CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (3uide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	Michelle	MI -	OFFICE	USEONLY
INCIVIL	NICKNAME	Newso	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1514 H Mans A	lampton Drive	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817) 2	PHONE NUMBER 271-2583	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR SEH	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
			22.7.1.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / St	BUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EVTÉNCION		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
, , , , , ,	()				
9 REPORT TYPE	January 15	30th day before e	election Runoff		ifter campaìgn appointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 13 / 21	THROUGH 4	Day Yea	
11 ELECTION	ELECTION DA		ELECTION TYP	PE	
	Month Day	Year Primary	Runoff Other Description		
	5/1/	21 Seneral	Special		
12 OFFICE	OFFICE HELD (if any)	ool Board Place	13 OFFICE SOUGHT (if know	wn)	
14 NOTICE FROM					· ·
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. <i>THESE EXPENDITURES</i>	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CA RED TO REPORT THIS INFORMATION ONLY IF	ANDIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		20.70			
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Richelle Newson	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 102,33
	4. TOTAL POLITICAL EXPENDITURES	\$ 349.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 1405,34126
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 600.00
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, that the accompanying report is true	a and correct and includes all information
re	quired to be reported by me under Title 15, Election Code. Signature of Ca	hullow or Officeholder
	Please complete either option below	<i>t</i> :
(1) Affidavit		
NOTARY STAMP/SEA	AL.	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
	4.4	state) (zip code) (country)
Executed in	County, State of, on the day of (mont	20 (year)
	Signature of Candi	date/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	a form,	1 Total pages Schedule A1:
2 FILER NAME	Michelle Newsom		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor out-of-state PAC TEXAS ASSOC. OF		7 Amount of contribution (\$)
8 Principal occu	rpation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 3/28/21	Full name of contributor out-of-state PACE JESSICA ROSS Contributor address; City; 1725 Abaco Dr. Mansh		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	\$ // 	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	DE TUIS SCUEDIII E AS N	
	ATTACHADDITIONAL COPIES O	IF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4, SCHEDULE E: LOANS	\$ 600.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Assessment Visited & No.)

1 Total pages Schedule F1; 2 FILER WME 4 Date 3/31/31 5 Payres address; 5 Payres pame	Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Service	Memorials Expense Printings Salarie	ng Expense es/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a catego	
Second color Seco	1 Total pages Schedule F1;	2 FILER NAME MICHEL	le Newsom		3 Filer ID (Ethics	Commission Filers)
Purpose	4 Date 3/31/21	5 Payee name VISTAPri	,			
PURPOSE OF EXPENDITURE Parting expense	6 Amount (\$) 230.75	7 D		City;	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categorie	es listed at the top of this schedule) (b) Description		
Candidate / Office holder name City: State: Zip Code		Printing expe	MSP.	Push cara	ds	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Pass Payee address; Pass Pass		,,,,,	,			
Date Payee name		(c) Check if travel out	tside of Texas. Complete Schedule T.	. Check if Austir	n, TX, officeholder living	expense
Amount (\$) Payee address; 758 2 Las Vegas Blvd. South Las Vegas NV 89123 Suite 489 Category (See Categories listed at the top of this schedule) Phinting expense Complete QNLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office holder name Complete QNLY if direct expenditure Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Candidate / Office holder name Category (See Categories listed at the top of this schedule)			older name	Office sought		Office held
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expenditure to benefit C/OH		Check if travel outs	side of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDIT	TONAL COPIES OF THE	IS SCHEDULE AS NEE	DED	

LOANS SCHEDULE E

Total pages Schedule E: Filer ID (Ethics Commission Filers) (00.00 Loan Amount (\$) (00.00 Interest rate Maturity date
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Loan Amount (\$) (00-00 Interest rate
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Maturity date
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Amount Guaranteed (\$)
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