

# 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:								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR Mr</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST Michael</td> <td style="width:30%; border-bottom: 1px solid black;">MI J</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME Mike</td> <td style="border-bottom: 1px solid black;">LAST Olsen</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>	MS / MRS / MR Mr	FIRST Michael	MI J	NICKNAME Mike	LAST Olsen	SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Date Received</p> <p style="font-size: small;">Date Delivered</p> <p style="font-size: small;">Date Processed</p> <p style="font-size: small;">Date Imaged</p> </div> <div style="width: 50%; text-align: center;"> <p style="font-size: small;">AT 11:00 CLOCK</p> <p style="font-size: small;">FILED FOR RECORD</p> <p style="font-size: small;">JAN 12 2026</p> <p style="font-size: small;">Seal of the County of St. Louis</p> </div> </div> </div>			
MS / MRS / MR Mr	FIRST Michael	MI J									
NICKNAME Mike	LAST Olsen	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX PO Box 14</td> <td style="width:20%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:20%; border-bottom: 1px solid black;">CITY Hemphill</td> <td style="width:10%; border-bottom: 1px solid black;">STATE TX</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE 75948</td> </tr> </table> <p style="font-size: x-small;">Change of Address</p>	ADDRESS / PO BOX PO Box 14	APT / SUITE #	CITY Hemphill	STATE TX	ZIP CODE 75948					
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;">Month 8</td> <td style="width:20%; text-align: center;">Day 29</td> <td style="width:20%; text-align: center;">Year 25</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%; text-align: center;">Month 1</td> <td style="width:20%; text-align: center;">Day 15</td> <td style="width:20%; text-align: center;">Year 26</td> </tr> </table>			Month 8	Day 29	Year 25	THROUGH	Month 1	Day 15	Year 26	
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">OFFICE HELD (if any)</td> <td style="width:50%; border-bottom: 1px solid black;">13 OFFICE SOUGHT (if known) Justice of the Peace, Pct. 1</td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace, Pct. 1						
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14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="width:80%; border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="font-size: x-small;">Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

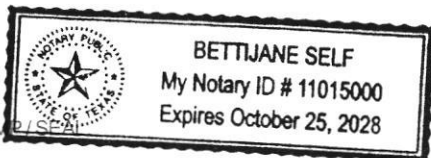
15 C/OH NAME Michael J. Olsen		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,729.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Bettijane Self this the 12<sup>th</sup> day of January

20 26, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Bettijane Self Printed name of officer administering oath      Notary 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**

<b>19 FILER NAME</b> Michael J. Olsen		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 100.10
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,629.33
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

# 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.

<b>1</b> Total pages Schedule F1: <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	<b>2</b> FILER NAME Michael J. Olsen	<b>3</b> Filer ID (Ethics Commission Filers)																																					
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Vista Print																																						
<b>6</b> Amount (\$) 100.10	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St. Waltham MA 02451 <small>Check if individual's residence address.</small>																																						
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>(b)</b> Description Advertising Expense Business Cards																																						
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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
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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.

<b>1</b> Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">5</div>	<b>2</b> FILER NAME Michael J. Olsen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/30/2025	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 48.02 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St. Waltham MA 02451 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	
	<b>(b) Description</b> Business Cards	
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/01/2025	Payee name Sabine County Reporter	
Amount (\$) 200.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 610 Worth St. Hemphill TX 75948 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	
	<b>Description</b> Newspaper Article	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/10/2025	Payee name Dollar General	
Amount (\$) 57.97 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 635 Sabine St. Hemphill TX 75948 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	
	<b>Description</b> Candy for Parade	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>5</b>	2 FILER NAME <b>Michael J. Olsen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/13/2025</b>	5 Payee name <b>Netbrands Media Corp.</b>	
6 Amount (\$) <b>129.25</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; <b>14550 Beechnut St.</b> <small>Check if individual's residence address.</small>	City; <b>Houston</b> State; <b>TX</b> Zip Code <b>77083</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Imprinted Buttons</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		
Date <b>10/14/2025</b>	Payee name <b>Superior Promos</b>	
Amount (\$) <b>296.07</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>12-45 River Rd.</b> <small>Check if individual's residence address.</small>	City; <b>Fair Lawn</b> State; <b>NJ</b> Zip Code <b>07410</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Imprinted Emory Boards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		
Date <b>10/19/2025</b>	Payee name <b>Vista Print</b>	
Amount (\$) <b>161.17</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>275 Wyman St.</b> <small>Check if individual's residence address.</small>	City; <b>Waltham</b> State; <b>MA</b> Zip Code <b>02451</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Car door magnets/door hangers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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: <b>5</b>	2 FILER NAME <b>Michael J. Olsen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/20/2025</b>	5 Payee name <b>Oriental Trading Co.</b>	
6 Amount (\$) <b>79.83</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; <b>PO Box 2308</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Omaha NE 68103</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>giveaway items</b>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>10/20/2025</b>	Payee name <b>Walmart</b>		
Amount (\$) <b>96.34</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>800 W. Gibson</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Jasper TX 75951</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Canopy</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>10/20/2025</b>	Payee name <b>Everything U</b>		
Amount (\$) <b>127.37</b> <small>Reimbursement from political contributions intended</small>	Payee address; <b>222 HWY 63E</b> <small>Check if individual's residence address.</small>	City; State; Zip Code <b>Jasper TX 75951</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Banner/Sign</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: <div style="font-size: 24pt; text-align: center;">5</div>	<b>2</b> FILER NAME Michael J. Olsen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/01/2025	<b>5</b> Payee name Tractor Supply Co.	
<b>6</b> Amount (\$) 10.81 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 455 Sabine St. <small>Check if individual's residence address.</small>	City; State; Zip Code Hemphill TX 75948
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Adjustable Straps for sinage
	<b>(c)</b> <small>Check if travel outside of Texas, Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/12/2025	Payee name Lowes	
Amount (\$) 32.39 <small>Reimbursement from political contributions intended</small>	Payee address; 900 W. Gibson <small>Check if individual's residence address.</small>	City; State; Zip Code Jasper TX 75951
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas, Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/12/2025	Payee name Sabine Co. Republican Party	
Amount (\$) 375.00 <small>Reimbursement from political contributions intended</small>	Payee address;  <small>Check if individual's residence address.</small>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Application Fee
	<small>Check if travel outside of Texas, Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="font-size: 2em; text-align: center;">5</div>	<b>2</b> FILER NAME Michael J. Olsen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/08/2025	<b>5</b> Payee name Signs on the Cheap	
<b>6</b> Amount (\$) 420.82 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 11525A Stonehollow Dr., Ste. 120 <small>Check if individual's residence address.</small>	City; State; Zip Code Austin TX 78758
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> Yard Signs
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/24/2025	Payee name Amazon	
Amount (\$) 61.90 <small>Reimbursement from political contributions intended</small>	Payee address;  <small>Check if individual's residence address.</small>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> Parade Candy
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/13/2025	Payee name Signs on the Cheap	
Amount (\$) 532.39 <small>Reimbursement from political contributions intended</small>	Payee address; 11525A Stonehollow Dr., Ste. 120 <small>Check if individual's residence address.</small>	City; State; Zip Code Austin TX 78758
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> 4X6 Road signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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