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By Rebecca Wright at 10:57 am, Apr 24, 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: 7
3 CANDIDATE NAME	MS / MRS / MR FIRST Michele NICKNAME LAST Gooch 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 Carmin NICKNAME LAST Harris SUFFIX		
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 THROUGH Month Day Year 4 / 1 / 2026 4 / 24 / 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 MISD Future PAC	
	☒ GENERAL	COMMITTEE ADDRESS 3540 E. Broad St, Ste. 120-103; Mansfield, TX 76063	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Corinne Fiagome	
		COMMITTEE CAMPAIGN TREASURER ADDRESS TX	

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STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 2

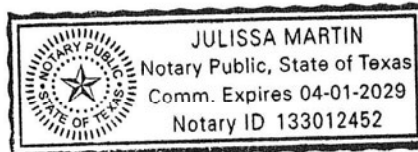
15 CANDIDATE NAME <i>Michele Gooch</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>Ø</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>893.95</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>200.57</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,081.92</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>800.00</i>

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 *24* 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 Sup. Student Safety Services
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 (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>893.95</i>
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	\$ <i>200.57</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: Sch: 1/2 Report: 4/7
2 FILER NAME Michele Gooch		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/26	5 Full name of contributor Katre Reynolds ☐ out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$10.86
6 Contributor address: [REDACTED] City: Belton State: TX Zip Code: 76513		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N/A
Date 4/2/26	Full name of contributor Clayton Waters ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$263.90
Contributor address: [REDACTED] City: Arlington State: TX Zip Code: 76001		
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) E-vent Software, Inc
Date 4/3/26	Full name of contributor Christopher Gooch ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$527.47
Contributor address: [REDACTED] City: Grapevine State: TX Zip Code: 76051		
Principal occupation / Job title (See Instructions) Senior Systems Architect		Employer (See Instructions) SCADA Solve LLC
Date 4/12/26	Full name of contributor Klaudia Hunter ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$20
Contributor address: [REDACTED] City: Mansfield State: TX Zip Code: 76063		
Principal occupation / Job title (See Instructions) Product owner		Employer (See Instructions) Gartner

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 2/2 Report: 5/7</i>
2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/26</i>	5 Full name of contributor ☐ out-of-state PAC ID#: _____ <i>Carlson Sharpless</i>	7 Amount of contribution (\$) <i>\$ 10.86</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Dallas, TX 75243</i>		
8 Principal occupation / Job title (See Instructions) <i>IT Specialist</i>		9 Employer (See Instructions) <i>Texas Instruments Inc.</i>
Date <i>4/19/26</i>	Full name of contributor ☐ out-of-state PAC ID#: _____ <i>Gayla St. Julien</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mansfield, TX 76063</i>		
Principal occupation / Job title (See Instructions) <i>Admissions Advisor</i>		Employer (See Instructions) <i>University of Arizona Global Campus</i>
Date <i>4/21/26</i>	Full name of contributor ☐ out-of-state PAC ID#: _____ <i>Ben Mason</i>	Amount of contribution (\$) <i>\$10.86</i>
Contributor address; City; State; Zip Code [Redacted] <i>Grand Prairie, TX 75054</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Schneider Electric</i>
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 Accounting/Ranking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Food 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 Expenses Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Michelle Gooch</i>		3 Filer ID (Ethics Commission Filers) <i>Sch: 4/2 Rpt: 6/7</i>	
4 Date <i>4/2/26</i>		5 Payee name <i>Square Space</i>			
6 Amount (\$) <i>\$26.65</i>		7 Payee address; 		City; State; Zip Code <i>New York City NY 10014</i>	
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 ONLY if direct expenditure to benefit C/OH					
Date <i>4/13/26</i>		Payee name <i>Amazon</i>			
Amount (\$) <i>\$43.29</i>		Payee address; 		City; State; Zip Code <i>Seattle WA 98109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Stakes for Yard Signs</i>		
	☐ 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					
Date <i>4/20/26</i>		Payee name <i>SP Ramsey</i>			
Amount (\$) <i>\$41.25</i>		Payee address; 		City; State; Zip Code <i>Urbana CA</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>		Description <i>Thank you gifts</i>		
	☐ 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					

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:		2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers) <i>Sch: 2/2 Rpt: 7/7</i>	
4 Date <i>4/23/26</i>		5 Payee name <i>Face book</i>			
6 Amount (\$) <i>\$35</i>		7 Payee address; ☐ Check if individual's residence address.		City; State; Zip Code <i>Menlo Park CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Local Facebook Ads</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>4/24/26</i>		Payee name <i>Stripe Financial Services</i>			
Amount (\$) <i>\$54.38</i>		Payee address; ☐ Check if individual's residence address.		City; State; Zip Code <i>San Francisco CA 94686</i>	
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; ☐ Check if individual's residence 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		Office sought Office held	

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