

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 <input checked="" type="radio"/>	FIRST Michael	MI MI	
	NICKNAME Mike	LAST MEZMAN	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			
	2045 RAJANWOOD LN HARLINGEN TX 78550			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 428	EXTENSION 7209	
	Date Hand-delivered or Date Postmarked 4-23-2021			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST CATHERINE	MI G	
	NICKNAME Cathy	LAST MEZMAN	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:			
	2045 RAJANWOOD LN HARLINGEN TX 78550			
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 428	EXTENSION 7209	
	Date Processed 4-23-2021			
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" 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	Month Day Year THROUGH Month Day Year 03 / 31 / 2021 THROUGH 04 / 23 / 2021			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 05 / 01 / 2021	<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)		13 OFFICE BOUGHT (if known)	
	CITY COMMISSION #3		CITY COMMISSION #3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<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.</small>			
	<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

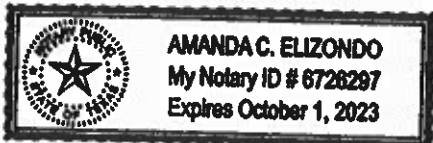
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Michael Muzman</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,375⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6195.14</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,761.52⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Michael Muzman this the 23rd day of April, 2021, 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 _____, 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3375
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6195.64
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 400 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <i>includes e.c.</i>	\$ 404
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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:
2 FILER NAME MICHAEL MITZNER		3 Filer ID (Ethics Commission Filers)
4 Date 4/7 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOT CAMPBELL	7 Amount of contribution (\$) 250 ⁰⁰
6 Contributor address: City: State: Zip Code 1207 127 1210 E TX (127) 78550 HARLINGEN TX		
8 Principal occupation / Job title (See Instructions) PROPERTY MANAGEMENT		9 Employer (See Instructions) SR CAMPBELL
Date 4/5 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD SIMMONS	Amount of contribution (\$) 250 ⁰⁰
Contributor address: City: State: Zip Code 19573 SIMMONS RD SAN BENITO TX 78586		
Principal occupation / Job title (See Instructions) FARMING		Employer (See Instructions) SIMMONS FARMS
Date 4/2 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA RUBIANO	Amount of contribution (\$) 200 ⁰⁰
Contributor address: City: State: Zip Code 518 E WOODLAND HARLINGEN TX 78550		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions)
Date 4/2 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES M FELDS	Amount of contribution (\$) 100 ⁰⁰
Contributor address: City: State: Zip Code 9807 SACRAMOSS LN HOUSTON TX 77089		
Principal occupation / Job title (See Instructions) UNKNOWN		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.

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:
2 FILER NAME MICHAEL MEZNER		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUISE A AMBRIZ	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 9025 LOOP 499 HARLINGEN TX # 508 78550		
8 Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		9 Employer (See Instructions) EDWARDS Jones
Date 4/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUANITA G SPRINGFIELD	Amount of contribution (\$) 75⁰⁰
Contributor address; City; State; Zip Code 3102 HAINES DR # 610 HARLINGEN TX 78550		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL ALLEN	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 5309 HURO ST HARLINGEN TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN CAMPBELL	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 5701 W EXPWY 83 HARLINGEN TX 78552		
Principal occupation / Job title (See Instructions) PROPERTY MANAGER MIA		Employer (See Instructions) SR CAMPBELL

