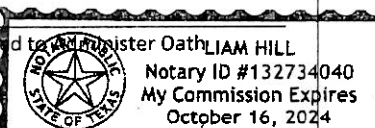


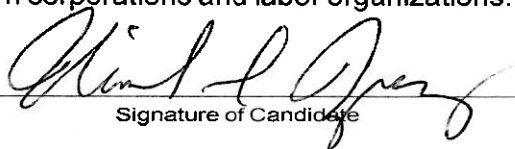
APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT						
TO: City Secretary/Secretary of Board (name of election)						
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.						
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Keller Board of Trustee, Place 1</u>					INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Micah Stearns Young</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Micah Young</u>			
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>1521 Spanish Bay Dr</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) [REDACTED]			
CITY <u>Keller</u>		STATE <u>Tx</u>	ZIP <u>76248</u>	CITY		STATE ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)			OCCUPATION (Do not leave blank) <u>Broker Associate at Berkshire Hathaway H</u>		DATE OF BIRTH [REDACTED]	
VOTER REGISTRATION VUID NUMBER ² (Optional)						
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell:						
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN			
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN THE STATE OF TEXAS <u>40</u> year(s) <u>0</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>90</u> year(s) <u>6</u> month(s)	
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.						
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Micah Young</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Micah Young</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Place 1 KESD Board</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."						
X <u>[Signature]</u> SIGNATURE OF CANDIDATE						
Sworn to and subscribed before me this the <u>24</u> day of <u>Jan</u> , <u>2022</u> , by <u>Micah Young</u> (day) (month) (year) (name of candidate)						
Signature of Officer Authorized to Administer Oath ⁴ <u>[Signature]</u>			Printed Name of Officer Authorized to Administer Oath <u>Liam Hill</u>			
Title of Officer Authorized to Administer Oath <u>Notary Public</u>						
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (if Applicable) PAID BY:						
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.						
This document and \$_____ filing fee or a nominating petition of _____ pages received.						<input checked="" type="checkbox"/> Voter Registration Status Verified
<u>1 / 24 / 2022</u>		<u>1 / 25 / 2022</u>		<u>[Signature]</u>		
Date Received		Date Accepted		Signature of Filing Officer or Designee		

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST	MI				
	M:cah		S				
	NICKNAME	LAST	SUFFIX				
	Young						
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	1521 Spanish Bay Dr,		Keller, TX		76248		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(832)	776-7175					
5 OFFICE HELD (if any)							Date Received
6 OFFICE SOUGHT (if known)	Keller ISD Board of Trustees, Place 1						Date Hand-delivered or Postmarked
7 CAMPAIGN TREASURER NAME	MS/MRS <input checked="" type="radio"/> MR	FIRST	MI	NICKNAME	LAST	SUFFIX	Receipt #
		Rudy Littler					Amount \$
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Processed	
	1132 Oak Dr		Keller	TX	76248		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	431-3076					
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
	 Signature of Candidate					11/24/22 Date Signed	

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

Mical Young

**12 MODIFIED
REPORTING
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

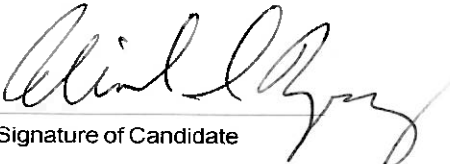
•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$940 in political contributions or make more than \$940 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2022

Year of election(s) or election cycle to
which declaration applies


Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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 MR	FIRST Micah	MI S	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Young	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1521 Spanish Bay Dr, Keller, TX 76248			
	AREA CODE PHONE NUMBER EXTENSION (469) 431-3076			
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MR	FIRST Rudy	MI 	
	NICKNAME	LAST Littler	SUFFIX	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE; ZIP CODE 1132 Oak Dr, Keller, TX 76248-3911			
	AREA CODE PHONE NUMBER EXTENSION (469) 431-3076			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<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 THROUGH Month Day Year 1 / 1 / 22 3 / 28 / 22			
8 CAMPAIGN TREASURER PHONE	ELECTION DATE		ELECTION TYPE	
	Month Day Year 5 / 7 / 22	Primary Runoff General Special	<input checked="" type="checkbox"/> Other Description <u>Local School Board</u>	
9 REPORT TYPE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees Place 1	
	14 NOTICE FROM POLITICAL COMMITTEE(S) <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.</small>			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

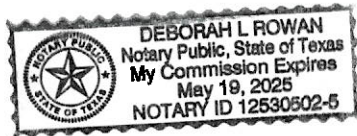
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Micah Young		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)	\$ 13,555.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,555.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,997.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,997.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21.00 8552.62 MSY
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.

Micah Young
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Micah Young this the 7 day of April, 2022, to certify which, witness my hand and seal of office.
Deborah Rowan Deborah Rowan 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Micah Young		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,555.00
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		\$ 4,997.38
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID# _____) Micah Young 6 Contributor address; City; State; Zip Code 1521 Spanish Bay Dr, Keller, TX 76248	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) Agent, Real Estate		9 Employer (See Instructions) BHHS
Date 02/27/2022	Full name of contributor out-of-state PAC (ID# _____) Micah Young Contributor address; City; State; Zip Code 1521 Spanish Bay Drive, Keller TX 76248	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Agent, Real Estate		Employer (See Instructions) BHHS
Date 02/27/2022	Full name of contributor out-of-state PAC (ID# _____) Cliff Donnelly Contributor address; City; State; Zip Code unknown	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/03/2022	Full name of contributor out-of-state PAC (ID# _____) Jamie Storey Contributor address; City; State; Zip Code 4925 Harrell Street, North Richland Hills TX 76180	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Agent, Real Estate		Employer (See Instructions) BHHS

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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2022	5 Full name of contributor out-of-state PAC (ID# _____) John Miliara 6 Contributor address; City; State; Zip Code 2333 Florence Rd, Keller, TX 76248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) Robert Shelton Contributor address; City; State; Zip Code 1709 Joyner Rd, Keller TX 76248	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Media Consulting		Employer (See Instructions) Mercury Radio Arts
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) Shannon Dubberly Contributor address; City; State; Zip Code 2119 Alma Drive Keller TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) IT Project Manager		Employer (See Instructions) Balfour Beatty
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) John Jordan Contributor address; City; State; Zip Code 6103 Hunter Lane, Colleyville TX 76034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Colliers
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2022	5 Full name of contributor out-of-state PAC (ID# _____) Christine Molloy ----- 6 Contributor address; City; State; Zip Code 4916 Bob Wills Drive Fort Worth, TX 76244	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 03/08/2022	Full name of contributor out-of-state PAC (ID# _____) Shannon Wood ----- Contributor address; City; State; Zip Code 1109 Oakmont Ct, Keller TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/08/2022	Full name of contributor out-of-state PAC (ID# _____) Stephen Gates ----- Contributor address; City; State; Zip Code 720 Richmond Ln Keller, TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/09/2022	Full name of contributor out-of-state PAC (ID# _____) Kayanne Forney ----- Contributor address; City; State; Zip Code 1508 New Castle Road Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Commerical RE		Employer (See Instructions) Centurion

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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Alvarado <hr/> 6 Contributor address; City; State; Zip Code 221 Redwood Court Keller TX 76248	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Business Development Manager		9 Employer (See Instructions) Vanderlande Industries
Date 03/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Zach Smith <hr/> Contributor address; City; State; Zip Code 4133 Drexmore Rd Keller TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) BNSF
Date 03/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Haley Thor <hr/> Contributor address; City; State; Zip Code 7812 Baywood Court North Richland Hills TX 76182	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD
Date 03/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Glyn Smith <hr/> Contributor address; City; State; Zip Code 13 Jamie Ct Trophy Club, TX 76262	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Core-mark
<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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2022	5 Full name of contributor out-of-state PAC (ID# _____) Christopher Steele 6 Contributor address; City; State; Zip Code 108 Churchill Court Southlake, TX 76092	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Self Employed
Date 03/24/2022	Full name of contributor out-of-state PAC (ID# _____) Brad Matheidas Contributor address; City; State; Zip Code 511 Ironwood Drive Keller TX 76248	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Altus
Date 03/24/2022	Full name of contributor out-of-state PAC (ID# _____) Brittany Platz Contributor address; City; State; Zip Code 8216 Rio Vista Court North Richland Hills TX 76182	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 03/28/2022	Full name of contributor out-of-state PAC (ID# _____) Donna Cobb Contributor address; City; State; Zip Code 707 W LD Lockett RD Colleyville TX 76034	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Colin	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4508 Weyhill Drive Arlington TX 76013		
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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	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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2022	5 Payee name Harland Clarke	
6 Amount (\$) 27.55	7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Check book purchase
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
Date 02/02/2022	Payee name FIVERR	
Amount (\$) 449.85	Payee address; City; State; Zip Code www.fiverr.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website Design
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
Date 02/07/2022	Payee name Signs on the Cheap	
Amount (\$) 211.09	Payee address; City; State; Zip Code 11525A Stonehollow Dr, Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Purchase
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1

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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2022	5 Payee name PostNet	
6 Amount (\$) 50.88	7 Payee address; City; State; Zip Code 1303 W Pipeline Rd Hurst, TX 76053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date 02/22/2022	Payee name Wix.com	
Amount (\$) 188.35	Payee address; City; State; Zip Code 500 Terry A Francois Blvd. San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website Design
	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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date 02/28/2022	Payee name PostNet Roanoke	
Amount (\$) 63.46	Payee address; City; State; Zip Code 1224 US -377 Roanoke, TX 76262	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyer Purchase
	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 Micah S Young	Office sought KISD Board of Trustees Place 1

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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 02/28/2022	5 Payee name Staples
-----------------------------	--------------------------------

6 Amount (\$) 88.75	7 Payee address; 8004 Denton Hwy, Watauga, TX 76148	City;	State;	Zip Code
-------------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
---	--	---	-------------

Date 03/02/2022	Payee name Amazon
--------------------	----------------------

Amount (\$) 85.40	Payee address;	City;	State;	Zip Code
----------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
--	--	---	-------------

Date 02/28/2022	Payee name PostNet Roanoke 2
--------------------	---------------------------------

Amount (\$) 63.46	Payee address; 1224 US -377 Roanoke, TX 76262	City;	State;	Zip Code
----------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyer Purchase
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 03/03/2022	5 Payee name Tiffany Taste CateringCo
-----------------------------	---

6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 12748 Oakvale Tr, Fort Worth, TX 76244
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
---	--	---	-------------

Date 03/04/2022	Payee name Edgerton Strategies
--------------------	-----------------------------------

Amount (\$) 1,963.16	Payee address; City; State; Zip Code 1540 Keller Pkwy 108 Keller, TX 76248
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
--	--	---	-------------

Date 03/07/2022	Payee name INMS Marketing
--------------------	------------------------------

Amount (\$) 622.44	Payee address; City; State; Zip Code 1224 US -377 Roanoke, TX 76262
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Marketing Materials
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2022	5 Payee name JLT Trading	
6 Amount (\$) 240.00	7 Payee address; City; State; Zip Code 9889 Harwin DR. Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tshirts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
10 Date 03/09/2022	11 Payee name Edgerton Strategies	
12 Amount (\$) 542.14	13 Payee address; City; State; Zip Code 1540 Keller Pkwy 108 Keller, TX 76248	
14 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs/Flyers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
15 Date	16 Payee name	
17 Amount (\$)	18 Payee address; City; State; Zip Code	
19 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST		
		MR	Micah	S	
		NICKNAME	LAST	SUFFIX	
			Young		
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			Receipt #
		<input type="checkbox"/> Final report Other (specify) _____			Amount \$
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Date Processed
		1	1	22	
		THROUGH			Date Imaged
		3	28	22	


6 EXPLANATION OF CORRECTION
Miscalculation of a expenses reported.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Micah Young

 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit  Sworn to and subscribed before me by Micah Young this the 12th day of April, 2022, to certify which, witness my hand and seal of office.

Zachary Selley Zachary Selley 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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
MR Micah S

NICKNAME LAST SUFFIX
Young

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1521 Spanish Bay Dr, Keller, TX 76248

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 431-3076

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR Rudy

NICKNAME LAST SUFFIX
Littler

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
1132 Oak Dr, Keller, TX 76248-3911

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 431-3076

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 22 THROUGH 3 / 28 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 7 / 22 General Special Local School Board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees Place 1

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

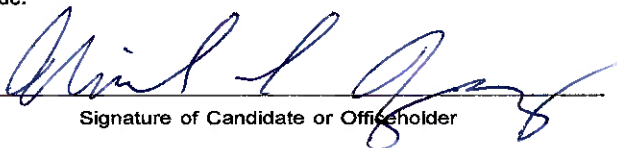
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Micah Young		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)	\$ 13,555.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,996.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,558.47
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:



Sworn to and subscribed before me by Micah Young this the 12th day of April

20 22, to certify which, witness my hand and seal of office.

Zachary Selley Zachary Selley 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Micah Young

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,555.00
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.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,996.53
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID# _____) Micah Young 6 Contributor address; City; State; Zip Code 1521 Spanish Bay Dr, Keller, TX 76248	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) Agent, Real Estate		9 Employer (See Instructions) BHHS
Date 02/27/2022	Full name of contributor out-of-state PAC (ID# _____) Micah Young Contributor address; City; State; Zip Code 1521 Spanish Bay Drive, Keller TX 76248	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Agent, Real Estate		Employer (See Instructions) BHHS
Date 02/27/2022	Full name of contributor out-of-state PAC (ID# _____) Cliff Donnelly Contributor address; City; State; Zip Code unknown	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/03/2022	Full name of contributor out-of-state PAC (ID# _____) Jamie Storey Contributor address; City; State; Zip Code 4925 Harrell Street, North Richland Hills TX 76180	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Agent, Real Estate		Employer (See Instructions) BHHS
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: 1
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2022	5 Full name of contributor out-of-state PAC (ID# _____) John Miliara 6 Contributor address; City; State; Zip Code 2333 Florence Rd, Keller, TX 76248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) Robert Shelton Contributor address; City; State; Zip Code 1709 Joyner Rd, Keller TX 76248	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Media Consulting		Employer (See Instructions) Mercury Radio Arts
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) Shannon Dubberly Contributor address; City; State; Zip Code 2119 Alma Drive Keller TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) IT Project Manager		Employer (See Instructions) Balfour Beatty
Date 03/05/2022	Full name of contributor out-of-state PAC (ID# _____) John Jordan Contributor address; City; State; Zip Code 6103 Hunter Lane, Colleyville TX 76034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Colliers
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2022	5 Full name of contributor out-of-state PAC (ID# _____) Christine Molloy ----- 6 Contributor address; City; State; Zip Code 4916 Bob Wills Drive Fort Worth, TX 76244	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 03/08/2022	Full name of contributor out-of-state PAC (ID# _____) Shannon Wood ----- Contributor address; City; State; Zip Code 1109 Oakmont Ct, Keller TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/08/2022	Full name of contributor out-of-state PAC (ID# _____) Stephen Gates ----- Contributor address; City; State; Zip Code 720 Richmond Ln Keller, TX 76248	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/09/2022	Full name of contributor out-of-state PAC (ID# _____) Kayanne Forney ----- Contributor address; City; State; Zip Code 1508 New Castle Road Southlake, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Commerical RE		Employer (See Instructions) Centurion

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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2022	5 Full name of contributor out-of-state PAC (ID# _____) Paul Alvarado 6 Contributor address; City; State; Zip Code 221 Redwood Court Keller TX 76248	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Business Development Manager		9 Employer (See Instructions) Vanderlande Industries
Date 03/10/2022	Full name of contributor out-of-state PAC (ID# _____) Zach Smith Contributor address; City; State; Zip Code 4133 Drexmore Rd Keller TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) BNSF
Date 03/10/2022	Full name of contributor out-of-state PAC (ID# _____) Haley Thor Contributor address; City; State; Zip Code 7812 Baywood Court North Richland Hills TX 76182	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD
Date 03/21/2022	Full name of contributor out-of-state PAC (ID# _____) Glyn Smith Contributor address; City; State; Zip Code 13 Jamie Ct Trophy Club, TX 76262	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Core-mark
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2022	5 Full name of contributor out-of-state PAC (ID# _____) Christopher Steele	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 108 Churchill Court Southlake, TX 76092		
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Self Employed
Date 03/24/2022	Full name of contributor out-of-state PAC (ID# _____) Brad Matheidas	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 511 Ironwood Drive Keller TX 76248		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Altus
Date 03/24/2022	Full name of contributor out-of-state PAC (ID# _____) Brittany Platz	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 8216 Rio Vista Court North Richland Hills TX 76182		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 03/28/2022	Full name of contributor out-of-state PAC (ID# _____) Donna Cobb	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 707 W LD Lockett RD Colleyville TX 76034		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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: 6
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2022	5 Full name of contributor out-of-state PAC (ID# _____) Mike Colin	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4508 Weyhill Drive Arlington TX 76013		
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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	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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2022	5 Payee name Tiffany Taste CateringCo	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 12748 Oakvale Tr, Fort Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
Date 03/04/2022	Payee name Edgerton Strategies	
Amount (\$) 1,963.16	Payee address; City; State; Zip Code 1540 Keller Pkwy 108 Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1
Date 03/07/2022	Payee name INMS Marketing	
Amount (\$) 622.44	Payee address; City; State; Zip Code 1224 US -377 Roanoke, TX 76262	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Marketing Materials
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1

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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
---------------------------------	-----------------------------	---------------------------------------

4 Date 02/28/2022	5 Payee name Staples
----------------------	-------------------------

6 Amount (\$) 88.75	7 Payee address; 8004 Denton Hwy, Watauga, TX 76148	City;	State;	Zip Code
------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
--	--	---	-------------

Date 03/02/2022	Payee name Amazon
--------------------	----------------------

Amount (\$) 85.40	Payee address;	City;	State;	Zip Code
----------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
--	--	---	-------------

Date 02/28/2022	Payee name PostNet Roanoke 2
--------------------	---------------------------------

Amount (\$) 63.46	Payee address; 1224 US -377 Roanoke, TX 76262	City;	State;	Zip Code
----------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyer Purchase
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	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
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: 5		2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)	
4 Date 02/14/2022		5 Payee name PostNet			
6 Amount (\$) 50.88		7 Payee address; City; State; Zip Code 1303 W Pipeline Rd Hurst, TX 76053			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(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 Micah S Young		Office sought KISD Board of Trustees Place 1	Office held
Date 02/22/2022	Payee name Wix.com				
Amount (\$) 188.35	Payee address; City; State; Zip Code 500 Terry A Francois Blvd. San Francisco, CA 94158				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website Design		
	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 Micah S Young		Office sought KISD Board of Trustees Place 1	Office held
Date 02/28/2022	Payee name PostNet Roanoke				
Amount (\$) 63.46	Payee address; City; State; Zip Code 1224 US -377 Roanoke, TX 76262				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Flyer Purchase		
	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 Micah S Young		Office sought KISD Board of Trustees Place 1	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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
---------------------------------	-----------------------------	---------------------------------------

4 Date 01/19/2022	5 Payee name Harland Clarke
----------------------	--------------------------------

6 Amount (\$) 27.55	7 Payee address; 15955 La Cantera Pkwy San Antonio, TX 78256	City;	State;	Zip Code
------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Check book purchase
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
---	--	---	-------------

Date 02/02/2022	Payee name FIVERR
--------------------	----------------------

Amount (\$) 449.85	Payee address; www.fiverr.com	City;	State;	Zip Code
-----------------------	----------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website Design
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	Office held
---	--	---	-------------

Date 02/07/2022	Payee name Signs on the Cheap
--------------------	----------------------------------

Amount (\$) 211.09	Payee address; 11525A Stonehollow Dr, Suite 100 Austin, TX 78758	City;	State;	Zip Code
-----------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Purchase
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah S Young	Office sought KISD Board of Trustees Place 1	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
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: 5	2 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2022	5 Payee name JLT Trading	
6 Amount (\$) 240.00	7 Payee address; City; State; Zip Code 9889 Harwin DR. Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tshirts
	(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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date 03/09/2022	Payee name Edgerton Strategies	
Amount (\$) 542.14	Payee address; City; State; Zip Code 1540 Keller Pkwy 108 Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs/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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 Micah S Young	Office sought KISD Board of Trustees Place 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Micah S	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Young		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1521 Spanish Bay Dr., Keller, TX 76248		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 431-3076		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Rudy	Date Received	
	NICKNAME LAST SUFFIX Littler	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1132 Oak Dr., Keller, TX 76248		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 431-3076		
9 REPORT TYPE	<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	Month Day Year THROUGH Month Day Year 3 / 29 / 22 THROUGH 4 / 27 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE Primary Runoff <input checked="" type="checkbox"/> Other Description General Special <u>Local School Board</u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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	
	GENERAL	COMMITTEE ADDRESS	
	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 Micah Young		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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,735.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,153.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,139.99 -5,418.48 <i>MSY</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

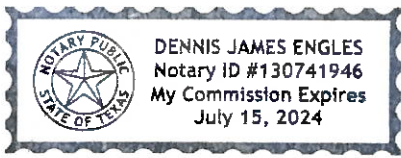
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Micah Young

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Micah Young this the 29 day of April, 2022, to certify which, witness my hand and seal of office.

Dennis James Engles Dennis James Engles Notary
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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,735.00
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.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,153.48
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:**12****2** FILER NAME**Micah Young****3** Filer ID (Ethics Commission Filers)**4** Date**03/29/2022****5** Full name of contributor**Patrick Bouchebel**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**250.00****6** Contributor address;

City;

State;

Zip Code

1600 Greenhill Court Keller, TX 76248**8** Principal occupation / Job title (See Instructions)**CEO****9** Employer (See Instructions)**Self-Employed**

Date

03/29/2022

Full name of contributor

Jeff McClaskey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

406 Linda Street Keller, TX 76248

Principal occupation / Job title (See Instructions)

General Contractor

Employer (See Instructions)

Self-Employed

Date

03/30/2022

Full name of contributor

Doug & Bettie Taylor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.00

Contributor address;

City;

State;

Zip Code

4024 Vernon Way Fort Worth, TX 76244

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

04/02/2022

Full name of contributor

Nicholas Littler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1132 Oak Drive Keller, TX 76248

Principal occupation / Job title (See Instructions)

National Director

Employer (See Instructions)

Samaritan's Purse**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

Micah Young

3 Filer ID (Ethics Commission Filers)

4 Date

04/03/2022

5 Full name of contributor

Carey Page

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1467 Highland Court Keller, TX 76262

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date

04/03/2022

Full name of contributor

Deverick Jordan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2022

Full name of contributor

Matt Swartz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3260 Button Bush Drive Fort Worth, TX 76244

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

47 Roofing

Date

04/04/2022

Full name of contributor

Ryann Smythe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1236 Robin Drive Roanoke, TX 76262

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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) James Pulliam 6 Contributor address; City; State; Zip Code 1700 Rialto Way Justin, TX 76247	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) 47 Roofing & Construction
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Kara Swallow Contributor address; City; State; Zip Code 3209 Mason Drive Plano, TX 75025	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) THLE
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) David Goff Contributor address; City; State; Zip Code 1840 Thackery Lane Prosper, TX 75078	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) ORT
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Victoria Schelbitzki Contributor address; City; State; Zip Code 5612 English Oak Drive Fort Worth, TX 76244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self-Employed
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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Joe & Kaycee Bergman 6 Contributor address; City; State; Zip Code 1513 Spanish Bay Drive Keller, TX 76248	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Natalie Austin Contributor address; City; State; Zip Code 101 Ben Payne Road Rockwall, TX 75087	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Salesforce
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Banning Contributor address; City; State; Zip Code 11501 Maddie Ave Fort Worth, TX 76244	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Hair Dresser		Employer (See Instructions) Self-Employed
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) MK & Will Austin Contributor address; City; State; Zip Code 101 Ben Payne Road Rockwall, TX 75087	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) DFW Improved
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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Alex Harper	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 9204 Indian Knoll Trail Keller, TX 76248		
8 Principal occupation / Job title (See Instructions) Medical		9 Employer (See Instructions) T Off Your Health
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Ryann Kerekes	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 1019 Barbara Lane Keller, TX 76248		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Michelle Harmon	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1501 Roxboro Lane McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Responsive Ed
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Michelle Harmon	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1501 Roxboro Lane McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Lara Rudnick	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 1537 Hudnall Farm Road Keller, TX 76248	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) UT Southwestern
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Chris Coker	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1323 Briar Ridge Drive Keller, TX 76248	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Josh & Paige Park	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 9140 Hawley Dr Fort Worth, TX 76248	
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Square3 IT
Date 04/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Sabrina Menck	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 1317 Blue Ridge Rd Keller, TX 76248	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2022	5 Full name of contributor Sabrina Menck out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1317 Blue Ridge Rd Keller, TX 76248	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/06/2022	Full name of contributor Heather Pearson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1309 Luna Dr Keller, TX 76248	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) GIS Manager		Employer (See Instructions) CH4 Energy Management
Date 04/06/2022	Full name of contributor Ryan Kerekes out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1019 Barbara Lane Keller, TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) VP Operational Excellence		Employer (See Instructions) GM Financial
Date 04/06/2022	Full name of contributor Niki Sullivan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1017 Hideaway Dr Keller, TX 76248	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Functional Health Coach		Employer (See Instructions) Lifes Medicine
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.

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

Micah Young

3 Filer ID (Ethics Commission Filers)

4 Date

04/06/2022

5 Full name of contributor

Tevon Taylor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

20.00

6 Contributor address;

City;

State;

Zip Code

11261 Fincher Road Argyle, TX 76226

8 Principal occupation / Job title (See Instructions)

Sales Master

9 Employer (See Instructions)

FedEx

Date

04/06/2022

Full name of contributor

Victoria Taylor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

11261 Fincher Road Argyle, TX 76226

Principal occupation / Job title (See Instructions)

Looking Pretty

Employer (See Instructions)

Larry North

Date

04/06/2022

Full name of contributor

Jared Tate

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1522 S. 1100 E Spanish Fork, UT 84660

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Johnson & Johnson

Date

04/07/2022

Full name of contributor

Nathan Barron

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

14926 Kenton Place Lane Cypress, TX 77429

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

ExxonMobil

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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Stacie Barron	7 Amount of contribution (\$) 40.00
	6 Contributor address; City; State; Zip Code 14926 Kenton Place Lane Cypress, TX 77429	
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Pam Lane	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1008 Marvin Drive Keller, TX 76262	
Principal occupation / Job title (See Instructions) Media		Employer (See Instructions) Self Employed
Date 04/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Howard Franques	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1508 Spanish Bay Drive Keller, TX 76248	
Principal occupation / Job title (See instructions) Financial Advisor		Employer (See Instructions) ExxonMobil
Date 04/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Allan Dewinter	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 523 Edgebrook Ave Keller, TX 76248	
Principal occupation / Job title (See Instructions) Contracts		Employer (See Instructions) Northrop Grumman
<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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Amy Hill 6 Contributor address; City; State; Zip Code 216 Bear Hollow Keller, TX 76248	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions) Cook Children's
Date 04/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Susan Michele Kemplay Contributor address; City; State; Zip Code 2806 Cabernet Lane Arlington, TX 76001	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director of HR		Employer (See Instructions) Jason's Deli
Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) John Jordan Contributor address; City; State; Zip Code 6103 Hunter Lane Colleyville, TX 76034	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Colliers
Date 04/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Tiana Banes Contributor address; City; State; Zip Code 745 W Park Ct Keller, TX 76248	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Gemba Academy
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 Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Katie Banes 6 Contributor address; City; State; Zip Code 745 W Park Ct Keller, TX 76248	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Allan Dewinter Contributor address; City; State; Zip Code 523 Edgebrook Ave Keller, TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Contracts		Employer (See Instructions) Northrop Grumman
Date 04/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Steve Goff Contributor address; City; State; Zip Code 4609 Redwood Dr. McKinney, TX 75070	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Berkshire Hathaway PenFed Realty
Date 04/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Nathan Maroney Contributor address; City; State; Zip Code 12401 Bella Angelo Ct Fort Worth, TX 76126	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Merrill Lynch
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

Micah Young

3 Filer ID (Ethics Commission Filers)

4 Date

04/20/2022

5 Full name of contributor

Sara Pullen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

40.00

6 Contributor address;

City;

State;

Zip Code

8416 Parkdale Drive North Richland Hills, TX 76182

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date

04/22/2022

Full name of contributor

Donna Cobb

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

707 W LD Lockett Rd Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / 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

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	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 Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2022	5 Payee name JLT Trading	
6 Amount (\$) 204.00	7 Payee address; 9889 Harwin Dr.	City; State; Zip Code Houston TX 77036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirts
	(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 Michah Young	Office sought KISD Board of Trustees Place 1
Date 04/07/2022	Payee name JLT Trading	
Amount (\$) 204.00	Payee address; 9889 Harwin Dr.	City; State; Zip Code Houston TX 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	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 Michah Young	Office sought KISD Board of Trustees Place 1
Date 04/20/2022	Payee name Edgerton Strategies	
Amount (\$) 3,000.00	Payee address; 1540 Keller Pkwy, Suite 108	City; State; Zip Code Keller TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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 C/OH	Candidate / Officeholder name Michah Young	Office sought KISD Board of Trustees Place 1

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 FILER NAME Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2022	5 Payee name Axiom Strategies	
6 Amount (\$) 8,440.00	7 Payee address; 800 W. 47th Street, Suite 200	City: Kansas City State: MO Zip Code: 64112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Mailers
	(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 Micah Young	Office sought: KISD Board of Trustees Place 1 Office held:
Date	Payee name Stripe	
Amount (\$) 205.99	Payee address;	City: San Fransico State: CA Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing Fees for Donations by Credit Card
	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 Micah Young	Office sought: KISD Board of Trustees Place 1 Office held:
Date	Payee name Donorbox	
Amount (\$) 99.54	Payee address; 601 King St, Suite 200	City: Alexandria State: VA Zip Code: 22314
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Platform Fees
	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 Micah Young	Office sought: KISD Board of Trustees Place 1 Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Micah	MI S	OFFICE USE ONLY
	NICKNAME	LAST Young	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1521 Spanish Bay Dr, Keller, TX 76248			
	Date Received			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 431-3076	EXTENSION	
	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Rudy	MI	Receipt #
	NICKNAME	LAST Littler	SUFFIX	Amount \$
Date Processed				
Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1132 Oak Dr, Keller, TX 76248-3911			
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 431-3076	EXTENSION	
9 REPORT TYPE	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 4 / 28 / 22		THROUGH	Month Day Year 5 / 14 / 22
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Local School Board</u>	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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		
	GENERAL	COMMITTEE ADDRESS		
	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

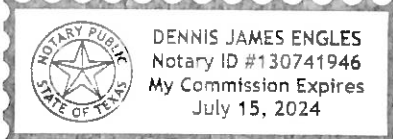
15 C/OH NAME Micah Young		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,017.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 275.03
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.

Micah Young
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Micah Young this the 16 day of May, 2022, to certify which, witness my hand and seal of office.

Dennis James Engles Dennis James Engles Notary
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)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Micah Young

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,300.00
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	\$ 9,017.63
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: 1
2 FILER NAME Micah Young		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2022	5 Full name of contributor out-of-state PAC (ID# _____) Doug Hines	50.00
	6 Contributor address; City; State; Zip Code 1241 Village Tr Keller, TX 76248	
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 05/04/2022	Full name of contributor out-of-state PAC (ID# _____) Chris Coker	5,000.00
	Contributor address; City; State; Zip Code 1323 Brir Ridge dr, Keller, TX 76248	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 05/05/2022	Full name of contributor out-of-state PAC (ID# _____) Ross McMullin	250.00
	Contributor address; City; State; Zip Code 305 Woodland TRL, Keller, TX 76248	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Firm
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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>		

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 Micah Young	3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2022	5 Payee name The UPS Store	
6 Amount (\$) 6.00	7 Payee address; City; State; Zip Code Keller Pkwy, Keller TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description Notary
	(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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date 05/12/2022	Payee name Axiom Strategies	
Amount (\$) 8,440.00	Payee address; City; State; Zip Code 800 W. 47th St, Suite 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs/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 Micah S Young	Office sought KISD Board of Trustees Place 1
Date 05/11/2022	Payee name Donor Box	
Amount (\$) 192.83	Payee address; City; State; Zip Code 601 King St, Suite 200 Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Platform Fees
	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 Micah S Young	Office sought KISD Board of Trustees Place 1

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 Micah Young	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 05/11/2022	5 Payee name Stripe
-----------------------------	-------------------------------

6 Amount (\$) 378.80	7 Payee address; City; State; Zip Code San Francisco, CA
---------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description CC Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Micah Young	Office sought Keller ISD Board of Trustees Place 1	Office held
---	--	---	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Micah S Young

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

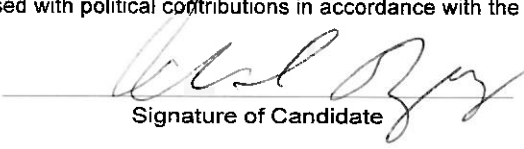
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

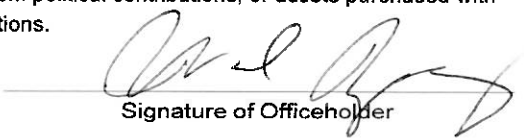
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder