

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: <div style="text-align: right; font-size: 1.2em;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Michael..... NICKNAME LAST SUFFIX Fallek	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-style: italic; text-align: center;">City Secretary's Office Received</div> Date <u>4-2-2016</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4316 N. 10th St., McAllen, Texas 78504		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 655-6760	Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mike..... NICKNAME LAST SUFFIX Sanchez		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1309 S. Peking St., McAllen, Texas 78501		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 534-8130		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Month Day Year 01 / 30 / 2026 THROUGH 04 / 02 / 2026		
11 ELECTION	ELECTION DATE Month Day Year 05 / 02 / 2026	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) McAllen City Commission - District 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Michael Fallek		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,466.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,450.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Michael Fallek, and my date of birth is .

My address is 1606 Marigold Ave., McAllen, Texas 78501, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in Hidalgo County, State of Texas, on the 2nd day of April, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Michael Fallek

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,050.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1276.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,600.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,866.06
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,866.06
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas and Deena Davidson	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1701 Jonquil Ave, McAllen TX 78501		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar and Rutchabeth Contreras	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5121 N. Jasmine Ct., McAllen, TX 78501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Klincek	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1700 Kevria Ave, McAllen TX 78501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rink and Becky Guerra	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 4804 N. 5th St., McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George and Lisa Kuhn</i>	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code <i>3212 Toucan Ave, McAllen, TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John K. Bailey</i>	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code <i>7200 N. Main St., McAllen TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven and Courtney Egan</i>	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code <i>8406 N. 2nd St., McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Egan</i>	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code <i>5321 N. 10th St, #404 McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark and Jennifer Wright	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1713 Esperanza Ave, McAllen TX 78501		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATEO SUAREZ	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3318 N. 19 th 1/2 St., McAllen, TX 78501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian and Elvia Arriaga	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 116 Bluebird Ave, McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben and Esperanza Garza	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1700 Violet Ave, McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Las Edelman	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 723 Oakmont Ave., #3411, Las Vegas, NV 88109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-7-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry and Patty Fallek	Amount of contribution (\$) \$3000.00
Contributor address; City; State; Zip Code 117 Cardinal Ave., McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Real Estate Attorney		Employer (See Instructions) Self
Date 3-13-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Violeta Benavides	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1805 Damasco Ave., Edinburg, TX 78541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-18-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob McCreary	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1208 S. 1ST ST. Modesto, TX 78501		
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.

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:
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 3-23-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Kittloman</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>200 E. Dulce Ave, McAllen TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-23-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brendon and Christine Wallace</i>	Amount of contribution (\$) <i>\$2000.00</i>
Contributor address; City; State; Zip Code <i>8221 N. 2nd St., McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions) <i>Construction / President</i>		Employer (See Instructions) <i>Akero System Industries, LLC</i>
Date 3-30-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Coleman</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>600 W. Anita Ave, Apt 402 McAllen, TX 78503</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shari and Steve Coats</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>2712 Maria Anna Rd., Austin, TX 78703</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
2 FILER NAME Michael Faliek		3 Filer ID (Ethics Commission Filers)
4 Date 3-31-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben and Malsuda Bosquez	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1712 Jonquil Ave., McAllen, TX 78501		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-31-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Cathy Helgeson	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1601 W. Iris Ave., McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Self
Date 4-1-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry and Linda Edelman	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 723 Oakmont Ave. # 3411 Las Vegas, NV 3411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas and Carolyn Jayner	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 248 Madera Way Drifting Springs, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)
4 Date 3-25-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Gina Millin	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 1408 Yucca Ave., McAllen TX 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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: 2	
2 FILER NAME Michael Fallek		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 03/31/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neil and Ann Westerman	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Neighborhood Meet and Greet Reception
7 Contributor address; City; State; Zip Code 1613 Iris Ave., McAllen, Texas 78504		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 03/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Cathy Helgeson	Amount of Contribution \$ \$175.00	In-kind contribution description Neighborhood Meet and Greet Reception
Contributor address; City; State; Zip Code 1601 W. Iris Ave., McAllen, TX 78501		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Optometrist		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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>Michael Fallek</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/31/26</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Salvador Trey Gonzalez</u>	8 Amount of Contribution \$ <u>\$601.00</u>	9 In-kind contribution description <u>Logo hard sanitizers</u>
7 Contributor address; City; State; Zip Code <u>1530 Cardinal Ave, McAllen, TX 78504</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
<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>			

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	2 FILER NAME Michael Fallek	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/26	5 Payee name Roosevelts at 7	
6 Amount (\$) \$2,187.49	7 Payee address; City; State; Zip Code 821 N. Main St., McAllen, Texas 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Kickoff Event
	(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
Date 03/18/26	Payee name Brand Boosters	
Amount (\$) \$4,678.57	Payee address; City; State; Zip Code 301 N. McColl Rd., Ste. G, McAllen, Texas 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs and Other Materials
	<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 03/18/26	Payee name Javier Cantu	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 1307 W. Duranta, Edinburg, Texas 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Delivering and putting up campaign signs
	<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

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Michael Fallek	3 Filer ID (Ethics Commission Filers)
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4 Date 3/19/26	5 Payee name Carrera Communications
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6 Amount (\$) \$5,000.00	7 Payee address; 135 Paseo del Prado, Ste. 48, Edinburg, TX 78539	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Manager
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Michael Fallek	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 CREDIT CARD ISSUER	Name of financial institution Chase Bank
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6 PAYMENT	(a) Amount Charged \$ 2,187.49	(b) Date Expenditure Charged 02/25/26	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Roosevelts at 7	(b) Payee address; City, State, Zip Code 821 N. Main St., McAllen, Texas 78501
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Kickoff Event
	(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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PAYMENT	(a) Amount Charged \$ 4,678.57	(b) Date Expenditure Charged 03/18/26	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Brand Boosters	(b) Payee address; City, State, Zip Code 301 N. McColl Rd., Ste. G, McAllen, Texas 78501
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs and Other Materials
	(c) <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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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(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	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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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 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: 1	2 FILER NAME Michael Fallek	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/26	5 Payee name Roosevelts at 7	
6 Amount (\$) \$2,187.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 821 N. Main St., McAllen, Texas 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Kickoff Event
	(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 03/18/26	Payee name Brand Boosters	
Amount (\$) \$4,678.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 301 N. McColl Rd., Ste. G, McAllen, Texas 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs and Other Materials
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED