RECEIVED

CANDIDATE / OFFICEHOLDER FORM C/OH APR 04 2024 COVER SHEET PG 1 **CAMPAIGN FINANCE REPORT** 1 Filer ID City Secretary's Office Total pages filed: The C/OH Instruction Guide explains how to complete this form. City of Grand Prairie MS / MRS / MR М CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Michelle Ms. 1 NAME Makakir LAST SUFFIX NICKNAME Madden ADDRESS / PO BOX: APT / SUITE #: CITY: 4 CANDIDATE / STATE: **ZIP CODE OFFICEHOLDER** PO Box 543052 Grand Prairie, TX 75054 **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)519-4570 **PHONE** Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Michelle Ms L Date Processed NAME NICKNAME LAST **SUFFIX** Date Imaged Madden STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 5311 Penny Lane Grand Prairie, TX 75052 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (214 519-4570 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Dav Year **COVERED** 25 24 5 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City Council District 6 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics Co	mmission Filers)
Michelle Madden				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı	\$	200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7	,070.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 5	,361.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2	,700.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$	500.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true	e and co	rrect and incl	udes all information
	Signature of Ca	andidate (or Officehold	er
	Please complete either option below	• * *		
	Flease complete either option below	٧.		
(1) Affidavit				
NOTARY STAMP/SEA	LL .			
Sworn to and subscribed	before me by this the		_ day of	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath		Title of office	r administering oath
	OR			1000
(2) Unsworn Declarat	ion			
My name is Michelle	Madden , and my date of birth is	6		
My address is 5311 P			75052	USA
5.11	· · · · · · · · · · · · · · · · · · ·	state)	(zip code)	(country)
Executed in Dallas	County, State of Texas , on the oth day of April	h) / /	, ₂₀ 24	
	Mullelle	/ / /	race	In man A
	Signature of Candi	date/Offic	cenolder (Dec	larant)

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this pa	ige in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
² FILER NAME Michelle N	ladden	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#: Bryan Ramsey	
01/22/2024	6 Contributor address; City; State; Zip Carrollton, TX 7600	
8 Principal occu		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/24/2024	Debbi Johnston Contributor address; City; State; Zip Grand Prairie, TX 7505	Code 250.00
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/29/2024	Contributor address; City; State; Zip Houston, TX 7700	23./U
Principal occup	eation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/01/2024	Contributor address; City; State; Zip Gordonville, TX 762	50.00
Principal occu	pation / 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Michelle I	Madden	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/07/2024	6 Contributor address; City; State; Zip Code Midlothian, TX 76065	2,000.00
3 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/07/2024	Contributor address; City; State; Zip Code Midlothian, TX 76065	500.00
Principal occup	eation / Job title (See Instructions) Employer (See In	structions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:	
02/07/2024	Contributor address; City; State; Zip Code Cedar Hill, TX 7510	500.00
Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/07/2024	Contributor address; City; State; Zip Code Farmers Branch, TX 75234	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)

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 fo	rm.	1 Total pages Schedule A1:		
2 FILER NAME Michelle M	ladden		3 Filer ID (Ethics Commission Filers)		
4 Date 02/12/2024	Anne Motschull	#:)	7 Amount of contribution (\$)		
02/12/2024 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052 6 Contributor address; City; State; Zip Code					
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)		
Date	Full name of contributor • out-of-state PAC (ID)#:)	Amount of contribution (\$)		
02/13/2024	Contributor address; City;	State; Zip Code	500.00		
	Grand Prair	rie, TX 75050			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)		
02/26/2024	Contributor address; City;	State; Zip Code	400.00		
	Dr. Grand Prairie	e, 1X /5052			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	· ·	D#:)	Amount of contribution (\$)		
03/01/2024	LaDonna Holtzclaw Contributor address; City;	State; Zip Code	95.70		
	Plano, TX	X 75074			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	FENEN		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 N	ladden	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of contribution (\$)
03/04/2024	6 Contributor address; City; Sta Grand Prairie, TX	te; Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/04/2024	Jeanine & Jasper Walker Contributor address; City; Sta	te; Zip Code	250.00
	Grand Prairie, TX	75053	
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/04/2024	Buddy & Judy White Contributor address; City; Sta Grand Prairie, TX 7		150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/02/2024	Bukekile Dube Contributor address; City; Sta	ate; Zip Code	47.70
	Richardson, TX 7	5080	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
	ATTACH ADDITIONAL COPIES OF TH		

SCHEDULE A1

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

		, 20 1101 111	page in the	. • • • • • • • • • • • • • • • • • • •
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Michelle M	1adden			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sandi Woods		(ID#:)	7 Amount of contribution (\$)
03/02/2024	6 Contributor address;	city;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Keith Fletcher	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/02/2024	Contributor address;	city; Grand Prair	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Mildred Walker	ed Walker		Amount of contribution (\$)
03/07/2024	Contributor address;	c _{ity;} and Prairie,	State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Russell Bridges	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/11/2024	Contributor address;	City; Grand Prairie	State; Zip Code	400.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	

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

SCHEDULE A1

If the reques	ted 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 N	/ladden	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Bryan Ramsey	
03/22/2024	6 Contributor address; City; State; Z	
8 Principal occu	pation / Job title (See Instructions) 9 Employ	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/22/2024		51.00 K 76065
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/25/2024	Contributor address; City; State; 2 Grand Prairie, TX 7505	51.00
Principal occu	pation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
03/25/2024	Contributor address; City; State; Z	JU.00
Principal occu	pation / Job title (See Instructions) Employ	rer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

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.

