

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR. Michael J</i>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <i>TOBIAS</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX APT / SUITE # CITY; STATE; ZIP CODE [REDACTED] <i>Kyle, TX</i> <i>78640</i>	<i>1/30/23 gk</i>	
	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MI [REDACTED]		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	NICKNAME LAST SUFFIX [REDACTED]	Receipt # Amount \$	
	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] <i>Kyle TX</i> <i>78640</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED] <i>N/A</i>	Date Processed	
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 THROUGH Month Day Year <i>7 / 15 / 22</i> <i>1 / 15 / 2023</i>	Date Imaged	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description <i>1 / 25 / 20</i> General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>CITY COUNCIL</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
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.

Michael Tobias

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Tobias this the 30th day of January, 2023, to certify which, witness my hand and seal of office.

Jennifer Kirkland Jennifer Kirkland Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)