

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED

FORM C/OH
COVER SHEET PG 1

JAN 16 2024

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

City Secretary's Office
City of Grand Prairie

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST
MIGUEL DEL ROSAUE

OFFICE USE ONLY

Date Received

01/16/24
Candice Jones @ 4:46 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]
G.P. TX 75052

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI LAST
KARLA ALDON

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]
G.P. TX 75052

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
6 / 30 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE: Month Day Year
5 / 5 / 23
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
CCD3

13 OFFICE SOUGHT (if known)

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.

<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		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>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,330</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,760</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,570</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Candis Del Bosque this the 16TH day of January, 2024, to certify which, witness my hand and seal of office.

Candis Jones Signature of officer administering oath
Candis J. Jones Printed name of officer administering oath
Assit. City Secretary 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <u> </u>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <u>1,760</u>
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		\$

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 MIGUEL DEL BOSQUE	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/23	5 Payee name TEXAS TRUST CREDIT UNION	
6 Amount (\$) \$10⁰⁰	7 Payee address; GRAND PRAIRIE TX	City; State; Zip Code 75050
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANK FEE'S	(b) Description —
	(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 MIGUEL DEL BOSQUE	Office sought CCDS
		Office held CCDS
Date 7/30/23	Payee name LULAC CHAPTER 26222	
Amount (\$) \$50⁰⁰	Payee address; GRAND PRAIRIE TX	City; State; Zip Code 75052
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	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
Date 7/31/23	Payee name TEXAS TRUST CREDIT UNION	
Amount (\$) \$10⁰⁰	Payee address; GRAND PRAIRIE TX	City; State; Zip Code 75050
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK FEE'S	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

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 | | | |
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1 Total pages Schedule F1:	2 FILER NAME MIGUEL DEL BISQUE	3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Payee name H. A. C. E	
6 Amount (\$) \$1,000⁰⁰	7 Payee address; City; State; Zip Code GRAND PRAIRIE TX 75050	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Don SPONSORSHIP	(b) Description
	(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 9/18/23	Payee name KIM WYATT	City; State; Zip Code
Amount (\$) \$200⁰⁰	Payee address; FT. WORTH TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) KIDS FOOTBALL DONATION	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

Date 9/30/23	Payee name TEXAS TRUST GREAT UNION	City; State; Zip Code
Amount (\$) \$10⁰⁰	Payee address; GRAND PRAIRIE TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK FEE'S	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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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 | | | |
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1 Total pages Schedule F1:	2 FILER NAME <i>MICHAEL DEB BISSER</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/31/23</i>	5 Payee name <i>TEXAS TRUST CREDIT UNION</i>
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6 Amount (\$) <i>\$10⁰⁰</i>	7 Payee address; City; State; Zip Code <i>GRAND PRAIRIE TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>BANK FEE'S</i>	(b) Description
	(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 <i>11/3/23</i>	Payee name <i>TEXAS TRUST CREDIT UNION</i>
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Amount (\$) <i>\$10⁰⁰</i>	Payee address; City; State; Zip Code <i>GRAND PRAIRIE TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANK FEE'S</i>	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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Date <i>12/31/23</i>	Payee name <i>TEXAS TRUST CREDIT UNION</i>
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Amount (\$) <i>\$10⁰⁰</i>	Payee address; City; State; Zip Code <i>GRAND PRAIRIE TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>BANK FEE'S</i>	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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