•	• • • • • • • • • • • • • • • • • • • •			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
² FILER NAME Michelle Mad	den		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$ 500.00	
5 Date of loan 01/22/2024	Michelle Madden	PAC (ID#:)	9 Loan Amount (\$) 100.00	
6 Is lender a financial Institution?	8 Lender address; City; PO Box 543052 Grand Prairie,	State; Zip Code	10 Interest rate 0.00 11 Maturity date	
Y N				
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) President/CEO Grand Prairie Chamber of Commerce				
14 Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
- not applicable	18 Guarantor address; City;	State; Zip Code		
not applicable		T		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
03/25/2024	Michelle Madden		400.00	
Is lender a financial Institution?	Lender address; City; PO Box 543052 Grand Prairie,	State; Zip Code	Interest rate 0.00	
Y N	To box o roots Grand Framo,	77,70001	Maturity date	
Principal occupation President/CE	on / Job title (See Instructions)	Employer (See Instructions) Grand Prairie Cham	ber of Commerce	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor	,	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable		Employer (Oct. 1		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	EDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Madden		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/01/2024	5 Payee name Karen Sims			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.00	4240 Hilltop Lane, Grand Prairie, TX	75052		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverages Expense	Cookies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/04/2024	Dollar Tree			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.77	2307 I-20 Ste 100, Grand Prairie, TX	75052		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	decor		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/04/2024	CN4 Partners			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,404.15	1326 5th Ave. Suite 334 Seattle, WA	x 98101		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Logo design a	nd signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

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

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Madden		3 Filer ID (Ethics C	ommission Filers)
4 Date 02/16/2024	5 Payee name Printplace			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
440.58	1130 Avenue H East Arlington, TX 76	011		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Door hangers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held
Date	Payee name			
02/28/2024	Amazon.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.18				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event expense	plates and de	cor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held
Date	Payee name			
03/02/2024	Mr. Z's Tacos			
Amount (\$)	Payee address;	City;	State;	Zip Code
395.11	2950 E I-20, Grand Prairie, TX 75052			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Nacho bar for	kick off event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Trayel Out Of District

Candidate/Officeholder/Politica CreditCardPayment	, and the state of	Vages/ContractLabor	Travel Out Of District Other (enter a category	
1 Total pages Schedule F1:	2 FILER NAME Michelle Madden		3 Filer ID (Ethic	s Commission Filers)
4 Date 01/31/2024	5 Payee name Lea Rae Photography	`		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
172.12	2755 Excalibur Dr. Grand Prairie, TX	75052		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Promotional ph	notos	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/02/2024	City of Grand Prairie			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	300 W Main Street, Grand Prairie, TX	< 75051		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Filing fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/08/2024	NGP VAN			
Amount (\$)	Payee address;	City;	State;	Zip Code
425.00	PO Box 15707, Austin, TX 78761			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Locate voters t	o canvass	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Madden		3 Filer ID (Ethics Commiss	sion Filers)
4 Date	5 Payee name			
02/10/2024	PrintPlace			
6 Amount (\$)	7 Payee address;	City;	State; Zip C	ode
97.10	1130 Avenue H East Arlington, TX 76	6011		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		I
PURPOSE OF EXPENDITURE	Printing Expense	business card	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office he	eld
Date	Payee name			
02/11/2024	PrintPlace			
Amount (\$)	Payee address;	City;	State; Zip C	ode
114.20	1130 Avenue H East Arlington, TX 76	6011		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	Thank you car	rds	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office he	eld
Date	Payee name			
02/15/2024	WESTCHESTER Post Office			
Amount (\$)	Payee address;	City;	State; Zip C	Code
13.60	765 W WESTCHESTER PKWY GRA	ND PRAIRIE, T	X 75052 - 9998	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	other	postage		
	Check if traveloutside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office h	neld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED.	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica CreditCardPayment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Michelle Madden	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
03/04/2024	CN4 Partners			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,500.00	1326 5th Ave. Suite 334 Seattle, WA	. 98101		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
LAI LINDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	Н			
Date	Payee name			
03/25/2024	City of Grand Prairie			
Amount (\$)	Payee address;	City;	State;	Zip Code
24.00	300 W Main Street, Grand Prairie, T	〈 75051		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	map		
OF EXPENDITURE				
	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/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
01/29/2024	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street Suite 1770 New Orleans, LA 70112	- y -	-	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Online donation	ı fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
		The Instruction Guide explain	s how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N. Michelle				3 Filer ID (Ethic	s Commission Filers)	
4 Date 03/01/2024	5 Payee na Anedot	nme		'			
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code	
4.30		ydras Street Suite 177 eans, LA 70112	70				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			online donatio	n fee		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
03/02/2024	Anedot						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
2.30	1	ydras Street 70 New Orleans, LA 7	70112				
PURPOSE OF EXPENDITURE	Category Fees	/ (See Categories listed at the top of this s	schedule)	Description online donation fee Check if Austin, TX, officeholder living expense			
		Check if travel outside of Texas. Complete S	schedule T.				
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
03/11/2024	Michelle	e Madden					
Amount (\$) 290.92	Payee address; City; State; Zip Code PO Box 543052 Grand Prairie, TX 75054						
	Categor	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	.	epayment/Reimburser	-	Repay myself for personal expenditures on event venue and food/drink for event			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense	
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prii	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
1	Michelle Madden		, , , , , , , , , , , , , , , , , , , ,				
⁴ Date 02/16/2024	5 Payee name Sara Darden						
6 Amount (\$) 225.00 Reimbursement from political contributions intended	7 Payee address; 7004 Alcala Grand Prairie, TX 7	City; 75054	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event expense	(b) Description rental of venue					
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
03/02/2024	Kroger						
Amount (\$) 65.92 Reimbursement from political contributions intended	Payee address; 2525 I20 Grand Prairie, TX 750	City; 052	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food/Beverage Expense		for kickoff event				
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	n, TX, officeholder living expense				
Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH			Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description					
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin	n, 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							