CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS.	FIRST Michelle	мі R	OFFICE USE ONLY
NAME	NICKNAME	LAST Alkhatib	SUFFIX	Date Received Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; state; zip code d Village, TX 75077	APR 2 8 2023 LISD / Supt Ofc
Change of Address				
5 CANDIDATE/- OFFICEHOLDER PHONE	(972)	996-3211	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Michelle	MI	Receipt # Amount \$
NAME			CUETIV	Date Processed
	NICKNAME	Wooten	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S ertime Trail, Flowe	r Mound, TX 75067	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(214)	724-6059	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	4	6 / 23	THROUGH 4	/ 27 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	5 / 6 /	General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known LISD Board of T	rustees Place 6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	9 09 2	
is:	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	a a
,		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Michelle Alkhatib	. 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 620.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 37.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,452.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 1,795.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LAST DAY OF THE REPORTING PERIOD	\$ 0.00
re	equired to be reported by me under Title 15, Election Code. Signature of Candi	hatib date or Officeholder
	Please complete either option below:	
(1) Affidavit	JAMIE RIGGLE My Notary ID # 131206871 Expires July 13, 2025	
NOTARY STAMP/SEA		204
Sworn to and subscribed		28th day of April,
20 <u>23</u> , to certify	which, witness my hand and seal of office. Liggu Jamie Riggle	Asst to the Board
Sonature of officer administ	tering 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 _______, (city) (state) (zip code) (country)

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER N ichelle	AME Alkhatib	20 Filer ID (Ethics Co.	mmissi	on Filers)
21		ULE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				620.00
2.	п	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	, (v)	\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	×
4.	4. SCHEDULE E: LOANS				12 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	1,452.31
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	V	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	ě	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Michelle A	Alkhatib	,		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Cristi Derow 6 Contributor address; Out-of-state PAC (ID#:) City; State; Zip Code		7 Amount of contribution (\$)	
04/07/2023			10.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
04/40/2022	Jennifer Kawley			F0 00
04/10/2023	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 PAG	C (ID#:)	Amount of contribution (\$)
04/14/2023	Meredith Blair		40.00	
04/14/2023	Contributor address;		State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
0.444.040.000	Jennifer Arebalo		-	
04/16/2023	Contributor address;	City;	State; Zip Code	50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
				,
				9

SCHEDULE A1

The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Michelle A	Alkhatib			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Elizabeth Carles		C (ID#:)	7 Amount of contribution (\$)
04/17/2023	6 Contributor address;	City;	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)	24	9 Employer (See Instruc	tions)
Date	Full name of contributor Stephanie Branson	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/18/2023	Contributor address;	City;	State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/18/2023	Contributor address;	City;	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruc	tions)
Date	Full name of contributor Katharine Riedinger	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/19/2023	Contributor address;	City;	State; Zip Code	20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
a a				

SCHEDULE A1

	The state of the s	·			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Michelle A	lkhatib			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Julie Brand		7 Amount of contribution (\$)		
04/21/2023	6 Contributor address;	City; State; Zip Code		100.00	
8 Principal occu	pation / Job title (See İnstructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
04/22/2023	Seshu Rao 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 PA	C (ID#:)	Amount of contribution (\$)	
04/24/2023	Ken Gibson Contributor address;	City;	State; Zip Code	100.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
04/24/2023	Josh Youngblood Contributor address;	City;	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		2			

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Michelle A	Nkhatib	8		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Dana Giep	butor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
04/26/2023	6 Contributor address;		State; Zip Code	10.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Meg Smith	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/26/2023	Contributor address;		State; Zip Code	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
2 00	¥i		=	x 2 0
Principal occur	oation / Job title (See Instructions)		Employer (See Instruct	tions)

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 c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethics Commiss	ion Filers)
4 Date	5 Payee name			
04/08/2023	Home Depot			
6 Amount (\$)	7 Payee address;	City;	State; Zip C	ode
30.04	901 N. Stemmons Freeway, Lewisvill	e, TX 75067		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Marketing	Steel T-posts/2	Zip Ties	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office he	eld
Date	Payee name			1.
04/10/2023	Signsonthecheap.com			
Amount (\$)	Payee address;	City;	State; Zip Co	ode
479.33	www.signsonthecheap.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expenses	Signage		
OF EXPENDITURE				
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name			
04/10/2023	Vistaprint			
Amount (\$)	Payee address;	City;	State; Zip Co	ode
254.58	www.vistaprint.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expenses	Flyers, Cards		
OF EXPENDITURE				
٠	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	eld

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rise Travel in District
Travel Out Of District

Transportation Equipment & Related Expense Travel In District Travel Out of District Other (out of District Other)

Solicitation/Fundraising Expense

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 3 Filer ID (Ethics Commission Filers) Michelle Alkhatib 5 Payee name 4 Date 04/11/2023 **Facebook** 6 Amount (\$) 7 Payee address; City; State: Zip Code www.facebook.com 67.82 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Marketing Ads PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 04/12/2023 Office Max Amount (\$) Payee address; City; State; Zip Code 6060 Long Prairie Road, Flower Mound, TX 75028 29.23 Category (See Categories listed at the top of this schedule) Description **Printing Expenses Flyers PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/18/2023 Tex Ten Graphiccs Amount (\$) Payee address; Zip Code 6201 Technology Drive #112, Frisco, TX 75033 303.24 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expenses Signage OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

	ine instruction Guide explains now to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Alkhatib		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/22/2023	5 Payee name Vistaprint			•
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
148.70	www.vistaprint.com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Marketing	Flyers		· ·
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	-		
04/24/2023	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
80.00	www.facebook.com			
	Category (See Categories listed at the top of this schedule)	Description		,
PURPOSE	Marketing	Ads		
OF EXPENDITURE				
	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	Office sought		Office held
Date	Payee name		,	
04/27/2023	Donorbox			
Amount (\$)	Payee address;	City;	State;	Zip Code
31.76	www.donorbox.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Online Platform Fees Donorbox Fees		5	
OF EXPENDITURE	* * *			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED