name Donorbox	
Amount (\$) 144.49	Office sought 6201 Technology Dr #112, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Platform Fees	Description Donorbox fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Donorbox		
Office sought 6201 Technology Dr #112, Frisco, TX 75033		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED