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Official Filing Authority of Harris County
Teneshia Hudspeth
County Clerk

Campaign Finance Report



Teneshia Hudspeth
County Clerk
Harris County, TX

FileNo: 202471
Received By Clerk: 01/17/2024
File Date: January 17, 2024
Office: County Sheriff
Candidate: Knox, William M.
Treasurer: Riddle, David
Category: Contributions And Expenditures (COH / JCOH)
Delivered By: Courier
Type: COR

Harris County No Fee

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: 17																										
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>M</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td>Mike</td> <td>Knox</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	William	M				NICKNAME	LAST	SUFFIX	Mike	Knox		OFFICE USE ONLY												
MS / MRS / MR	FIRST	MI																											
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NICKNAME	LAST	SUFFIX																											
Mike	Knox																												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="font-size: 0.8em;">APT / SUITE #;</td> <td style="font-size: 0.8em;">CITY;</td> <td style="font-size: 0.8em;">STATE;</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">1433 Freedonia Houston, Texas 77055</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1433 Freedonia Houston, Texas 77055					Date Received																
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Harris County Sheriff																											
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: 0.8em; margin: 0;">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="font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 0.8em;">GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 0.8em;">SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	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 William M. (Mike) Knox		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)	\$ 14,370.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,425.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,448.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

(2) Unsworn Declaration

My name is William M. (Mike) Knox, and my date of birth is 11/15/1958
 My address is 1433 Freedonia Houston Tx 77055 Harris
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 15th day of January, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

William M. (Mike) Knox

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,370.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,620.00
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	\$ 24,132.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 292.29
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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: **7**

2 FILER NAME

William M. (Mike) Knox

3 Filer ID (Ethics Commission Filers)

4 Date

08/23/2023

5 Full name of contributor

Ellis J, Williamson

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

356 White Oak CV Onalaska TX. 77360

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

08/16/2023

Full name of contributor

Jack Christie

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

12421 Memorial Dr. Hou. TX. 77024

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

08/16/2023

Full name of contributor

Michael Landrum

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

820 Saddlewood Dr. Hou. TX 77024

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

Date

11/15/2023

Full name of contributor

Eleanor White

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1426 Shadowbend Dr. Hou. Tx 77043

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

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1 Total pages Schedule A1: **7**

2 FILER NAME
William M. (Mike) Knox

3 Filer ID (Ethics Commission Filers)

4 Date: **11-15-23**
5 Full name of contributor: **JUDITH ANN DUBOSE**
out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
185 N. BURNETT DR. BAYTOWN TX. 77521

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
N/A

Date: **11-15-23**
Full name of contributor: **MADÉLINE COLLIER**
out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
509 LINDEWOOD DR. HOUSTON TX 77024

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
N/A

Date: **11-15-23**
Full name of contributor: **DAVID B. WILSON**
out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code
11415 INWOOD DR. HOU. TX. 77077

Principal occupation / Job title (See Instructions)
ENGINEER

Employer (See Instructions)
TEXAS ELECTRICAL SAFETY ASSOCIATION

Date: **8-2-23**
Full name of contributor: **ROSEMARY DOMINGUEZ**
out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code
1223 PAARIE ST. HOU. TX. 77002

Principal occupation / Job title (See Instructions)
BONDSMAN

Employer (See Instructions)
HOUSTON HARRIS COUNTY BAIL BOND

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Unofficial Copy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **7**

2 FILER NAME

William M. (Mike) Knox

3 Filer ID (Ethics Commission Filers)

4 Date

11-15-23

5 Full name of contributor

KYLE W. EVANS

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

7023 SIERRA NIGHT

City;

RICHMOND TX 77407

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

11-15-23

Full name of contributor

CAROLINE KANE

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

Amount of contribution (\$)

100.00

Contributor address;

11803 GRANT RD. #306 CYPRESS TX. 77429

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

PROPERTY MANAGEMENT

Employer (See Instructions)

