



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME Michael Orozco **15** Filer ID (Ethics Commission Filers)

**16** 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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1585. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1959.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46500. <sup>00</sup>

**18** AFFIDAVIT

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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Orozco, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Edward Castaneda  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-19-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VINCENT ZUBRAS</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>PO BOX 600010 DALLAS TX 75360</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES HUGHES</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1441 EL CAMPO DR DALLAS TX 75218</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SID DAVIS</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1914 SKILLMAN ST STE 110 DALLAS TX 75206</b>		
Principal occupation / Job title (See Instructions) <b>MANAGER</b>		Employer (See Instructions) <b>STARS BLUE NOTE</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUMMER REID</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>390 BEDFORD DR RICHARDSON, TX 75080</b>		
Principal occupation / Job title (See Instructions) <b>PARALEGAL</b>		Employer (See Instructions) <b>THE CLINESMITH FIRM</b>

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>MICHAEL GROZLO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-25-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN CREWS</b> 6 Contributor address; City; State; Zip Code <b>3105 SAN JACINTO # 209 DALLAS TX 75204</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>QUALITY ASSURANCE</b>		9 Employer (See Instructions) <b>FREIGHT HR</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEAN CHALABI</b> Contributor address; City; State; Zip Code <b>3234 COMMANDER DR STE. 100 CARROLLTON, TX 75006</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>LAWYER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSH COGAN</b> Contributor address; City; State; Zip Code <b>520 FARMERS MARKET WAY DALLAS TX 75201</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>PRESIDENT</b>		Employer (See Instructions) <b>OUTCAST YOUTH</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIM COVINGTON</b> Contributor address; City; State; Zip Code <b>1915 ELM ST # 507 DALLAS TX 75201</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>PARALEGAL</b>		Employer (See Instructions) <b>MCCALL, PIRKURST, HORTON ATTORNEYS</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-25-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY GREFFITH</b>	7 Amount of contribution (\$) <b>40.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>6875 CAROLYN CREST DALLAS TX 75214</b>		
8 Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO JR</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2825 VACHERIE LN DALLAS TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>POLICE OFFICER</b>		Employer (See Instructions) <b>DISD</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO SR.</b>	Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5707 VANDERBILT AV DALLAS TX 75206</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOAN MCCALL</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>918 W. COMMERCE DALLAS TX 75208</b>		
Principal occupation / Job title (See Instructions) <b>JUDGE</b>		Employer (See Instructions) <b>CITY OF DALLAS</b>

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2 FILER NAME <b>MICHAEL CROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6-25-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SYLVIA LAGOS</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>131 N. MONTCLAIR DAUS TX 75208</b>	
8 Principal occupation / Job title (See Instructions) <b>CHIEF CLERK</b>		9 Employer (See Instructions) <b>DAUS COUNTY</b>
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AL LAGOS</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>131 N. MONTCLAIR AV DAUS TX 75208</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>6-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADAM BAZALDUA</b>	Amount of contribution (\$) <b>20.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>6926 BELTEAU LN DAUS TX 75227</b>	
Principal occupation / Job title (See Instructions) <b>CITY COUNCILMAN</b>		Employer (See Instructions) <b>CITY OF DAUS</b>
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)

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