

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Micah	MI Clay
	NICKNAME	LAST Harmon	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 713, Hallettsville TX 77964		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 798-0033		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Micah	MI Clay
	NICKNAME	LAST Harmon	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 713, Hallettsville, TX 77964		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 798-0033		
9 REPORT TYPE			
<input checked="" 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 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 05 / 26 / 2023 THROUGH Month Day Year 12 / 31 / 2023			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year 03 / 05 / 2024		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) Sheriff		OFFICE SOUGHT (if known) Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

OFFICE USE ONLY

FILED FOR RECORD

AT **1:34** o'clock **P**M

JAN 12 2024

Tenia Hudson
Elections Administrator, Lavaca County

By *Brandy L. Stucky*
Date Hand Delivered or Date Postmarked
CHIEF DEPUTY

Receipt #	Amount \$
Date Processed	
Date Imaged	

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Micah Clay Harmon		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)	\$ 3,150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,406.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 483.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 MICAH C. HARMON and my date of birth is AUG. 5, 1964

My address is PO Box 713 Hallettsville TX 77964 TEXAS
(street) (city) (state) (zip code) (country)

Executed in AVACA County, State of TEXAS, on the 12 day of SEP, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Micah Clay Harmon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,740.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,700.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,406.79
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,000.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jess T. Davenport	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4031 FM 530 Hallettsville TX 77964		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 10/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Steffek	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4077 FM 318 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas C. Foyt	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11014 US 90 A East Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry A. Svetlik	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1500 CR 369 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 7
2 FILER NAME Michah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Svetlik	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1653 FM 1891 Shiner TX 77984		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melvin Christen Jr.	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 76 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Bordovsky	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 45 CR 165 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry J. Kallus	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2842 US 77 North Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 7
2 FILER NAME <i>Micah Clay Harmon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/26/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kevin Busselman</i>	7 Amount of contribution (\$) \$ 200.00
	6 Contributor address; City; State; Zip Code <i>56 CR 131A Hallettsville TX 77964</i>	
8 Principal occupation / Job title (See Instructions) <i>Self-employed</i>		9 Employer (See Instructions)
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Warren Henneke</i>	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code <i>7008 CR 132 Hallettsville TX 77964</i>	
Principal occupation / Job title (See Instructions) <i>Self employed</i>		Employer (See Instructions)
Date <i>10/19/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kate Kopecky</i>	Amount of contribution (\$) \$ 240.00
	Contributor address; City; State; Zip Code <i>P.O. Box 35 Sweet Home, TX 77987</i>	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)
Date <i>10/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Behrens</i>	Amount of contribution (\$) \$ 50.00
	Contributor address; City; State; Zip Code <i>319 CR 404 Yoakum, TX 77995</i>	
Principal occupation / Job title (See Instructions) <i>self employed</i>		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME Mich Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Michael Chandler	7 Amount of contribution (\$) \$ 140.00
6 Contributor address; City; State; Zip Code 722 CR 391 Sweet Home, TX 77987		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Gary Varrusa	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 5272 CR 132 Hallettsville TX 77964		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Harold Miller	Amount of contribution (\$) \$ 120.00
Contributor address; City; State; Zip Code 1674 CR 413 Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) ranch manager		Employer (See Instructions)
Date 10/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Daniel Stasny	Amount of contribution (\$) \$ 140.00
Contributor address; City; State; Zip Code P.O. Box 323 Sweet Home, TX 77987		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 7
2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mason Guettner	7 Amount of contribution (\$) \$140.00
6 Contributor address; City; State; Zip Code 372 CR 357 Shiner TX 77984		
8 Principal occupation / Job title (See Instructions) mechanic		9 Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Peters	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 194 CR 313 Shiner TX 77984		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Jansky	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1164 CR 392 Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevor Seckamp Kerry Peterson	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 4417 CR 419 Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) constable		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevor Seekamp	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 6839 FM 531 Sweet Home, TX 77987		
8 Principal occupation / Job title (See Instructions) water well business		9 Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Hercheck	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 2666 CR 406 Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) fireman		Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Hull	Amount of contribution (\$) \$140.00
Contributor address; City; State; Zip Code 1766 CR 318 Yoakum TX 77995		
Principal occupation / Job title (See Instructions) fireman		Employer (See Instructions)
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marrin Boedecker	Amount of contribution (\$) \$140.00
Contributor address; City; State; Zip Code 720 Louisiana Shiner TX 77984		
Principal occupation / Job title (See Instructions) Self employed		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 7
2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrol Burns	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 218 PRT Rd. 1001 Hallettsville TX 77964		
8 Principal occupation / Job title (See Instructions) mobile crane operator		9 Employer (See Instructions)
Date 10/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melvin Janak	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 8350 FM 340 Moulton TX 77975		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Micah Clay Harmon</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			
5 Date <u>10/19/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tim Boswell</u>	8 Amount of Contribution \$ <u>\$500.00</u>	9 In-kind contribution description <u>hall rental for campaign fundraiser</u>
7 Contributor address; City; State; Zip Code <u>43 CR 391 Yoakum TX 77995</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Business owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self employed</u>	
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 <u>10/19/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Chandler</u>	Amount of Contribution \$ <u>\$450.00</u>	In-kind contribution description <u>food & refreshments</u>
Contributor address; City; State; Zip Code <u>722 CR 391 Sweet Home TX 77987</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: <u>2</u>	
2 FILER NAME <u>Micah Clay Harmon</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$750.00	
5 Date <u>10/26/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth Henneke</u>	8 Amount of Contribution \$ <u>\$750.00</u>	9 In-kind contribution description <u>food & refreshments for fundraising event</u>
7 Contributor address; City; State; Zip Code <u>1267 CR 134 Hallettsville Tx 77964</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Business owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self employed</u>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
			<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
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1		2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)	
4 Date 7/25/23		5 Payee name Schulenburg Printing and Office Supplies			
6 Amount (\$) \$152.63		7 Payee address; City; State; Zip Code 705 Upton Ave P.O. Box 429 Schulenburg Tx 78956			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense		(b) Description "Re-Elect Micah Harmon" 100 koozies		
	<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 Micah Clay Harmon		Office sought Sheriff		Office held Sheriff	
Date 8/10/23		Payee name Schulenburg Printing and Office Supplies			
Amount (\$) \$175.37		Payee address; City; State; Zip Code 705 Upton Ave P.O. Box 429 Schulenburg Tx 78956			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description "Re-elect Micah Harmon" 200 koozies		
	<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 Micah Clay Harmon		Office sought Sheriff		Office held Sheriff	
Date 10/4/23		Payee name Kurtz Printing Company			
Amount (\$) \$2,107.09		Payee address; City; State; Zip Code 110 Pin Oak Ct. Victoria Tx 77901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description 100-18x24 Campaign signs 10-2x4 6-4x8		
	<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 Micah Clay Harmon		Office sought Sheriff		Office held Sheriff	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card 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 complete this form.

1 Total pages Schedule F1:		2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)	
4 Date 10/24/23		5 Payee name Kurtz Printing Company			
6 Amount (\$) \$1760.15		7 Payee address; 110 Pin Oak Ct.		City; Victoria	State; Zip Code Tx 77901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); Printing expense		(b) Description 100-24x18 in Campaign signs 15-2x4		
	<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 Micah Clay Harmon		Office sought Sheriff	Office held Sheriff
Date 12/4/23		Payee name Kurtz Printing Company			
Amount (\$) \$422.18		Payee address; 110 Pin Oak Ct.		City; Victoria	State; Zip Code Tx 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); Printing expense		Description campaign signs 3-4'x8'		
	<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 Micah Clay Harmon		Office sought Sheriff	Office held Sheriff
Date 11/17/23		Payee name Norma's House - Gonzales Regional Children's Advocacy Center			
Amount (\$) \$450.00		Payee address; 1604 St. Paul St., P.O. Box 1925		City; Gonzales	State; Zip Code Tx 78629
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); Donation		Description sponsor table all fundraising event		
	<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 Micah Clay Harmon		Office sought Sheriff	Office held Sheriff

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:		2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/23		5 Payee name Hallettsville Tribune-Herald			
6 Amount (\$) \$113.24		7 Payee address; P.O. Drawer 427		City; Hallettsville TX	State; Zip Code 77964
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description re-election announcement		
	<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 Micah Clay Harmon		Office sought Sheriff		Office held Sheriff	
Date 11/30/23		Payee name Yoakum Herald-Times			
Amount (\$) \$85.68		Payee address; P.O. Box 798		City; Yoakum TX	State; Zip Code 77995
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description re-election announcement		
	<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 Micah Clay Harmon		Office sought sheriff		Office held sheriff	
Date 11/30/23		Payee name Shiner Gazette			
Amount (\$) \$90.63		Payee address; P.O. Box 727		City; Shiner TX	State; Zip Code 77984
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description re-election announcement		
	<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 Micah Clay Harmon		Office sought Sheriff		Office held Sheriff	

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Micah Clay Harmon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/23</i>	5 Payee name <i>Moulton Eagle</i>	
6 Amount (\$) <i>\$74.48</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 427 Hallettsville, TX 77964</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>re-election announcement</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Micah Clay Harmon Sheriff Sheriff</i>	
Date <i>12/18/23</i>	Payee name <i>Buildasign</i>	
Amount (\$) <i>\$258.72</i>	Payee address; City; State; Zip Code <i>11525A Stonehollow Dr. Suite 100 Austin TX 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	Description <i>2x3 campaign signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date <i>12/5/23</i>	Payee name <i>Buildasign</i>	
Amount (\$) <i>\$716.62</i>	Payee address; City; State; Zip Code <i>11525A Stonehollow Dr. Suite 100 Austin TX 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	Description <i>yard signs and stakes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Micah Clay Harmon Sheriff Sheriff</i>	

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card 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 complete this form.

1 Total pages Schedule G	2 FILER NAME Micah Clay Harmon		3 Filer ID (Ethics Commission Filers)	
4 Date 7/17/23	5 Payee name Micah Roth			
6 Amount (\$) \$2000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 110 Pin Oak Ct.		City; Victoria TX	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense		(b) Description	
	<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 Micah Clay Harmon		Office sought Sheriff	Office held Sheriff
	Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;		City;	State; Zip Code
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
	Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;		City;	State; Zip Code
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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