

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: 5						
3 CANDIDATE NAME	MS / MRS / MR FIRST MI Michele NICKNAME LAST SUFFIX Gooch		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$				
Receipt #	Amount \$								
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 Dr. 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	<table style="width: 100%; border: none;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before convention / election</td> <td>☐ Runoff</td> </tr> <tr> <td>☒ July 15</td> <td>☐ 8th day before convention / election</td> <td>☐ Final report (Attach SC C/OH - FR)</td> </tr> </table>			☐ January 15	☐ 30th day before convention / election	☐ Runoff	☒ July 15	☐ 8th day before convention / election	☐ Final report (Attach SC C/OH - FR)
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☒ July 15	☐ 8th day before convention / election	☐ Final report (Attach SC C/OH - FR)							
10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.2em;">4 / 25 / 2026</td> <td></td> <td style="font-size: 1.2em;">7 / 14 / 2026</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	4 / 25 / 2026		7 / 14 / 2026
Month Day Year	THROUGH	Month Day Year							
4 / 25 / 2026		7 / 14 / 2026							
11 CONVENTION / ELECTION DATE	Month Day Year 5 / 2 / 2026	12 OFFICE SOUGHT MISO 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	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none; vertical-align: top;"> COMMITTEE TYPE ☒ GENERAL ☐ SPECIFIC </td> <td style="border: none;"> COMMITTEE NAME Dream City PAC COMMITTEE ADDRESS PO Box 13133; Arlington, TX 76094 COMMITTEE CAMPAIGN TREASURER NAME Clayton Waters COMMITTEE CAMPAIGN TREASURER ADDRESS TX </td> </tr> </table>			COMMITTEE TYPE ☒ GENERAL ☐ SPECIFIC	COMMITTEE NAME Dream City PAC COMMITTEE ADDRESS PO Box 13133; Arlington, TX 76094 COMMITTEE CAMPAIGN TREASURER NAME Clayton Waters COMMITTEE CAMPAIGN TREASURER ADDRESS TX				
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GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

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

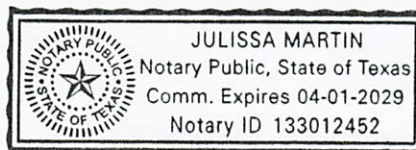
15 CANDIDATE NAME <i>Michele Gooch</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>250.11</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>898.44</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 *15* day of *July*, 20 *20*, to certify which, witness my hand and seal of office.
Julissa Martin *Julissa Martin* *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 (Declarant)

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

19. CANDIDATE NAME

Michele Gooch

20. Filer ID (Ethics Commission Filers)

21. SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 250.11
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	\$

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: <i>Sch 1/2 Rpt 4/15</i>	2 FILER NAME <i>Michele Gooch</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/6/26</i>	5 Payee name <i>Angle Mastagni Matthews</i>
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6 Amount (\$) <i>\$170.16</i>	7 Payee address: <i>507 N. Sylvania Ave.</i>	City: <i>Fort Worth</i>	State: <i>TX</i>	Zip Code <i>76111</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>Texting Service</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
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Date <i>5/4/26</i>	Payee name <i>Square Space</i>
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Amount (\$) <i>\$26.65</i>	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.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	Description <i>Website Host</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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Date <i>6/3/26</i>	Payee name <i>Square Space</i>
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Amount (\$) <i>\$26.65</i>	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.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	Description <i>Website Host</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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1 Total pages Schedule F1: <i>Sch 2/2 Report 5/5</i>		2 FILER NAME <i>Michele Gooch</i>		3 Filer ID (Ethics Commission Filers)		
4 Date <i>7/2/26</i>		5 Payee name <i>Square Space</i>				
6 Amount (\$) <i>\$26.65</i>		7 Payee address; 		City; <i>New York City</i>	State; <i>NY</i>	Zip Code <i>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 individual's residence address.		☐ 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		Payee name				
Amount (\$)		Payee address;		City;	State;	Zip Code
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		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
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