PROSPERITY MGMT. SERVICES

Date

11-18-23

Full name of contributor

APRIL SMITH

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

Amount of contribution (\$)

75.00

Contributor address;

2106 FULHAM CT.

City;

HOU TX 77063

State;

Zip Code

Principal occupation / Job title (See Instructions)

TRAVEL/TOUR DIRECTOR

Employer (See Instructions)

SELF EMPLOYED

Date

12-8-23

Full name of contributor

HOUSTON POLICE OFFICER'S UNION

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

Amount of contribution (\$)

2,500.00

Contributor address;

1600 STATE ST.

City;

HOU. TX. 77007

State;

Zip Code

Principal occupation / Job title (See Instructions)

POLICE UNION

Employer (See Instructions)

H.P.O.U.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Unofficial Copy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)
4 Date 8-17-23	5 Full name of contributor out-of-state PAC (ID#: _____) ROBERT FLANAGAN	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1347 LAMONTE LN. HOV. TX. 77018		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) CLOCKWORK CONSULTING
Date 7-16-23	Full name of contributor out-of-state PAC (ID#: _____) KEVIN WHITED	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9631 MEADOWCRAFT DR HOV. TX. 77063		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) S & P GLOBAL
Date 10-26-23	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL SLACK	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 6001 BOLD RULER WAY #100 AUSTIN TX. 78746		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SLACK DAVIS SANGER L.L.P.
Date 10-29-23	Full name of contributor out-of-state PAC (ID#: _____) DAVID MONTANA	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 19026 RIDGE COVE LN. CYPRESS TX 77433		
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED
<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>		

Unofficial Copy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)
4 Date 11-1-23	5 Full name of contributor RAMSAY ELDER out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2817 TANGLEY RD HOV. TX. 77005		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 11-1-23	Full name of contributor NICK NOECKER out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1434 FREEDONIA DR. HOV. TX. 77055		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 11-09-23	Full name of contributor BARBARA HADLEY out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1439 SPAINBROOK LN HOV. TX. 77055		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 11-11-23	Full name of contributor GINA GREENSLATE out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 507 W. 32ND ST. HOV TX 77018		
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>		

Unofficial Copy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **7**

2 FILER NAME

William M. (Mike) Knox

3 Filer ID (Ethics Commission Filers)

4 Date

11-21-23

5 Full name of contributor

JODIE DORNAK

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

7 Amount of contribution (\$)

25.00

6 Contributor address;

11900 BARRYKNOLL #1210 HOV. TX. 77024

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

11-21-23

Full name of contributor

ALEXIS THANASOULAS

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

Amount of contribution (\$)

250.00

Contributor address;

1515 ALDRICH ST. HOV. TX. 77055

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

FAROOK SYSTEMS

Date

11-22-23

Full name of contributor

MATT BRICE

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

Amount of contribution (\$)

2000.00

Contributor address;

915 CREEK WOOD WY. HOV. TX. 77024

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

AMERICAN FEDERAL GRILL

Date

11-14-23

Full name of contributor

BETTY CADENA

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

Amount of contribution (\$)

Contributor address;

9307 BENT SPUR LN. HOV. TX. 77064

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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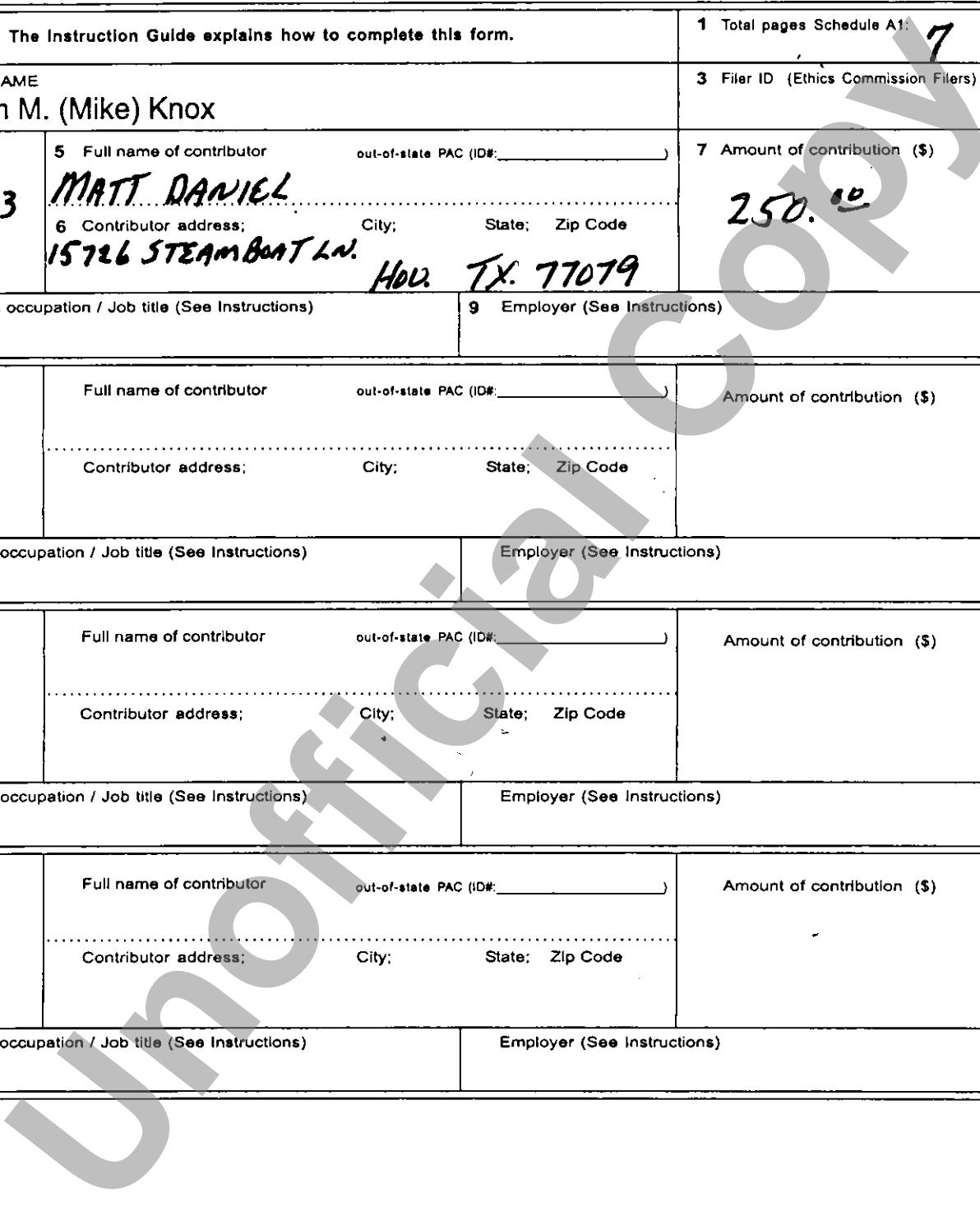
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MONETARY POLITICAL CONTRIBUTIONS

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: 7
2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)
4 Date 11-5-23	5 Full name of contributor MATT DANIEL out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 15726 STEAMBOAT LN. HOUSTON TX 77079		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
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.

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: 1	
2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3,620.00	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Brice 7 Contributor address; City; State; Zip Code 915 Creek Wood Way Houston Texas 77024	8 Amount of Contribution \$ 3,620.00	9 In-kind contribution description Host a Campaign fundraiser <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) American Federal Grill	
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
			<small>Check if travel outside of Texas. Complete Schedule T.</small>
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: 6	2 FILER NAME William M. (Mike) Knox	3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2023	5 Payee name Colon and Co.	
6 Amount (\$) 430.00	7 Payee address; City; State; Zip Code 7941 Katy Fwy #108 Houston, Tx. 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expense	(b) Description Campaign Advertising
	(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 08/21/2023	Payee name Alan Roman	
Amount (\$) 300.00	Payee address; City; State; Zip Code 5719 Tucker St. Houston, Tx. 77087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Campaign Website Content
	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 09/21/2023	Payee name Colon and Co.	
Amount (\$) 3,000.00	Payee address; City; State; Zip Code 7941 Katy Fwy #108 Houston, Tx. 77024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	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

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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: 6		2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)	
4 Date 10-30-23		5 Payee name ALAN ROMAN			
6 Amount (\$) 300.00		7 Payee address; 5719 TUCKER ST.		City; HOU. TX.	State; Zip Code 77087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description CAMPAIGN WEBSITE CONTENT		
	(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					
Candidate / Officeholder name		Office sought		Office held	
Date 10-30-23		Payee name COLON AND CO.			
Amount (\$) 3000.00		Payee address; 7941 KATY FWY #108		City; HOU. TX.	State; Zip Code 77024
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description CAMPAIGN CONSULTING		
	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 11-15-23		Payee name CARVEY CREEK OUTLAWS			
Amount (\$) 800.00		Payee address; 13788 CALVARY RD.		City; WILLIS TX	State; Zip Code 77318
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description CAMPAIGN EVENT ENTERTAINMENT		
	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	

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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: 6		2 FILER NAME William M. (Mike) Knox		3 Filer ID (Ethics Commission Filers)	
4 Date 9-22-23		5 Payee name COLON AND CO.			
6 Amount (\$) 1500.00		7 Payee address: 7941 KATY FWY #108		City: HOU. TX.	State; Zip Code 77024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description CAMPAIGN CONSULTING		
	(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		Candidate / Officeholder name		Office sought	Office held
Date 9-22-23		Payee name ALAN ROMAN			
Amount (\$) 300.00		Payee address: 5719 TUCKER ST.		City: HOU. TX.	State; Zip Code 77087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description CAMPAIGN WEBSITE CONTENT		
	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 10-13-23		Payee name SPRINT 2 PRINT			
Amount (\$) 4,205.51		Payee address: 8748 CLAY RD. #300		City: HOU. TX.	State; Zip Code 77080
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAMPAIGN ADVERTISING		
	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

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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: 6	2 FILER NAME William M. (Mike) Knox	3 Filer ID (Ethics Commission Filers)
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4 Date 11-15-23	5 Payee name HARRIS COUNTY REPUBLICAN PARTY
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6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 8588 KATY FWY #445 HOV. TX. 77024
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PARTY FILING FEE
	(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
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Date 11-15-23	Payee name ALAN ROMAN
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Amount (\$) 300.00	Payee address; City; State; Zip Code 5719 TUCKER ST. HOV. TX. 77087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description CAMPAIGN WEBSITE CONTENT
	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
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Date 11-25-23	Payee name COLON AND CO.
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 7941 KATY FWY #108 HOV. TX. 77024
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CAMPAIGN CONSULTING
	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
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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: 6	2 FILER NAME William M. (Mike) Knox	3 Filer ID (Ethics Commission Filers)
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4 Date 12-6-23	5 Payee name TEXAS PASTOR'S COUNCIL
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6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code P.O. Box 692207 HOUSTON TX. 77269
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description TX PASTOR COUNCIL BENEFIT LUNCHEON
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-15-23	Payee name SPRINT 2 PRINT
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Amount (\$) 2626.42	Payee address; City; State; Zip Code 8748 CLAY RD. #300 HOU. TX 77080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-21-23	Payee name ALAN ROMAN
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Amount (\$) 300.00	Payee address; City; State; Zip Code 5719 TUCKER RD HOU. TX. 77087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description CAMPAIGN WEBSITE CONTENT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME WILLIAM M. (MIKE) KNOX	3 Filer ID (Ethics Commission Filers)
4 Date 12-21-23	5 Payee name COLON AWA CO.	
6 Amount (\$) 3,321.00	7 Payee address; City; State; Zip Code 7941 KATY FWY #108 HOU. TX. 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CAMPAIGN CONSULTING
	(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	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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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