* 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:
2 FILER NAME MICHAEL METMAN		3 Filer ID (Ethics Commission Filers)
4 Date 4/2 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL SCARF 6 Contributor address: City: State: Zip Code PO BOX 1064 SAN BENITO TX 78560	7 Amount of contribution (\$) 100 ⁰⁰
8 Principal occupation / Job title (See Instructions) Banking		9 Employer (See Instructions) TX REGIONAL Bank
Date 3/31 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GUVANA Contributor address: City: State: Zip Code 3205 SAMWOLFE CT HARLINGEN TX 78550	Amount of contribution (\$) 250 ⁰⁰
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER GOGGAN
Date 3/31 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER Contributor address: City: State: Zip Code 900 ARION PARKWAY S-104 SAN ANTONIO TX 78216	Amount of contribution (\$) 500 ⁰⁰
Principal occupation / Job title (See Instructions) ATTORNIES		Employer (See Instructions) LINEBARGER GOGGAN
Date 4/21 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAPAC-TX ASSOC. REPUTABLES PAC Contributor address: City: State: Zip Code PO BOX 2246 AUSTIN TX 78768-2246	Amount of contribution (\$) 1200 ⁰⁰
Principal occupation / Job title (See Instructions) LEGISLATIVE Political com.		Employer (See Instructions) TRAPAC

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:	
2 FILER NAME MICHAEL MURMAN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200⁰⁰	
5 Date 4-7-2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOPP DIRECT MARKETING	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 701 PALM VALLEY DR W HARLINGEN TX 78550	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) MARKETING		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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
		<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)	
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 Expenses
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 1/3	2 FILER NAME MICHAEL MEZMAR	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Payee name TOPP DIRECT MARKETING	
6 Amount (\$) 3225.21/00	7 Payee address; 701 PALM VALLEY DR W HARLINGEN TX 78552	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN DATA + MAIL DATA	(b) Description DATA PROCESSING + SERVICES
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/7/2021	Payee name TOPP DIRECT MARKETING	
Amount (\$) 162.38	Payee address; 701 PALM VALLEY DR W HARLINGEN TX 78550	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV.	Description YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/8/2021	Payee name QUIPS + QUOTES	
Amount (\$) 51.00	Payee address; 709 N 77 SUNSHINE STRIP HARLINGEN TX 78550	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV.	Description THANKYOU CARDS
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 2/3	2 FILER NAME MICHAEL / MEZMAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4 21 2021	5 Payee name KVEO-NBC
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6 Amount (\$) 1000 ⁰⁰	7 Payee address; 9201 W EXPWAY 83 HARLINGEN TX 78552	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV.	(b) Description INTERNET ADVERTISING
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3 31 2021	Payee name RGV CREDIT UNION
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Amount (\$) 4 ⁰⁰	Payee address; 1221 MORGAN BLVD HARLINGEN TX 78550	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CHECKING ACCT CHANGE	Description FINANCIAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" type="checkbox"/> 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	Payee name
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Amount (\$)	Payee address;	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 3/3	2 FILER NAME MICHAEL MEZMAR	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Payee name BENCHMARK OUTDOOR MEDIA	
6 Amount (\$) 775 ⁰⁰	7 Payee address; City: State: Zip Code 2120 N CROCKETT ST STURMAN TX 75092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV.	(b) Description BILLBOARDS
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 4/14/2021	Payee name TOPP DIRECT MARKETING	
Amount (\$) 324 ⁷⁵	Payee address; City: State: Zip Code 701 PALM VALLEY DR W HARLINGEN TX 78552	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) YARD SIGNS	Description SIGNS YARD
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 4/19/2021	Payee name US PO	
Amount (\$) 258 ⁰⁰	Payee address; City: State: Zip Code 221 E VAN BUREN AVE SUITE 3 HARLINGEN TX 78550	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) STAMPS	Description STAMPS
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expenses | Food/Beverage Expenses | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME MICHAEL MEZMAN	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 4/22/2021	6 Payee name YOUNG LIFE RGV
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7 Amount (\$) 100.00	8 Payee address: 420 N CASCADE AVE COLORADO SPRINGS CO. 80903	City:	State:	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political	REIMBURSEABLE
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY MEZMAN	(b) Description AVANT SPONSORSHIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/2021	Payee name HARLINGEN ROTARY
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Amount (\$) 300.00	Payee address: HARLINGEN TX 78550	City:	State:	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY MEZMAN	Description HOLE SPONSOR SIGNS GOLF TOURNEY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED