

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 04 2024

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Files) 2 Total pages filed: 16 City Secretary's Office City of Grand Prairie

3 CANDIDATE / OFFICEHOLDER NAME: Ms. Michelle L Madden; 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS: PO Box 543052 Grand Prairie, TX 75054; 5 CANDIDATE / OFFICEHOLDER PHONE: (214) 519-4570; 6 CAMPAIGN TREASURER NAME: Ms. Michelle L Madden; 7 CAMPAIGN TREASURER ADDRESS: 5311 Penny Lane Grand Prairie, TX 75052; 8 CAMPAIGN TREASURER PHONE: (214) 519-4570; 9 REPORT TYPE: 30th day before election; 10 PERIOD COVERED: 1/5/24 THROUGH 3/25/24; 11 ELECTION: 5/4/24 Primary; 12 OFFICE: OFFICE HELD (if any); 13 OFFICE SOUGHT (if known): City Council District 6; 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.

OFFICE USE ONLY
Date Received: 04/04/2024
Madden

Date Hand-delivered or Date Postmarked
Receipt #
Amount \$
Date Processed
Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Michelle Madden		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,070.10
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,361.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,700.12
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

**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

OR

**(2) Unsworn Declaration**

My name is Michelle Madden, and my date of birth is [REDACTED]

My address is 5311 Penny Lane, Grand Prairie, TX, 75052, USA

Executed in Dallas County, State of Texas, on the 9th day of April, 2024.

*Michelle Madden*  
Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Michelle Madden		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2024	5 Full name of contributor Bryan Ramsey out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] Carrollton, TX 76007 City; State; Zip Code	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/24/2024	Full name of contributor Debbi Johnston out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Grand Prairie, TX 75052 City; State; Zip Code	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2024	Full name of contributor Michael Kolenc out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77007 City; State; Zip Code	Amount of contribution (\$) <b>23.70</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor Kym Losoya out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Gordonville, TX 76245 City; State; Zip Code	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Michelle Madden		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Rodney Debaun <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065	<b>7</b> Amount of contribution (\$) <b>2,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Chase Debaun Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Heath Debaun Contributor address; City; State; Zip Code [REDACTED] Cedar Hill, TX 75104	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Rob Miller Contributor address; City; State; Zip Code [REDACTED] Farmers Branch, TX 75234	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Michelle Madden		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Motschull 6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: _____) Ron Cornelius Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75050	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: _____) Pat Herring Contributor address; City; State; Zip Code [REDACTED] Dr. Grand Prairie, TX 75052	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: _____) LaDonna Holtzclaw Contributor address; City; State; Zip Code [REDACTED] Plano, TX 75074	Amount of contribution (\$) <b>95.70</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Michelle Madden		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/04/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Jeff Kehr <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75054	<b>7</b> Amount of contribution (\$) <b>150.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeanine & Jasper Walker Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75053	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Buddy & Judy White Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2024	Full name of contributor out-of-state PAC (ID#: _____) Bukekile Dube Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$) <b>47.70</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Michelle Madden

3 Filer ID (Ethics Commission Filers)

4 Date

03/02/2024

5 Full name of contributor

Sandi Woods

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

Grand Prairie, TX 75052

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/02/2024

Full name of contributor

Keith Fletcher

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2024

Full name of contributor

Mildred Walker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

Grand Prairie, TX 75050

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2024

Full name of contributor

Russell Bridges

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

400.00

Contributor address;

City;

State;

Zip Code

Grand Prairie, TX 75054

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Michelle Madden		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/22/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Bryan Ramsey <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Carrollton, TX 76007	<b>7</b> Amount of contribution (\$) <b>51.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Hayley Mattson Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 76065	Amount of contribution (\$) <b>51.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Brad Masters Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052	Amount of contribution (\$) <b>51.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Kym Losoya Contributor address; City; State; Zip Code [REDACTED] Gordonville, TX 76245	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**LOANS**

**SCHEDULE E**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME <b>Michelle Madden</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 500.00</b>
<b>5</b> Date of loan <b>01/22/2024</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Michelle Madden</b>	<b>9</b> Loan Amount (\$) <b>100.00</b>
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>PO Box 543052 Grand Prairie, TX 75054</b>	<b>10</b> Interest rate <b>0.00</b>
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <b>President/CEO</b>		<b>13</b> Employer (See Instructions) <b>Grand Prairie Chamber of Commerce</b>
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)

  

<b>Date of loan</b> <b>03/25/2024</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Michelle Madden</b>	<b>Loan Amount (\$)</b> <b>400.00</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b> <b>PO Box 543052 Grand Prairie, TX 75054</b>	<b>Interest rate</b> <b>0.00</b>
		<b>Maturity date</b>

  

<b>Principal occupation / Job title (See Instructions)</b> <b>President/CEO</b>		<b>Employer (See Instructions)</b> <b>Grand Prairie Chamber of Commerce</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender 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.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/01/2024	<b>5</b> Payee name Karen Sims
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<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 4240 Hilltop Lane, Grand Prairie, TX 75052
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverages Expense	<b>(b)</b> Description Cookies
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/04/2024	Payee name Dollar Tree
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Amount (\$) 6.77	Payee address; City; State; Zip Code 2307 I-20 Ste 100, Grand Prairie, TX 75052
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description decor
	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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Date 03/04/2024	Payee name CN4 Partners
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Amount (\$) 1,404.15	Payee address; City; State; Zip Code 1326 5th Ave. Suite 334 Seattle, WA 98101
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description Logo design and signs
	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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**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/16/2024	<b>5</b> Payee name Printplace	
<b>6</b> Amount (\$) 440.58	<b>7</b> Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Door hangers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/28/2024	Payee name Amazon.com	
Amount (\$) 29.18	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description plates and decor
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 03/02/2024	Payee name Mr. Z's Tacos	
Amount (\$) 395.11	Payee address; City; State; Zip Code 2950 E I-20, Grand Prairie, TX 75052	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Nacho bar for kick off event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Lea Rae Photography
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<b>6</b> Amount (\$) 172.12	<b>7</b> Payee address; City; State; Zip Code 2755 Excalibur Dr. Grand Prairie, TX 75052
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Promotional photos
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name City of Grand Prairie
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Amount (\$) 50.00	Payee address; City; State; Zip Code 300 W Main Street, Grand Prairie, TX 75051
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Filing fee
	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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Date 02/08/2024	Payee name NGP VAN
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Amount (\$) 425.00	Payee address; City; State; Zip Code PO Box 15707, Austin, TX 78761
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Locate voters to canvass
	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/10/2024	<b>5</b> Payee name PrintPlace
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<b>6</b> Amount (\$) 97.10	<b>7</b> Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description business cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/11/2024	Payee name PrintPlace
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Amount (\$) 114.20	Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Thank you cards
	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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Date 02/15/2024	Payee name WESTCHESTER Post Office
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Amount (\$) 13.60	Payee address; City; State; Zip Code 765 W WESTCHESTER PKWY GRAND PRAIRIE, TX 75052 - 9998
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) other	Description postage
	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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**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/04/2024	<b>5</b> Payee name CN4 Partners
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<b>6</b> Amount (\$) 1,500.00	<b>7</b> Payee address; City; State; Zip Code 1326 5th Ave. Suite 334 Seattle, WA 98101
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name City of Grand Prairie
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Amount (\$) 24.00	Payee address; City; State; Zip Code 300 W Main Street, Grand Prairie, TX 75051
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description map
	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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Date 01/29/2024	Payee name Anedot
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Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online donation fee
	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Michelle Madden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 4.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description online donation fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/02/2024	Payee name Anedot	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description online donation fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/11/2024	Payee name Michelle Madden	
Amount (\$) 290.92	Payee address; City; State; Zip Code PO Box 543052 Grand Prairie, TX 75054	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Repay myself for personal expenditures on event venue and food/drink for event
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Michelle Madden</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/16/2024</b>	<b>5</b> Payee name <b>Sara Darden</b>	
<b>6</b> Amount (\$) <b>225.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>7004 Alcalá Grand Prairie, TX 75054</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event expense</b>	<b>(b)</b> Description <b>rental of venue</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> <b>03/02/2024</b>	<b>Payee name</b> <b>Kroger</b>	
<b>Amount (\$)</b> <b>65.92</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <b>2525 I20 Grand Prairie, TX 75052</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food &amp; drinks for kickoff event</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>  Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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