CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** V Michelle NAME Date Received NICKNAME LAST SUFFIX Ly 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # ZIP CODE OFFICEHOLDER MAILING **ADDRESS** JUL 15 '25 PM 54 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MS / MR\$ / MR FIRST TREASURER C George NAME Date Processed NICKNAME LAŞT SUFFIX Date Imaged White CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # STATE ZIP CODE TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 01 / 01 / 2025 30 / 2025 06 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description Month Day General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Round Rock City Council, Place 1 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL 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 Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 180.00 T DAY \$ 1,239.61				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD					
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 administe	ring cath Printed name of officer administering cath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is Michelle L	.y, and my date of birth is					
My address is	Round Rock T.					
Executed in Williamson	County, State of Texas on the 15th day of July	state) (zip code) (country) 20 25 (year) date/Officeholder (Declarant)				
	-	(1				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$180.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	RIBUTIONS RETURNED	\$

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/Fundralsing 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

	The metraction datas explains now to t	complete tills foldi.		
1 Total pages Schedule F1:	2 FILER NAME Michelle Ly		3 Filer ID (Ethic	s Commission Filers)
4 Date 01 17 2025	Agent Operations			
6 Amount (\$) 20.00	7 Pavee address:	City;	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website		
	(C) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/18/2025	Agent Operations			
Amount (\$) 20.00	Payée address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Website		
	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 H	Office sought		Office held
Date	Payee name			
03/17/2025	Agent Operations			
Amount (\$) 20.00	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		. , , , , , , , , , , , , , , , , , , ,
PURPOSE OF EXPENDITURE	Fees	Website		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	In, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED	

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/Sanking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Leoat Services Losn Repsyment/Reimbursament 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
Office (Children and Market Share)

Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer tD (Ethics Commission Filers) Michelle Ly 4 Date 5 Payee name 04/17/2025 Agent Operations 6 Amount (\$) 7 Pavee address City; State: Zip Code 20.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Fees Website PURPOSE EXPENDITURE Check if traval outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 05/19/2025 **Agent Operations** Amount (\$) Payee address City; State; Zip Code 20.00 Category (See Categories listed at the top of this schedu(e) Description Fees Website PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 06/17/2025 Agent Operations Payee address; City; State: Zip Code 20.00 Category (See Categories listed at the top of this schedule) Description Fees PURPOSE Website OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense 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 3 Filer ID (Ethics Commission Filers) Michelle Ly 4 4 Date 5 Payee name 01/31/205 Wells Fargo Bank 6 Amount (\$) 7 Payee address; City; State: Zip Code 10.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees Bank Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 02/28/2025 Wells Fargo Bank Amount (\$) Payee address: City: State: Zip Code 10.00 Description Category (See Categories listed at the top of this schedule) **Fees** Bank Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder tiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/31/2025 Wells Fargo Bank Amount (\$) Payee address: City; Zip Code State: 10.00 Description Category (See Categories listed at the top of this schedule) Fees Bank Fee **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Scheckle T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Politina 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 3 Filter ID (Ethics Commission Filers) 4 Michelle Ly 4 Date 5 Payee name 04/30/205 Wells Fargo Bank 6 Amount (\$) 7 Pavee address City State; Zip Code 10.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **Fees** Bank Fee **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2025 Wells Fargo Bank Amount (\$) Payee address City State: Zip Code 10.00 Description Category (See Categories listed at the top of this schedule) Fees Bank Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/30/2025 Wells Fargo Bank Amount (\$) Payee address; City; State: Zip Code 10.00 Category (See Categories listed at the top of this schedule) Description Bank Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH