

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: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI J	OFFICE USE ONLY Date Received JAN 15 2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST MCDONOUGH	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 9002 STROUD DR HOUSTON, TX 77036	APT / SUITE #;	CITY; STATE; ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 969-3838	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST VALERIE	MI	
	NICKNAME	LAST SHAIKH	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1202 MELFORD DRIVE HOUSTON, TX 77077			
8 CAMPAIGN TREASURER PHONE	AREA CODE (219)	PHONE NUMBER 742-0776	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 10 / 26 / 25 THROUGH 12 / 31 / 25			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 11 / 4 / 25	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) HOUSTON ISD SCHOOL BOARD TRUSTEE, DISTRICT VI	
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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

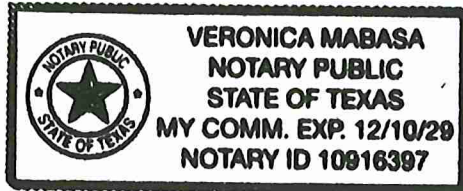
15 C/OH NAME MICHAEL MCDONOUGH		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,437.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,991.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,359.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Michael McDonough
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael McDonough this the 15th day of January, 2026, to certify which, witness my hand and seal of office.

Veronica Mabasa Veronica Mabasa Team Lead
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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,437.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,991.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 4
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Full name of contributor out-of-state PAC (ID# _____) END THE TAKEOVER PAC 6 Contributor address; City; State; Zip Code HOUSTON TX 77206	7 Amount of contribution (\$) 13,862.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2025	Full name of contributor out-of-state PAC (ID# _____) GWEN PAULOSKI Contributor address; City; State; Zip Code HOUSTON TX 77096	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) HOUSTON 1SD
Date 11/02/2025	Full name of contributor out-of-state PAC (ID# _____) DAWN DUBOSE Contributor address; City; State; Zip Code HOUSTON TX 77081	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) SMSD
Date 11/11/2025	Full name of contributor out-of-state PAC (ID# _____) MONICA WILLIAMS Contributor address; City; State; Zip Code HOUSTON TX 77084	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) HISD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor out-of-state PAC (ID# _____) JENNIFER BUERGERMEISTER 6 Contributor address; City; State; Zip Code SPRING TX 77382	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) RICE		9 Employer (See Instructions) CHCP
Date 11/14/2025	Full name of contributor out-of-state PAC (ID# _____) SHEA CULPEPPER Contributor address; City; State; Zip Code HOUSTON TX 77096	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CLINICAL PROFESSOR		Employer (See Instructions) UNIVERSITY OF HOUSTON
Date 11/15/2025	Full name of contributor out-of-state PAC (ID# _____) LINDSEY PIKE Contributor address; City; State; Zip Code FT WORTH TX 76116	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) CHILD THERAPIST		Employer (See Instructions) THE BUG AND THE BEE
Date 11/17/2025	Full name of contributor out-of-state PAC (ID# _____) ANALISA GOUDEAU Contributor address; City; State; Zip Code HOUSTON TX 77021	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2025	5 Full name of contributor out-of-state PAC (ID#: _____) MARY O'HEARNE 6 Contributor address; City; State; Zip Code TOMBALL TX 77375	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions) KELSEY-SEYBOLD
Date 11/24/2025	Full name of contributor out-of-state PAC (ID#: _____) SHARON KOONCE Contributor address; City; State; Zip Code RICHMOND TX 77407	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 11/30/2025	Full name of contributor out-of-state PAC (ID#: _____) GWENDOLYN PAULOSKI Contributor address; City; State; Zip Code HOUSTON TX 77096	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) HOUSTON ISD
Date 12/17/2025	Full name of contributor out-of-state PAC (ID#: _____) ANALISA GOUDEAU Contributor address; City; State; Zip Code HOUSTON TX 77021	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2025	5 Full name of contributor out-of-state PAC (ID# _____) MARY O'HEARNE	50.00
	6 Contributor address; City; State; Zip Code TOMBALL TX 77375	
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions) KELSEY-SEYBOLD
Date 12/24/2025	Full name of contributor out-of-state PAC (ID# _____) SHARON KOONCE	50.00
	Contributor address; City; State; Zip Code RICHMOND TX 77407	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
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)
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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: 4	2 FILER NAME MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2025	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 21,218.00	7 Payee address; City; State; Zip Code 314 E. HIGHLAND MALL BLVD AUSTIN, TX 78752 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/2025	Payee name FROST BANK	
Amount (\$) 30.00	Payee address; City; State; Zip Code 111 WEST HOUSTON ST SAN ANTONIO, TX 78205 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANK FEES	Description WIRE TRANSFER
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/03/2025	Payee name CAMPAIGN PARTNER	
Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIVER, MA 01467 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2025	5 Payee name LA TAPATIA RESTAURANT	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 5591 RICHMOND AVE, HOUSTON TX 77056 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description WATCH PARTY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/10/2025	Payee name LA MADELEINE RESTAURANT	
Amount (\$) 32.00	Payee address; City; State; Zip Code 770 W SAM HOUSTON PARKWAY N STE 100 HOUSTON, TX 77024 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description CAMPAIGN MEETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/24/2025	Payee name MAILCHIMP	
Amount (\$) 21.32	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description EMAIL SERVICE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 4	2 FILER NAME MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2025	5 Payee name RUTH KRAVETZ	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 619 EAST 11 1/2 ST, HOUSTON TX 77008 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CONSULTATION
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/23/2025	Payee name MAILCHIMP	
Amount (\$) 21.32	Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description EMAIL SERVICE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/2025	Payee name CAMPAIGN PARTNER	
Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIVER, MA 01467 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2025	5 Payee name ACTBLUE	
6 Amount (\$) 16.16	7 Payee address; City; State; Zip Code <small>366 SUMMER STREET SOMERVILLE, MA 02144</small> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FUNDRAISING PROCESSING FEES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2025	Payee name ACTBLUE	
Amount (\$) 5.58	Payee address; City; State; Zip Code <small>366 SUMMER STREET SOMERVILLE, MA 02144</small> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FUNRAISING/PROCESSING 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	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code Check if individual's residence address.	
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	Office sought Office held

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