CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T 4 =		2 Total pages filed:		
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 lotal pages filled.		
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Michael	/	W	OFFICE USE ONLY Date Received		
NAME	NICKNAME	Habern		SUFFIX	O B - 1 × Qu		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #:		TATE; ZIP CODE TX. 76712	City Se crotainly		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 723-0323	E	XTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) NICKNAME	Michael LAST		SUFFIX	Date Processed Date Imaged		
		Habern	L				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	O PO BOX PLEASE); APT /	SUITE #:	city; Poodway	STATE: ZIP CODE TX. 76712		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE (254) 7	PHONE NUMBER 23-0323	E	XTENSION			
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 0 2	Day Year / 14 / 2015	THROL	Month OGH ○ 4	Day Year / 03 / 2025		
11 ELECTION	ELECTION DAY Month Day 5 / 3	Year Primar		Description			
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if kno	uncil		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUI AND OFFICEHOLDERS ARE REC	NS ACCEPTED OR I RES MAY HAVE BEI QUIRED TO REPORT	POLITICAL EXPENDITURES EN MADE WITHOUT THE CA THIS INFORMATION ONLY	MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAM	E			
		COMMITTEE CAMPAIGN	TREASURER ADI	DRESS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Michael Habern	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2493 41
.*	4. TOTAL POLITICAL EXPENDITURES	\$ 2493 41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 3, 46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0 00
18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code.	and correct and includes all information
	Michal &	Lohan
	Signature of Car	ndidate or Officeholder
	nt an annual of aither antian balance	e de la companya de
	Please complete either option below	' *
:		
	million.	
(1) Affidavit	KATRINA BARRETT My Notary ID # 132846553 Expires December 31, 2028	
NOTARY STAMP/SE		
1	ed before me by MICHAEL HABEVM this the	3 day of April.
1701 A and 10	ify which, witness my hand and seal of office.	MARAMA
Signature of officer admini	The state of the s	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is Mich	iael Habern and my date of birth is	
My address is 63		x., 767/2, USH state) (zip code) (country)
Executed in McLe	(city) (chreet) (city) (month) (county, State of Texas, on the 3 day of April (month)	
	World Ha	bern
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	134441 5 7 7 77	nics Commission Filers)
	Michael Habern	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50 =
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0 00
4.	SCHEDULE E: LOANS	\$ 000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 46 54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 000
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$ 0 ···
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 297.11
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2493.41
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$ 0 60
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$ 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:
2 FILER NAME	Michael Habern	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
3-23-25	Gayle Avant	# 00
2 22 22	6 Contributor address; City; State; Zip Code	# 50 00
	Woodway Tx 7671	2
	pation / Job title (See Instructions) 9 Employer (See	
Re	tired None	
Date	Full name of contributor	
Date	The management of the manageme	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	3
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	 ∋
PR. V I		
Principal occup	eation / Job title (See Instructions) Employer (See	instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	t
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
	. The second section is the second section of the second section in the second section (x,y)	
		•

	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	
	If contributor is out-of-state PAC, please see Instruction guide for add	itional reporting requirements.

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 Glft/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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Michael Habern		3 Filer ID (Ethi	cs Commission Filers)
4 Date 4-02-2025	5 Payee name WIX, COM			
\$ 46,54	7 Payee address; 235 W 23rd St. N	lew York	NY State;	Zip Code 00 (
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website	Desi 51	ı
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholdername Michael Habern	Office sought	Council	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	en kan ng armai man kanna ngin minganah sa gayanah pao 1970-kh di	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	<u> </u>	Office held
	***	an and a supplication of the supplication of t		
Date	Рауее пате		-	
Amount (\$)	Payee address;	City;	State;	Zip Gode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Ī	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng 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 NE	EDED	

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

Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Award:	s/Memorials Expense ices	Printing E Printing I Salaries/		et Labor	Travel Out O	fDistrict	not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW	PAGE FOR	EACH CRED	IT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Mich	ael 1-	taber	n		3 FILER ID	(Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$ 2	97.	1)
5 CREDIT CARD ISSUER	Name of financial institut Capitol	ion One	ni di kana ayan ayan ga addan alamin ya kana ka ada ada ada ada ada ada ada ada ada	w. (4. e.)				
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	1	Credit Card Iss			
	\$ 297.11	5 297. " 3-31-2025 3-31					om Salam Angles (Angles Salam) (Angles Salam) (Angles Salam) (Angles Salam) (Angles Salam) (Angles Salam) (Ang	nik forskum der segen i forskum group er sem kankru kap kalikan ini y makeza se es dilifo forsk
7 PAYEE	(a) Payee name Michael	Habern	(b) Payee ad	dress; Santa	a Fe h	lity, To odway	State,	767/2
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	lule)	(b) Descript		_		
Political	Advertisi	ns Expe	nse	130	nner	5		
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Aus	in, TX, officeho	lder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 1	Haberr		ice Sought City	Counc		ffice Held	
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) (Credit Card Iss	uer Paid	:	
	\$							
PAYEE	(a) Payee name	je, eksieczne naderowane society kilomanie periori ordinicie (1694) bytoty are k	(b) Payee ad	dress;	(City,	State,	Zip Code
							war overest state (1)	
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ited at the top of this sched	iule)	(b) Descript	tion			
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Au	stin, TX, officeh	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought	onaczaniej z skiego kilolokie kiedeniej referencie in okazanie in okazanie pro-	O	ffice Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Iss	uer Paid		
	\$							
PAYEE	(a) Payee name		(b) Payee ad	dress;	(Sity,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	iule)	(b) Descrip	tion	managa iyo o ini da da da da da a a a a a a a a a a a a		SCHEFF of humanismus in turn in turn unau società per punto società regionale company del presente del PRESIN
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	<u>'</u>	Check if A	ustin, TX, office	holder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	iame	Of	fice Sought		O	iffice Held	to VI dina na prije alip a di privi sa su su privi di kina na di Anna u Pri
	ATTACH ADDIT	TONAL COPIE	S OF THIS	SCHEDU	LE AS NEI	EDED		

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

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/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME Michael Habern	3 Filer ID (Ethics Commission Filers)
4 Date 3-25-2025	5 Payee name Temo	
6 Amount (\$) \$ 33.51 Reinnbursement from political contributions intended	50 He 355, 31 st James Ave Boston	State; Zip Code Mass. 02116
8 PURPOSE OF EXPENDITURE		15 Lor Yard Sisns TX, officeholder living expense
9 Complete <u>ONŁY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Michael Habern city cour	Office held つこ(
Date 03-24-2025	Payee name Wix.com	
Amount (\$) 77.7/ Reimbursement from political contributions intended	Payee address; 235 W 23rd 5t, New York	NY VOII
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Web Jite	- Boilder
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name Office sought	o, TX, officeholder living expense Office held
annatar, kalan asing garantara mendebe kendigen kanalah kili pagini bendan amalah basar mendebenda mendebenda Mangalah dian dian dian dian dian dian dian mendebengan pendapan dian dian pendapan dian dian dian dian dian di		
3-19-2025	I Stock Photo	
Amount (\$) # 107,17 Reimbursement from political contributions intended	Payee address; Suite 301-1240 20th Ave SE Calgary	State; Zip Code Alberta T261M8
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Website	Builder
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin	. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Michael Habern City Council	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED

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

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)

Gredit Gard Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:	2 FILER NAME Michael Habern	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name							
3-25-2025	Des							
6 Amount (\$) # 154 . 17 Reimbursement from political contributions intended	7 Payee address; 6706 Lohman Ford Ro	Lago Vista Tx. 78645						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Advertising	Banners						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Michael Habern	Office sought City Council Office held						
Date	Payee name							
2-13-2025	McLennan County	est de la companya d La companya de la companya del companya de la companya del companya de la companya del la companya de la						
Amount (\$) \$ 12,50 Reimbursement from political contributions intended	Payee address; 501 Washington Ave.	City; State; Zip Code Waco Tx, 76701						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Legal Services	Assumed Name						
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH Michael Habern	Office sought Office held						
Date 3-6-2025	Payee name Bross - Yowell							
Amount (\$) 81 19 Reimbursement from political contributions intended	Payee address; 3720 Franklin Ave	City; State; Zip Code Waco TX, 767/4						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Rebar Support for Yard Signs						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Habern	Office sought Office held City Council						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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 Candidate/Officeholder/Politic	Ву	Event Expense Fees Food/Beverage Ext Gift/Awards/Memo Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/M	rpense /ages/ContractLat	ense bor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule G:		hael	Haber	n			3 Filer ID (Ethi	cs Commission Filers)
4 Date 3-5-2025	5 Payee nam					-		
6 Amount (\$) \$ 34, 45 Reimbursement from political contributions intended	7 Payee add	S No	len Dr.		Graper.		State:	Zip Code 7605/
8 PURPOSE OF EXPENDITURE	,	See Categories listed YTISING	* •	hedule)	(b) Description Busine	on USS 1	Cards	(Political)
		eck if travel outside of				if Austin, 7	IX, afficeholder livin	
9 Complete ONLY if direct expenditure to benefit C/OH		te / Officeholde			City (oun	ci/	Office held
Date 3-04-2025	Payee nam WiX	· CoM						
Amount (\$) # 46.54 Reimbursement from political contributions intended	Payee addr		RD 57.	Ne	ew York		NY State	•
PURPOSE OF EXPENDITURE	Adve	See Categories liste rtising				ite	Builde	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida	neck if travel outside of te / Office holde hae/	······································		Office sought	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TX, officeholder living	Office held
Date 02-04-2025	Payee name	COM						
Amount (\$) # 67.49 Reimbursement from political contributions intended	Payee addr 235	ess; W 23 ^t	<u>d</u> 54.	Λ	city; Sew Yor	•	State;	Zip Code
PURPOSE OF EXPENDITURE	Adve	See Galegories lister FT/S, N. G. eck if travel outside of	<u>)</u>		Description Webs	site	Build	
Complete ONLY If direct expenditure to benefit C/OH	44 1	te / Officeholde NÃE (Habern		office sought	Poun	cil	Office held
	ATTAC	H ADDITION/	AL COPIES OF	THIS S	CHEDULE AS	NEEDE	D	

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 Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
1 Total pages Schedule G:	Michael Haber	n	3 Filer ID (Ethics Commission Filers)						
4 Date 02-24-2025	5 Payee name WiX, CoM	•							
6 Amount (\$) ## 31, /7 Reimbursement from political contributions intended	7 Payee address; 235 W 23td St,	New York	State; Zip Code N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising	edule) (b) Description Website	Builder.						
	(c) Check if travel outside of Texas, Complete Scher	dule T. Check if Austin,	TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Habern	Office sought City Counc	Office held						
Date 02-24-2025	Payee name WiX.Com								
Amount (\$) # 3,23 Reimbursement from political contributions intended	Payee address; 23 rd St,	New York	State; Zip Code NY /00//						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Check if travel outside of Texas. Complete Sche	Websit	e Buildew TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held						
Date 02-20-2025	Payee name I-Stock Photo								
Amount (\$) # /0 7. /7 Reimbursement from political contributions intended	Payee address; 501+e 301-1240 2049	Ave SE Calgary	State; Zip Code Y Alberta T261M8						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Adventising	edule) Description Website	Desisn						
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Habern	Office sought City Counci	Office held						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Cancillate/Officeholder/Political Committee

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)

Credit Gard Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME Michael Habern 3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name						
2-27-2025	Dc5						
6 Amount (\$) 74 \$\frac{1}{2}\$ 294 74 Reimbursement from political contributions intended	6706 Lohman Ford Rd. Lago Vista Tx. 78645						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Yard Signs						
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office hold Michael Habern city Council Office hold						
Date	Payee name						
3-17-2025	De5						
Amount (\$) \$\frac{1}{2}94,70\$ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista Tx. 78645						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Yard Signs						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> If direct expenditure to benefit G/C	Gandidate / Office hold office held OH Michael Habern City Council						
3-21-2025	Payee name DC5						
Amount (\$) # /23.9/ Reimbursement from political contributions intended	Payee address; State; Zip Code 6706 Lohman Ford Rd. Lago Vista Tx. 78645						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Banners						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate 1 Office holder name Office sought Office held Michael Habern City Council						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

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

		EXPENDITU	RE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Ву	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAM	Michael	ID (Ethics	Commission Filers)			
4 Date 2-28-2025	5 Payee nam	9	Habern and hab	el			•
6 Amount (\$) 108.25 Reimbursement from political contributions intended	7 Payee add			City; Wac <i>o</i>		State:	Zip Code 76706
8 PURPOSE OF EXPENDITURE	Adver	See Categories listed at II		(b) Description H - Stak		Indian Nulsan O	photonic vice and a supplied to the supplied t
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		neck if travel outside of Texa te / Office holder na I Ael Ha		Office sought City Coul	hcil		Office held
Date 3-21-2025	Payee nam	s Tape	a Lab	el		**************************************	ें चेंद्र केंग
Amount (\$) ### /08, 25 Reimbursement from political contributions intended	Payee add	4,12,14,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		city; Waco		State;	Zip Code 76706
PURPOSE OF EXPENDITURE		See Categories listed at t	he top of this schedule)	Description H - 51	akes	5	
Complete ONLY if direct expenditure to benefit C/C	Candida	neck if travel outside of Texa te / Officeholder na hael H	······································	Office sought	ustin, TX, office	eholder living e	oxpense Office held
Date 2-17-2025	Payee nam	e				anaga anaga anaga an sa	
Amount (\$) 5 29474 Reimbursement from political contributions intended	Payee add		Ford Rd.	Lago Vi	ista.	State; TX	zip Code 78645
PURPOSE OF EXPENDITURE	Adve	see Categories listed at t			Signs ustin. TX, office		NA DE LE CONTRACTOR DE LA CONTRACTOR DE
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na		Office sought	uncil		Office held
<u>, quanta a que transque a dela Sanca quante una esquata del transportante del trans</u>	ATTAC	H ADDITIONAL (COPIES OF THIS	SCHEDULE AS NE	EDED		

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

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

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

Candidate/OfficenoidenPoliti Credit Card Payment	The Instruction Guide explains how to		itet a calegory nornaled above)		
1 Total pages Schedule G:	Michael Habe	ern.	ID (Ethics Commission Filers)		
4 Date	5 Payee name		,		
2-21-2025	Signs on the Chea	P	ngan ang kanggapa ang kalaban an 1974 ang apam di p ^{ala} an ang apam di palaban ang ang ang ang ang ang ang ang ang a		
Amount (\$) 87 Reimbursement from political contributions intended	5 Payee name Signs on the Check 7 Payee address; 11525-B Stonehold	llow Austin	State; Zip Code TX 78758		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Advertising	Doorhanger	5		
EXPENDITURE	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9	Candidate / Officeholder name	Office sought	/ Office held		
Complete ONLY if direct expenditure to benefit C/OH	Michael Habern	City Counc	1/		
Date	Payee name	,	a.e.		
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	grands	percent			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office			
Candidate / Officeholder name Office sought Office he expenditure to benefit C/OH			Office field		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions inlended					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE Charles and a complete Educate T		Check if Austin, TX, officeholder living expense			
	Check if travel outside of Texas. Complete Schedule T.		Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Since Held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			



(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Received		
Date Hand-delivered or Date Postmarked		
Receipt #	Amount\$	
Date Processed		
Date Imaged		

OFFICE USE ONLY

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	•			•		

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Campaign report</u> report due on <u>April 3, 2025</u>. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

KATRINA BARRETT My Notary ID # 132846553 Expires December 31, 2028	Which Hall Signature of Filer
Sworn to and subscribed before me by MCMAR HOME 20 25, to certify which, witness my hand and seal of office.	this the 3 day of AVV. We H Which this the 3 day of AVV. Title of officer administering oath
(2) Unsworn Declaration My name is Michael Habern My address is 633 Santa Fe Dr. (street) Executed in McLennan County, State of Texas, on	, and my date of birth is March 8, 1951 Woodway TX., 76712 USA (city) (state) (zip code) (country)
Executed in	Mechael Habern Signature of Filer (Declarant)