

RECEIVED

By Rebecca Wright at 2:18 pm, Apr 02, 2026

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT****FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE NAME	MS / MRS / MR FIRST Michele NICKNAME LAST Gooch MI SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1033 Pebble Beach Dr. Mansfield, TX 76063		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 922-2335		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carmin NICKNAME LAST SUFFIX Harris		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 408 Alvarado St Unit 2 Mansfield TX 76063		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 955-6580		
9 REPORT TYPE	☐ January 15 ☒ 30th day before convention / election ☐ Runoff ☐ July 15 ☐ 8th day before convention / election ☐ Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 4 / 2026 THROUGH 3 / 31 / 2026		
11 CONVENTION / ELECTION DATE	Month Day Year 5 / 2 / 2026	12 OFFICE SOUGHT MISD Board of Trustee, Place 7	☐ STATE CHAIR ☐ COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF 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.		
☐ Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 2

15 CANDIDATE NAME <u>Michele Gooch</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3756.27</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,877.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>433.52</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>800.00</u>

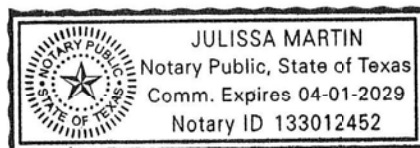
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michele Gooch

Signature of Candidate

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michele Gooch this the 2 day of April,

20 26, to certify which, witness my hand and seal of office.

Julissa Martin
Signature of officer administering oath

Julissa Martin
Printed name of officer administering oath

Admin Assistant to Associate Superintendent
Title of officer administering oath
Student Services & Support

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 (Declarant)

SUBTOTALS - SC C/OH

FORM SC C/OH
COVER SHEET PG 3

19. CANDIDATE NAME <i>Michele Gooch</i>		20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,559.81</i>
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>196.46</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ <i>800.00</i>
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,877.06</i>
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: <i>Sch: 1/6 Rpt: 4/15</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Courtney Waters</i>	7 Amount of contribution (\$) <i>\$105.75</i>
6 Contributor address; City; State; Zip Code <i>Arlington TX 76001</i>		
8 Principal occupation / Job title (See Instructions) <i>Education Diagnostician</i>		9 Employer (See Instructions) <i>Coaseo Education</i>
Date <i>2/6/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Stephanie Budahan</i>	Amount of contribution (\$) <i>\$26.68</i>
Contributor address; City; State; Zip Code <i>Maasfield TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Self-Employed</i>
Date <i>2/6/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Deanne Celessi</i>	Amount of contribution (\$) <i>\$1,030</i>
Contributor address; City; State; Zip Code <i>Thornton TX 76687</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Express WISP, LLC</i>
Date <i>2/13/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Keb Roberts</i>	Amount of contribution (\$) <i>\$26.68</i>
Contributor address; City; State; Zip Code <i>Maasfield TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>IT</i>		Employer (See Instructions) <i>Liberty Software</i>
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: <i>Sch 2/6 Rpt: 5/15</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/13/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Jay + Nanelle Johnson</i>	7 Amount of contribution (\$) <i>\$ 63.58</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Salado TX 76571</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>2/14/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Kathy Mueller</i>	Amount of contribution (\$) <i>\$2668</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/14/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Michelle Diaz</i>	Amount of contribution (\$) <i>\$10.39</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Lantana TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Substitute Teacher</i>		Employer (See Instructions) <i>IDEA Public Schools</i>
Date <i>2/13/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Mistie Muhlestein</i>	Amount of contribution (\$) <i>\$163.90</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Kings County NY 11209</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Bay Ridge Pet Care</i>
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: <i>Sch: 3/6 Rpt 6/15</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Michael McLoey</i> 6 Contributor address: _____ City: <i>Seattle</i> State: <i>WA</i> Zip Code: <i>98101</i>	7 Amount of contribution (\$) <i>\$1,054.62</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>2/24/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Amy Toombs</i> Contributor address: _____ City: _____ State: _____ Zip Code: <i>Mansfield TX 76063</i>	Amount of contribution (\$) <i>\$53.04</i>
Principal occupation / Job title (See Instructions) <i>Librarian</i>		Employer (See Instructions) <i>MLSD</i>
Date <i>2/25/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Nathan Green</i> Contributor address: _____ City: <i>Mansfield</i> State: <i>TX</i> Zip Code: <i>76063</i>	Amount of contribution (\$) <i>\$53.04</i>
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Textron</i>
Date <i>3/3/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Anthony + Brandi Silva</i> Contributor address: _____ City: _____ State: _____ Zip Code: <i>Bremerton WA 98311</i>	Amount of contribution (\$) <i>\$263.90</i>
Principal occupation / Job title (See Instructions) <i>Underwriter</i>		Employer (See Instructions) <i>AI Underwriters</i>
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:

Set: 4/6 Rpt: 7/15

2 FILER NAME

Michele Gooch

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/26

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Maria Martinez-Cosio

7 Amount of contribution (\$)

\$105.75

6 Contributor address:

City:

State:

Zip Code

Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

3/6/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

Cynthia Daniels

Amount of contribution (\$)

\$105.75

Contributor address:

City:

State:

Zip Code

Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

North Texas TRANSPORTATION Network

Date

3/6/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

Soni Wilson

Amount of contribution (\$)

\$105.75

Contributor address:

City:

State:

Zip Code

Arlington TX 76001

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Susser Bank

Date

3/8/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

Matthew Herzberg

Amount of contribution (\$)

\$2668

Contributor address:

City:

State:

Zip Code

Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Parkway C+A

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:

Sch: 5/16 Rpt: 8/15

2 FILER NAME

Michele Gooch

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/26

5 Full name of contributor

Danette Jimenez

☐ out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$26.68

6 Contributor address:

City:

State:

Zip Code

Marshall TX 76063

8 Principal occupation / Job title (See Instructions)

Student Nutrition Field Supervisor

9 Employer (See Instructions)

MLSD

Date

3/11/26

Full name of contributor

Kenneth Sanders

☐ out-of-state PAC ID#: _____

Amount of contribution (\$)

\$105.75

Contributor address:

City:

State:

Zip Code

Arlington TX 76002

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Tarrant County

Date

3/17/26

Full name of contributor

Kimber Shelton

☐ out-of-state PAC ID#: _____

Amount of contribution (\$)

\$26.68

Contributor address:

City:

State:

Zip Code

Marshall TX 76063

Principal occupation / Job title (See Instructions)

Psychologist

Employer (See Instructions)

KLS Counseling

Date

3/17/26

Full name of contributor

Leslie Birdow

☐ out-of-state PAC ID#: _____

Amount of contribution (\$)

\$26.68

Contributor address:

City:

State:

Zip Code

Arlington TX 76001

Principal occupation / Job title (See Instructions)

Director of Community Affairs

Employer (See Instructions)

Higher Education Servicing Corp

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: <i>Sch: 6/16 Rpt: 9/15</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Maurice Isuo</i>	7 Amount of contribution (\$) <i>\$105.75</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Waxahatche, TX 75167</i>		
8 Principal occupation / Job title (See Instructions) <i>Chiropractor</i>		9 Employer (See Instructions) <i>Innate's Touch Chiropractic</i>
Date <i>3/18/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Carmin McKinney</i>	Amount of contribution (\$) <i>\$53.04</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mansfield, TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>Assistant Professor</i>		Employer (See Instructions) <i>UTA</i>
Date <i>3/24/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Annette Geisel</i>	Amount of contribution (\$) <i>\$53.04</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mansfield, TX 76063</i>		
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.		

SCHEDULE A2

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 A2: <i>Sch. 1/1 Rpt. 10/15</i>	
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/21/26</i>	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Nanette Johnson</i>	8 Amount of Contribution \$ <i>\$17</i>	9 In-kind contribution description <i>Table Clothes for Event</i>
7 Contributor address: _____ City: <i>Salado</i> State: <i>TX</i> Zip Code: <i>76571</i>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>3/6/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Courtney Waters</i>	Amount of Contribution \$ <i>\$179.46</i>	In-kind contribution description <i>Food for Event</i>
Contributor address: _____ City: _____ State: _____ Zip Code: <i>Arlington, TX 76001</i>		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Education Diagnostician</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Coenseo Education</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: <i>Sch: 1/1 Rpt: 11/15</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/14/26</i>	7 Name of lender ☐ out-of-state PAC (ID#: _____) <i>Michele Gooch</i>	9 Loan Amount (\$) <i>\$800</i>
6 Is lender a financial Institution? Y ☒ N	8 Lender address; City; State; Zip Code <i>1033 Pebble Beach Dr; Mansfield, TX 76063</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Leadership Coach / Trainer</i>		13 Employer (See Instructions) <i>LIFE by Design</i>
14 Description of Collateral ☒ none		15 ☐ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		☐ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 12/15		2 FILER NAME Michele Gooch		3 Filer ID (Ethics Commission Filers)	
4 Date 2/4/26		5 Payee name Square Space			
6 Amount (\$) \$21.32		7 Payee address; 8 Clarkson St.		City; New York City	State; NY
				Zip Code 10014	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description website host		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date 2/4/26		Payee name Square Space			
Amount (\$) \$96.93		Payee address; 8 Clarkson St.		City; New York City	State; NY
				Zip Code 10014	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Google Workspace		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date 2/4/26		Payee name Sweet Blessings Photography			
Amount (\$) \$104.13		Payee address; 2327 Pecan Dale Dr.		City; Arlington	State; TX
				Zip Code 76013	
		☒ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses		Description Headshots		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	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: Set: 2/4 Rpt: 13/15		2 FILER NAME Michele Gooch		3 Filer ID (Ethics Commission Filers)	
4 Date 2/14/26		5 Payee name City of Mansfield			
6 Amount (\$) \$470		7 Payee address: 1200 E. Broad St		City: Mansfield	State: TX Zip Code: 76063
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Venue for Kickoff Party - Mansfield Activity Center		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/23/26		Payee name Mixam, Inc			
Amount (\$) \$110.69		Payee address: 1 N. Wacker Dr, Sk 2410		City: Chicago	State: IL Zip Code: 60606
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/23/26		Payee name Vista Print			
Amount (\$) \$868.13		Payee address: 100 Hayden Ave		City: Lexington	State: MA Zip Code: 02421
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses		Description Yard Signs		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	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: <i>Sch F1 3/4 Rpt 14/15</i>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/1/26</i>		5 Payee name <i>Square Space</i>			
6 Amount (\$) <i>\$26.65</i>		7 Payee address: <i>8 Clarkson St</i>		City: <i>New York City</i>	State: <i>NY</i>
				Zip Code: <i>10014</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>		(b) Description <i>Website Host</i>		
	(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 <i>3/4/26</i>		Payee name <i>Vista Print</i>			
Amount (\$) <i>\$750.17</i>		Payee address: <i>100 Hayden Ave</i>		City: <i>Lexington</i>	State: <i>MA</i>
				Zip Code: <i>02421</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>		Description <i>Door Hangers</i>		
	☐ 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 <i>3/9/26</i>		Payee name <i>Taylor Made</i>			
Amount (\$) <i>\$985.72</i>		Payee address: <i>P.O. Box 563</i>		City: <i>Mansfield</i>	State: <i>TX</i>
				Zip Code: <i>76063</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Field Signs</i>		
	☐ 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

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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: <i>Sch: 4/4 Rpt: 15/15</i>		2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/23/26</i>		5 Payee name <i>Hope Floats</i>			
6 Amount (\$) <i>\$280</i>		7 Payee address: <i>P.O. Box 140533</i>		City; <i>Gainesville</i>	State; <i>FL</i>
				Zip Code <i>32614-6533</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Mira Lagos Magazine Ad</i>		
	(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 <i>3/31/26</i>		Payee name <i>Stripe Financial Services</i>			
Amount (\$) <i>\$169.32</i>		Payee address: <i>354 Oyster Point Blvd</i>		City; <i>San Francisco</i>	State; <i>CA</i>
				Zip Code <i>94080</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>		Description <i>fees</i>		
	☐ 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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