

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: 5																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>Mr</td> <td>Michael</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black;">LAST</td> <td style="border-top: 1px dotted black;">SUFFIX</td> </tr> <tr> <td></td> <td>Capizzi</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Michael		NICKNAME	LAST	SUFFIX		Capizzi		<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; height: 100px;"> <div style="position: absolute; top: 5px; left: 5px;">Date Received</div> <div style="position: absolute; top: 20px; left: 20px; font-size: 2em;">4/25/2025</div> </div>										
MS / MRS / MR	FIRST	MI																						
Mr	Michael																							
NICKNAME	LAST	SUFFIX																						
	Capizzi																							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> / SUITE #: CITY: STATE: ZIP CODE New Braunfels Texas 78130 </div>																							
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> <tr> <td>(830)</td> <td>302-6065</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(830)	302-6065																
AREA CODE	PHONE NUMBER	EXTENSION																						
(830)	302-6065																							
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>Mr</td> <td>Russel</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black;">LAST</td> <td style="border-top: 1px dotted black;">SUFFIX</td> </tr> <tr> <td></td> <td>Gribble</td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mr	Russel		NICKNAME	LAST	SUFFIX		Gribble										
MS / MRS / MR	FIRST	MI																						
Mr	Russel																							
NICKNAME	LAST	SUFFIX																						
	Gribble																							
7 CAMPAIGN TREASURER ADDRESS	<div style="border: 1px solid black; padding: 5px;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 2 Mission Trace New Braunfels Texas 78130 </div>																							
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> <tr> <td>(325)</td> <td>212-2988</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(325)	212-2988																
AREA CODE	PHONE NUMBER	EXTENSION																						
(325)	212-2988																							
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)													
<input 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 checked="" 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 10%; font-size: small;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%; font-size: small;">Month</td> <td style="width: 10%; font-size: small;">Day</td> <td style="width: 10%; font-size: small;">Year</td> </tr> <tr> <td>4</td> <td>/</td> <td>3</td> <td>/</td> <td>4</td> <td>/</td> <td>25</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">THROUGH</td> <td colspan="3"></td> </tr> </table>			Month	Day	Year		Month	Day	Year	4	/	3	/	4	/	25				THROUGH			
Month	Day	Year		Month	Day	Year																		
4	/	3	/	4	/	25																		
			THROUGH																					
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 5 / 3 / 25 </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																			
ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																							
12 OFFICE	<div style="border: 1px solid black; padding: 5px;"> OFFICE HELD (if any) </div>																							
13 OFFICE SOUGHT (if known)	<div style="border: 1px solid black; padding: 5px;"> New Braunfels City Council District 2 </div>																							
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS													
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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Michael Capizzi****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,980.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,365.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	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:
2 FILER NAME Michael Capizzi		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/20	5 Full name of contributor out-of-state PAC (ID#: Gary joeris 6 Contributor address; City; State; Zip Code San Antonio Texas 78130	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/20	Full name of contributor out-of-state PAC (ID#: Cory Elrod Contributor address; City; State; Zip Code New Braunfels Texas 78130	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/20	Full name of contributor out-of-state PAC (ID#: Carl McClenan Contributor address; City; State; Zip Code San Antonio Texas	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.		

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 FILER NAME Michael Capizzi	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2025	5 Payee name Direct Texas	
6 Amount (\$) 1,046.05	7 Payee address; City; State; Zip Code New Braunfels Texas 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Flyers
	(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 / Officeholder name	Office sought Office held
Date 04/15/2025	Payee name Direct Texas	
Amount (\$) 2,815.53	Payee address; City; State; Zip Code New Braunfels Texas 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flyers
	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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/25/2025	Payee name Direct Texas	
Amount (\$) 2,353.13	Payee address; City; State; Zip Code New Braunfels Texas 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flyers
	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/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

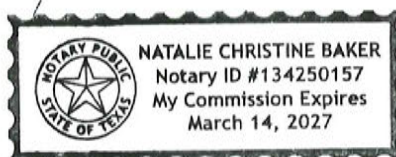
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,080.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,980.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 150.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,365.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,313.78
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 Michael Capizzi this the 25th day of April, 2025, to certify which, witness my hand and seal of office.

Natalie Baker Asst. City Secretary

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)