

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2026

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

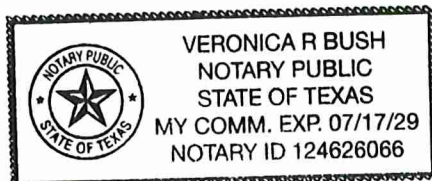
15 C/OH NAME MICHAEL McDONOUGH		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 516.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,742.71
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 13 day of July, 2026, to certify which, witness my hand and seal of office.
Veronica R Bush VERONICA R Bush 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**

MICHAEL McDONOUGH

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.00
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	\$ 516.39
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 6
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2026	5 Full name of contributor ANALISA GOUDEAU out-of-state PAC (ID#) 6 Contributor address, City, State, Zip Code HOUSTON, TX 77021	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 01/22/2026	Full name of contributor MARY O'HEARNE out-of-state PAC (ID#) Contributor address, City, State, Zip Code TOMBALL, TX 77375	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) KELSEY-SEYBOLD
Date 01/24/2026	Full name of contributor SHARON KOONCE out-of-state PAC (ID#) Contributor address, City, State, Zip Code RICHMOND, TX 77407	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
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.		

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 MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Full name of contributor out-of-state PAC (ID#) ANALISA GOUDEAU 6 Contributor address City State Zip Code HOUSTON, TX 77021	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 02/22/2026	Full name of contributor out-of-state PAC (ID#) MARY O'HEARNE Contributor address City State Zip Code TOMBALL, TX 77375	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) KELSEY-SEYBOLD
Date 02/24/2026	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) RETIRED		Employer (See Instructions) N/A
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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2026	5 Full name of contributor out-of-state PAC ID# ANALISA GOUDEAU	7 Amount of contribution (\$) 50.00
6 Contributor address City State Zip Code HOUSTON, TX 77021		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 03/22/2026	Full name of contributor out-of-state PAC ID# MARY O'HEARNE	Amount of contribution (\$) 50.00
Contributor address City State Zip Code TOMBALL, TX 77375		
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) KELSEY-SEYBOLD
Date 03/24/2026	Full name of contributor out-of-state PAC ID# SHARON KOONCE	Amount of contribution (\$) 50.00
Contributor address City State Zip Code RICHMOND, TX 77407		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Full name of contributor out-of-state PAC (ID#) ANALISA GOUDEAU	7 Amount of contribution (\$) 50.00
	6 Contributor address City State Zip Code HOUSTON, TX 77021	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 04/22/2026	Full name of contributor out-of-state PAC (ID#) MARY O'HEARNE	Amount of contribution (\$) 50.00
	Contributor address City State Zip Code TOMBALL, TX 77375	
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) KELSEY-SEYBOLD
Date 04/24/2026	Full name of contributor out-of-state PAC (ID#) SHARON KOONCE	Amount of contribution (\$) 50.00
	Contributor address City State Zip Code RICHMOND, TX 77407	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
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 A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

out of state PAC ID# _____

6 Contributor address.

City. State. Zip Code

50.00

8 Principal occupation / Job title (See instructions)

9 Employer (See Instructions)

Date _____

Full name of contributor

out-of-state PAC 000#

Amount of contribution (\$)

Contributor address.

City, State, Zip Code

50.00

Principal occupation / Job title (See instructions)

Employer (See Instructions)

Date _____

Full name of contributor

out-of-state PAC. (b)(4)

Amount of contribution (\$)

Contributor address.

City. State. Zip Code

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

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)

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

MICHAEL MCDONOUGH

3 Filer ID (Ethics Commission Filers)

4 Date

06/17/2026

5 Full name of contributor

ANALISA GOUDEAU

out of state PAC ID#

7 Amount of contribution (\$) **50.00**

6 Contributor address

City

State

Zip Code

HOUSTON, TX 77021

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

06/22/2026

Full name of contributor

MARY O'HEARNE

out of state PAC ID#

Amount of contribution (\$) **50.00**

Contributor address

City

State

Zip Code

ROMBALL, TX 77375

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

KELSEY-SEYBOLD

Date

06/24/2026

Full name of contributor

SHARON KOONCE

out of state PAC ID#

Amount of contribution (\$) **50.00**

Contributor address

City

State

Zip Code

RICHMOND, TX 77407

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

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

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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: 7	2 FILER NAME MICHAEL McDONOUGH	3 Filer ID (Ethics Commission Filers)														
4 Date 01/02/2026	5 Payee name NEW YORK DELI & COFFEE SHOP															
6 Amount (\$) 32.00	7 Payee address; City; State; Zip Code 9724 HILLCROFT HOUSTON, TX. 77096 Check if individual's residence address.															
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description CONSTITUENT MEETING														
	(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																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 01/05/2026</td> <td colspan="2">Payee name CAMPAIGN PARTNERS</td> </tr> <tr> <td>Amount (\$) 32.00 </td> <td colspan="2">Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 Check if individual's residence address.</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE</td> <td>Description WEBSITE</td> </tr> <tr> <td colspan="2">Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held</td> </tr> </table>			Date 01/05/2026	Payee name CAMPAIGN PARTNERS		Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 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		
Date 01/05/2026	Payee name CAMPAIGN PARTNERS															
Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 Check if individual's residence address.															
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 01/26/2026</td> <td colspan="2">Payee name MAILCHIMP</td> </tr> <tr> <td>Amount (\$) 21.32 </td> <td colspan="2">Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 Check if individual's residence address.</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE</td> <td>Description</td> </tr> <tr> <td colspan="2">Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held</td> </tr> </table>			Date 01/26/2026	Payee name MAILCHIMP		Amount (\$) 21.32	Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 Check if individual's residence address.		PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	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		
Date 01/26/2026	Payee name MAILCHIMP															
Amount (\$) 21.32	Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 Check if individual's residence address.															
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	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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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: 7	2 FILER NAME MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2026	5 Payee name SIPHON COFFEE	
6 Amount (\$) 6.68	7 Payee address; City; State; Zip Code 701 W. ALABAMA ST HOUSTON, TX 77006 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description CONSTITUENT MEETING
	(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 02/03/2026	Payee name CAMPAIGN PARTNERS	
Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 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		
Date 01/26/2026	Payee name MAILCHIMP	
Amount (\$) 21.32	Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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			

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1 Total pages Schedule F1: 7	2 FILER NAME MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Payee name DANDELION CAFE	
6 Amount (\$) 9.12	7 Payee address; City; State; Zip Code 5405 BELLAIRE BLVD BELLAIRE, TX. 77401 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description CONSTITUENT MEETING
	(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 03/03/2026	Payee name CAMPAIGN PARTNERS	
Amount (\$) 32.00	Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 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		
Date 03/23/2026	Payee name MAILCHIMP	
Amount (\$) 21.32	Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 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
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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
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1 Total pages Schedule F1: 7		2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)																																																																							
4 Date 02/23/2026		5 Payee name COMMON BOND BISTRO																																																																									
6 Amount (\$) 6.46		7 Payee address; City; State; Zip Code 449 W 19TH ST HOUSTON, TX 77008 Check if individual's residence address.																																																																									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description CONSTITUENT MEETING																																																																								
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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: 7		2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)	
4 Date 03/23/2026		5 Payee name SIPHON COFFEE			
6 Amount (\$) 6.95		7 Payee address; City; State; Zip Code 701 W. ALABAMA ST HOUSTON, TX 77006 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description CONSTITUENT MEETING		
	(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 06/03/2026		Payee name CAMPAIGN PARTNERS			
Amount (\$) 32.00		Payee address; City; State; Zip Code P.O. BOX 118 STILL RIEVER, MA 01467 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					
Date 05/26/2026		Payee name MAILCHIMP			
Amount (\$) 21.32		Payee address; City; State; Zip Code 405 N. ANGIER AVE NE ATLANTA, GA 30308 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		
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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: 7		2 FILER NAME MICHAEL MCDONOUGH		3 Filer ID (Ethics Commission Filers)	
4 Date 03/16/2026		5 Payee name LA MADELEINE			
6 Amount (\$) 43.34		7 Payee address; City; State; Zip Code 701 W. ALABAMA ST HOUSTON, TX 77006 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description TEAM MEETING		
	(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 04/15/2026		Payee name MINUTI COFFEE			
Amount (\$) 10.17		Payee address; City; State; Zip Code 12649 MEMORIAL DR HOUSTON, TX 77024 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description CONSTITUENT MEETING		
	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 06/23/2026		Payee name LUCE AVENUE COFFEE ROASTERS			
Amount (\$) 7.77		Payee address; City; State; Zip Code 2520 WASHINGTON AVE HOUSTON, TX 77007 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description CONSTITUENT MEETING		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
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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			

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1 Total pages Schedule F1: 7	2 FILER NAME MICHAEL MCDONOUGH	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2026	5 Payee name LA MADELEINE	
6 Amount (\$) 23.61	7 Payee address; City; State; Zip Code 701 W. ALABAMA ST HOUSTON, TX 77006 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description TEAM MEETING
	(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 06/26/2026	Payee name ACTBLUE	
Amount (\$) 33.48	Payee address; City; State; Zip Code 366 SUMMER ST SOMERVILLE, MA 02144 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEEs	Description FUNDRAISING/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 05/05/2026	Payee name LUCE AVENUE COFFEE ROASTERS	
Amount (\$) 7.77	Payee address; City; State; Zip Code 3995 RICHMOND HOUSTON, TX 77027 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description CONSTITUENT MEETING
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