

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	MS / MRS / MR FIRST MI Mr. Michael T. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Gleason	<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: red; font-size: 1.2em; font-weight: bold; margin: 5px 0;">JUL 12 2024</p> <p style="color: red; font-size: 0.8em; margin: 0;">3:22pm - PV</p> <p style="color: blue; font-weight: bold; margin: 0;">WILCO ELECTIONS</p> </div> <p style="margin-top: 10px;">Date Received</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 604 Palo Alto Lane, Cedar Park, TX 78613 <input type="checkbox"/> Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 946-1402										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Michael T. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Gleason										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 604 Palo Alto Lane Cedar Park TX 78613										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 946-1402										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input 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 checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input checked="" 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)								
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center; vertical-align: middle;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 1 / 2024</td> <td></td> <td style="text-align: center;">6 / 30 / 2024</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 1 / 2024		6 / 30 / 2024		
Month Day Year	THROUGH	Month Day Year									
1 / 1 / 2024		6 / 30 / 2024									
11 ELECTION	ELECTION DATE Month Day Year 11 / 5 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known) Sheriff									
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Vote PAC \$1,000 2/12/2024 <hr/> COMMITTEE ADDRESS American Federation of State, County and Muni employees 1624 (AFSCME) <hr/> COMMITTEE CAMPAIGN TREASURER NAME Jack Kirfman <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS 3571 Far West Blvd PMB 149, Austin, TX 78731-3064										

GO TO PAGE 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	Sun City Democrats 5/30/2024 \$1,000
	COMMITTEE ADDRESS
	1530 Sun City Blvd Suite 120 PMB 432 Georgetown, TX 78633
	COMMITTEE CAMPAIGN TREASURER NAME
	Cammie E. Wait
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	1530 Sun City Blvd Suite 120 PMB 432 Georgetown, TX 78633

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	Sun City Democrats 6/1/2024 \$5,000
	COMMITTEE ADDRESS
	1530 Sun City Blvd Suite 120 PMB 432 Georgetown, TX 78633
	COMMITTEE CAMPAIGN TREASURER NAME
	Cammie E. Wait
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	1530 Sun City Blvd Suite 120 PMB 432 Georgetown, TX 78633

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Michael Gleason		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)	\$ 1,500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,394.00 (includes unitemized of \$1,500 and in kind of \$629)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,918.50
CONTRIBUTION BALANCE		
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,475.50
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$11,250 (previously reported)

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

OR

(2) Unsworn Declaration

My name is Michael Gleason _____, and my date of birth is 3/23/65

My address is 604 Palo Alto Lane, Cedar Park, TX 78613.

Executed in Williamson County, State of Texas, on the 12 day of July, 2024

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Table with 2 columns: FILER NAME / SCHEDULE SUBTOTALS NAME OF SCHEDULE and Filer ID (Ethics Commission Filers) / SUBTOTAL AMOUNT. Rows include SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS (\$14,765.00), SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS (\$ 629.00), SCHEDULE B: PLEDGED CONTRIBUTIONS (\$), SCHEDULE E: LOANS (\$), and SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS (\$6,918.50).

6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Litwin <hr/> 6 Contributor address; City; State; Zip Code 1103 Oaklands Drive Round Rock, TX 78681	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Litwin Quality Consulting
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Greenberg <hr/> Contributor address; City; State; Zip Code Sun City Georgetown, TX 78626	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratna Shah <hr/> Contributor address; City; State; Zip Code 2324 Rock Ledge Drive Georgetown, TX 78626	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Mack <hr/> Contributor address; City; State; Zip Code 11108 Casitas Drive Austin, TX 78717	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Waterstone Dev

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Yawn	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3208 Whispering Woods Round Rock, TX 78681		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Covey	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 255 Whispering Wind Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Purdes	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 201 Rio Grande Loop Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Reedholm	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 114 Juniper Berry Trail Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Reedholm Instruments

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	10 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Kohanek	7 Amount of contribution (\$) \$100.00
11 Contributor address; City; State; Zip Code 120 Hidden Lane Florence, TX 76527		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Johnson.	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code Sun City Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McCabe	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 114 Dawana Lane Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Kent Snead	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 5300 South 1-35 Frontage Rd. Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Crushed Stone

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: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign <hr/> 13 Contributor address; City; State; Zip Code. P.O. Box 536 Austin, TX 78767	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) State Rep Campaign		9 Employer (See Instructions) Texas
Date 4/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Earnst <hr/> Contributor address; City; State; Zip Code 607 Dewberry Drive Cedar Park, TX 78613	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 2/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Earnst <hr/> Contributor address; City; State; Zip Code 607 Dewberry Drive Cedar Park, TX 78613	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 3/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Whetston <hr/> Contributor address; City; State; Zip Code 604 Palo Alto Ln Cedar Park, TX 78613	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2024	14 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Walsh <hr/> 15 Contributor address; City; State; Zip Code 17531 Klamath Falls Drive Round Rock, TX 78681	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Senior Manager		9 Employer (See Instructions) Jitterbit, Inc.
Date 5/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Alexander <hr/> Contributor address; City; State; Zip Code 3813 blue mountain path Round Rock, TX 78681	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Williamson County
Date 5/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Gilbert <hr/> Contributor address; City; State; Zip Code 206 Allen Circle Georgetown, TX 78633	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 5/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Vandry <hr/> Contributor address; City; State; Zip Code 13336 Black Canyon Dr. Austin, TX 78729	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Vandry Brazilian JiuJitsu

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2024	16 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Cummings 17 Contributor address; City; State; Zip Code 4110 N Summercrest Loop Round Rock, TX 78681	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Guerrero Contributor address; City; State; Zip Code 226 Altamont St Hutto, TX 78634	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Travis County
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Paxton Contributor address; City; State; Zip Code 11500 Jollyville Rd Austin, TX 78759	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administration asst.		Employer (See Instructions) Travis county
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Youngren Contributor address; City; State; Zip Code 3902 Amy Circle Austin, TX 78759	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) Williamson County
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: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2024	18 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Yerby 19 Contributor address; City; State; Zip Code 805 Cottonbowl Dr Taylor, TX 76574	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 6/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____). Jan Pelosi Contributor address; City; State; Zip Code 10020 Valona Drive Austin, TX 78717	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 6/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ³ Clifford Anderson Contributor address; City; State; Zip Code 1504 Azalea Drive Cedar Park, TX 78613	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 5/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Delord Contributor address; City; State; Zip Code 30320 LaQuinta Georgetown, TX 78628	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Labor Relations Consultant		Employer (See Instructions) Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2024	20 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Allman 21 Contributor address; City; State; Zip Code 4749 Williams Drive Suite 322 Georgetown, TX 78633	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self employed
Date 6/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Leon Stauber Contributor address; City; State; Zip Code 305 Glasscock Rd. Liberty Hill, TX 78642	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

Note see attached sheets

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:	
2 FILER NAME Michael Gleason		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 6/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Walsh	8 Amount of Contribution \$ \$61.70	9 In-kind contribution description Name Tags
7 Contributor address; City; State; Zip Code 17531 Klamath Falls Drive Round Rock, TX 78681		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Senior Manager		11 Employer (FOR NON-JUDICIAL)(See Instructions) Jitterbit, Inc.	
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 3/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Lopacki	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code 6910 Lakewood Drive Georgetown, TX 78633		\$150.00 2 tickets to Sun City Dem event (\$75 per ticket)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
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.	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Gleason	Amount of Contribution \$	In-kind contribution description
5/24/2024	Contributor address; City; State; Zip Code 604 Palo Alto Ln	\$417.30	Signs
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Sheriff		Williamson County	
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)			

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 Michael Gleason	3 Filer ID (Ethics Commission Filers) NA
4 Date 6/6/2024	5 Payee name Lester Birdsong	
6 Amount (\$) \$1,652.50	7 Payee address; City; State; Zip Code 135 Millennial Way, Bastrop TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Sign placement and removal throughout Williamson County
	(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	Office sought Office held
Date 5/30/2024	Payee name 2020 Market Scratch Kitchen and Bar	
Amount (\$) \$3,516.00	Payee address; City; State; Zip Code 1500 Rivery Blvd Suite 1100 Georgetown, TX 78628	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Campaign Kick off fundraiser
	<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	Office sought Office held
Date 5/9/2024	Payee name Hope Alliance Emergency Shelter	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1011 Gattis School Road #110 Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Contribution/Donation
	<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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date 5/13/2024	Payee name Williamson County Democrats		
Amount (\$) \$500.00	Payee address; 1915 S. Austin Blvd.	City; Georgetown, TX	State; TX Zip Code 78626
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Table at Wilco Dems Fern bluff fund raiser	
	<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	Office sought	Office held



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <i>Michael T. Gleason</i>	Filer ID #
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- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

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

OR

(2) Unsworn Declaration

My name is Michael T. Gleason, and my date of birth is 3/23/65
 My address is 604 Palo Alto Ln, Cedar Park, Tx, 78613, Williamson
(street) (city) (state) (zip code) (country)
 Executed in Williamson County, State of Texas, on the 12 day of July, 2024
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER