

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>28</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>ROBERT</b>	MI <b>R</b>	<b>OFFICE USE ONLY</b>  <b>OCT 0. 6 2025</b>			
	NICKNAME <b>ROBBIE</b>	LAST <b>MCDONOUGH</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE	
<b>5300 N BRAESWOOD BLVD #4-163, HOUSTON, TEXAS 77096</b>							
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 8 3 2 )</b>	PHONE NUMBER <b>831-7620</b>	EXTENSION			Date Received	
Date Hand-delivered or Date Postmarked							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>JUDY</b>	MI <b>I</b>	Receipt #		Amount \$	
	NICKNAME	LAST <b>CHENG</b>	SUFFIX	Date Processed		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS							
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE							
<b>9660 HILLCROFT, STE 516, HOUSTON, TEXAS 77096</b>							
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 8 3 2 )</b>	PHONE NUMBER <b>831-7620</b>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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	Month	Day	Year	
	<b>7</b>	<b>24</b>	<b>25</b>	THROUGH	<b>9</b>	<b>25</b>	<b>25</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	<b>11</b>	<b>4</b>	<b>25</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				<b>HOUSTON ISD SCHOOL BOARD TRUSTEE - DISTRICT V</b>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.						
<input type="checkbox"/> Additional Pages	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**

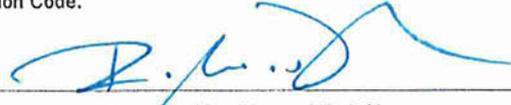
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME  
ROBERT 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)	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,513.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,020.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,493.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

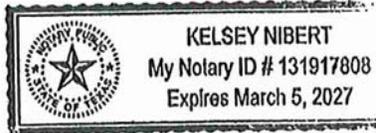
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert McDonough this the 6<sup>th</sup> day of October

20 25 to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Kelsey Nibert Printed name of officer administering oath  
Notary Public 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 ROBERT MCDONOUGH		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,493.67
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,020.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**Reset Form**

**Reset Page**

# 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.		Total pages Schedule A1: <b>14</b>
2 FILER NAME <b>ROBERT MCDONOUGH</b>		Filer ID (Ethics Commission Filers)
4 Date <b>08/09/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>HEATHER GOLDEN</b> ..... 6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77002</b>	Amount of contribution (\$)  <b>257.55</b>
Principal occupation / Job title (See Instructions) <b>Community Volunteer</b>		9 Employer (See Instructions) <b>None</b>
Date <b>08/09/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KYLE SCHINDLER</b> ..... Contributor address; City; State; Zip Code <b>DALLAS, TX 75238</b>	Amount of contribution (\$)  <b>514.80</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Baranof Holdings</b>
Date <b>08/09/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT FARR</b> ..... Contributor address; City; State; Zip Code <b>JACKSON, MS 39211</b>	Amount of contribution (\$)  <b>103.20</b>
Principal occupation / Job title (See Instructions) <b>Architect</b>		Employer (See Instructions) <b>CDFL Architects/Engineers</b>
Date <b>08/09/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DANIEL IRVING</b> ..... Contributor address; City; State; Zip Code <b>SUGAR LAND, TX 77479</b>	Amount of contribution (\$)  <b>26.02</b>
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Christ Church Sugar Land</b>

**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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<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/09/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>MARCIE JONES</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>	<b>7</b> Amount of contribution (\$)  <b>26.02</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Self employed</b>		<b>9</b> Employer (See Instructions) <b>Self employed</b>
<b>08/10/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SALLY MATTHEWS</b> <hr/> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77005</b>	<b>100.00</b>
<b>Retired</b>		<b>None</b>
<b>08/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SHANNON ZERBER</b> <hr/> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77035</b>	<b>103.20</b>
<b>Nurse</b>		<b>Memorial Hermann Hospital</b>
<b>08/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CRISTIN GOERKE</b> <hr/> Contributor address; City; State; Zip Code <b>BROOKLYN, NY 11202</b>	<b>257.55</b>
<b>Peacekeeper</b>		<b>Family</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1: **14**

2 FILER NAME  
**ROBERT MCDONOUGH**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/11/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**JOSHUA ZUDAR**

7 Amount of contribution (\$)  
**1,029.30**

6 Contributor address; City; State; Zip Code  
**TAMPA, FL 33629**

8 Principal occupation / Job title (See Instructions)  
**Lawyer**

9 Employer (See Instructions)  
**Wilson Reeder & Zudar, P.A.**

Date  
**08/12/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**JOEL MOXLEY**

Amount of contribution (\$)  
**514.80**

Contributor address; City; State; Zip Code  
**SUGAR LAND, TX 77479**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)  
**None**

Date  
**08/12/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**PATRICK VAN OOTEGHEM**

Amount of contribution (\$)  
**103.20**

Contributor address; City; State; Zip Code  
**DALLAS, TX 75225**

Principal occupation / Job title (See Instructions)  
**Finance**

Employer (See Instructions)  
**Venable Royalty, Ltd.**

Date  
**08/14/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**HENRY JOHNSTON**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**HOUSTON, TX 77096**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME ROBERT MCDONOUGH		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2025	5 Full name of contributor DOUG COLEMAN out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code HOUSTON, TX 77025	7 Amount of contribution (\$) 206.10
8 Principal occupation / Job title (See Instructions) Consultant - Energy		9 Employer (See Instructions) Hill Country Midstream LLC
Date 08/19/2025	Full name of contributor BEVIN BARRETT out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code HOUSTON, TX 77025	Amount of contribution (\$) 26.02
Principal occupation / Job title (See Instructions) Adoption worker		Employer (See Instructions) Depelchin
Date 08/24/2025	Full name of contributor RACHEL ROSEN out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) UT Southwestern
Date 08/28/2025	Full name of contributor KATHRYN GOTTLIEB out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code HOUSTON, TX 77030	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME <b>ROBERT MCDONOUGH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/29/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CASEY JO CHAPMAN</b> 6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77025</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/30/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT GLASER</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77005</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/30/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ALAN HELFMAN</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77024</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/30/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ALAN HELFMAN</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77024</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/30/2025</b>	<b>5</b> Full name of contributor <b>ROGELIO MORALES</b> <small>out-of-state PAC (ID#: _____)</small> <b>6</b> Contributor address; <b>PEARLAND, TX 77584</b> <small>City; State; Zip Code</small>	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Consultant</b>		<b>9</b> Employer (See Instructions) <b>Self Employed</b>
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> <b>KRISTI PEWTERS</b> <small>out-of-state PAC (ID#: _____)</small> <b>Contributor address;</b> <b>HOUSTON, TX 77096</b> <small>City; State; Zip Code</small>	<b>Amount of contribution (\$)</b> <b>26.02</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Writer</b>		<b>Employer (See Instructions)</b> <b>WebPros</b>
<b>Date</b> <b>09/05/2025</b>	<b>Full name of contributor</b> <b>KATIE BAEHL</b> <small>out-of-state PAC (ID#: _____)</small> <b>Contributor address;</b> <b>HOUSTON, TX 77005</b> <small>City; State; Zip Code</small>	<b>Amount of contribution (\$)</b> <b>257.54</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Shell USA, Inc</b>
<b>Date</b> <b>09/05/2025</b>	<b>Full name of contributor</b> <b>SARAH SCHNURE</b> <small>out-of-state PAC (ID#: _____)</small> <b>Contributor address;</b> <b>HOUSTON, TX 77096</b> <small>City; State; ZipCode</small>	<b>Amount of contribution (\$)</b> <b>514.80</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Healthcare Executive</b>		<b>Employer (See Instructions)</b> <b>UTHealth Houston</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>ROBERT MCDONOUGH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/08/2025</b>	5 Full name of contributor <b>AMANDA REYNADO</b> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) <b>51.75</b>
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>		
8 Principal occupation / Job title (See Instructions) <b>Physician Assistant</b>		9 Employer (See Instructions) <b>Baylor College of Medicine</b>
Date <b>09/08/2005</b>	Full name of contributor <b>KIM REXFORD</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>51.75</b>
Contributor address; City; State; Zip Code <b>BELLAIRE, TX 77401</b>		
Principal occupation / Job title (See Instructions) <b>Finance</b>		Employer (See Instructions) <b>Rexford Capital Inc</b>
Date <b>09/09/2025</b>	Full name of contributor <b>ROCHELLE CABE</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/09/2025</b>	Full name of contributor <b>PAUL MARVIN</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77005</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>None</b>

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/11/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>JULIE GOLDBERGER</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>BELLAIRE, TX 77401</b>	<b>7</b> Amount of contribution (\$)  <b>51.75</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>None</b>		<b>9</b> Employer (See Instructions) <b>None</b>
<b>Date</b> <b>09/12/2005</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>DAVID FARIS</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>BELLAIRE, TX 77401</b>	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Financial advisor</b>		<b>Employer (See Instructions)</b> <b>Edward Jones</b>
<b>Date</b> <b>09/12/2025</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>JOSEPH PUGH</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>HOUSTON, TX 77070</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/12/2025</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>RICHARD WEEKLY</b> <hr/> <b>Contributor address; City; State; ZipCode</b> <b>HOUSTON, TX 77027</b>	<b>Amount of contribution (\$)</b>  <b>5,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/14/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>LOUISE GOLDBERGER</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>	<b>7</b> Amount of contribution (\$)  <b>257.54</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Hospital Administrator</b>		<b>9</b> Employer (See Instructions) <b>MD Anderson Cancer Center</b>
<b>Date</b> <b>09/15/2005</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>MELISSA KULKARNI</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>HOUSTON, TX 77005</b>	<b>Amount of contribution (\$)</b>  <b>51.75</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>homemaker</b>		<b>Employer (See Instructions)</b> <b>none</b>
<b>Date</b> <b>09/15/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>JAMES HOCHNADEL</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>HOUSTON, TX 77096</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Engineer</b>		<b>Employer (See Instructions)</b> <b>Chevron</b>
<b>Date</b> <b>09/15/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>AIMEE LANGLEY</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>BELLAIRE, TX 77401</b>	<b>Amount of contribution (\$)</b>  <b>103.20</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>CRNA</b>		<b>Employer (See Instructions)</b> <b>Baylor College of Medicine</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>14</b>
<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/17/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>CELIA VESELKA</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77005</b>	<b>7</b> Amount of contribution (\$) <b>103.20</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Retired teacher</b>		<b>9</b> Employer (See Instructions) <b>None</b>
<b>Date</b> <b>09/17/2005</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>HEIDI DHOLAKIA</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>BELLAIRE, TX 77401</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Speech therapist</b>		<b>Employer (See Instructions)</b> <b>Self</b>
<b>Date</b> <b>09/18/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>LAURIE BRICKER</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>HOUSTON, TX 77096</b>	<b>Amount of contribution (\$)</b> <b>103.20</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Consultant</b>		<b>Employer (See Instructions)</b> <b>Self</b>
<b>Date</b> <b>09/22/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>KATHLEEN CAMP</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>HOUSTON, TX 77005</b>	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Parent</b>		<b>Employer (See Instructions)</b> <b>Self-Employed</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>14</b>
<b>2</b> FILER NAME <b>ROBERT MCDONOUGH</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/22/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>LINDA GOEHRS</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77046</b>	<b>7</b> Amount of contribution (\$)  <b>103.20</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Attorney</b>		<b>9</b> Employer (See Instructions) <b>Weycer Kaplan Pulaski &amp; Zuber, PC</b>
<b>Date</b> <b>09/22/2005</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>MEGHAN LUTSCHG</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>BELLAIRE, TX 77401</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Small Business Owner</b>		<b>Employer (See Instructions)</b> <b>Self</b>
<b>Date</b> <b>09/22/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>JENNIFER GASTINEAU</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>HOUSTON, TX 77025</b>	<b>Amount of contribution (\$)</b>  <b>51.75</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>RN</b>		<b>Employer (See Instructions)</b> <b>Harris Health</b>
<b>Date</b> <b>09/24/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>CYNDI RUIZ-MANSFIELD</b> <hr/> <b>Contributor address;</b> City; State; ZipCode <b>HOUSTON, TX 77096</b>	<b>Amount of contribution (\$)</b>  <b>154.64</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Attorney</b>		<b>Employer (See Instructions)</b> <b>Self employed</b>

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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: <b>14</b>
2 FILER NAME <b>ROBERT MCDONOUGH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/24/2025</b>	5 Full name of contributor <b>AMANDA SORENA</b> <small>out-of-state PAC (ID#: _____)</small> 6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Publicist/Writer</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>09/24/2005</b>	Full name of contributor <b>SARAH SCHNURE</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>	Amount of contribution (\$)  <b>257.54</b>
Principal occupation / Job title (See Instructions) <b>UTH Houston</b>		Employer (See Instructions) <b>UTH Houston</b>
Date <b>09/24/2025</b>	Full name of contributor <b>AMY ALLEN</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>BELLAIRE, TX 77401</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self</b>
Date <b>09/25/2025</b>	Full name of contributor <b>JUDY LONG</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77025</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>None</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>14</b>
2 FILER NAME <b>ROBERT MCDONOUGH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/25/2025</b>	5 Full name of contributor <b>JOHN GLOVER</b> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) <b>514.80</b>
6 Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>None</b>
Date <b>09/24/2005</b>	Full name of contributor <b>BRIGITTE GLOVER</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>257.54</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>		
Principal occupation / Job title (See Instructions) <b>Software Developers</b>		Employer (See Instructions) <b>ForeFlight</b>
Date <b>09/25/2025</b>	Full name of contributor <b>ESMERALDA HENDERSON</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>257.54</b>
Contributor address; City; State; Zip Code <b>BELLAIRE, TX 77401</b>		
Principal occupation / Job title (See Instructions) <b>Retired Legal Secretary</b>		Employer (See Instructions) <b>None</b>
Date <b>09/25/2025</b>	Full name of contributor <b>DHEERAJ VERMA</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>HOUSTON, TX 77019</b>		
Principal occupation / Job title (See Instructions) <b>Energy</b>		Employer (See Instructions) <b>Self</b>

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME <b>ROBERT MCDONOUGH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/25/2025</b>	5 Full name of contributor <b>WILLIAM STONE</b> <small>out-of-state PAC (ID#: _____)</small> 6 Contributor address; City; State; Zip Code <b>BELLAIRE, TX 77401</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/25/2005</b>	Full name of contributor <b>NATALIE LAMONT</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77096</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/25/2025</b>	Full name of contributor <b>ELLEN LOZANO</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77071</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/25/2025</b>	Full name of contributor <b>LAUREN SALOMON</b> <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code <b>HOUSTON, TX 77005</b>	Amount of contribution (\$)  <b>103.20</b>
Principal occupation / Job title (See Instructions) <b>Ombudsman</b>		Employer (See Instructions) <b>Harris Health</b>

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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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/13/2025	<b>5</b> Payee name HISD	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 4400 W 18 <sup>TH</sup> ST, HOUSTON, TX 77092	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description BALLOT APPLICATION
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 08/13/2025	Payee name VISTAGO PRINT LLC	
Amount (\$) 995.03	Payee address; City; State; Zip Code 6706 LOHMAN FORD RD, LAGO VISTA, TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description YARD SIGNS
	<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 08/14/2025	Payee name GOOD PARTY LLC	
Amount (\$) 10.00	Payee address; City; State; Zip Code LOS ANGELES, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING	Description DATA
	<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**

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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: 11	2 FILER NAME ROBERT MCDONOUGH	3 Filer ID (Ethics Commission Filers)
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4 Date 08/18/2025	5 Payee name STRIPE
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6 Amount (\$) 91.32	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description CREDIT CARD PROCESSING
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/20/2025	Payee name STRIPE
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Amount (\$) 6.28	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/24/2025	Payee name AMAZON
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Amount (\$) 48.49	Payee address; City; State; Zip Code SEATTLE, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/25/2025	<b>5</b> Payee name STRIPE
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<b>6</b> Amount (\$) 1.05	<b>7</b> Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description CREDIT CARD PROCESSING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/27/2025	Payee name LOS TIOS
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Amount (\$) 606.00	Payee address; City; State; Zip Code 4840 BEECHNUT, HOUSTON, TX 77096
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT	Description CAMPAIGN KICKOFF
	<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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Date 08/27/2025	Payee name HEB
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Amount (\$) 40.36	Payee address; City; State; Zip Code 4955 BEECHNUT ST, HOUSTON, TX 77096
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT	Description CAMPAIGN KICKOFF
	<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**

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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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/27/2025	<b>5</b> Payee name HEB
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<b>6</b> Amount (\$) 4.94	<b>7</b> Payee address; 4955 BEECHNUT ST, HOUSTON, TX 77096	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT	<b>(b)</b> Description CAMPAIGN KICKOFF
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/27/2025	Payee name MICROSOFT
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Amount (\$) 10.66	Payee address; REDMOND, WA 98052	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description WEBSITE
	<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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Date 08/28/2025	Payee name HEB
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Amount (\$) 44.57	Payee address; 4955 BEECHNUT ST, HOUSTON, TX 77096	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT	Description CAMPAIGN KICKOFF
	<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**

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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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/28/2025	<b>5</b> Payee name LOS TIOS
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<b>6</b> Amount (\$) 214.85	<b>7</b> Payee address; 4840 BEECHNUT, HOUSTON, TX 77096	City;	State;	Zip Code
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<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT	(b) Description CAMPAIGN KICKOFF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/29/2025	Payee name STRIPE
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Amount (\$) 3.29	Payee address; 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING
	<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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Date 08/30/2025	Payee name AMAZON
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Amount (\$) 9.70	Payee address; SEATTLE, WA 98109	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description NAME TAG
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/30/2025	<b>5</b> Payee name J. HARDING & CO
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<b>6</b> Amount (\$) 36.24	<b>7</b> Payee address; 424 W. 19 <sup>TH</sup> ST, HOUSTON, TX 77008	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<b>(b)</b> Description NAME TAG
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/31/2025	Payee name MAILERLITE, INC
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Amount (\$) 15.16	Payee address; 651 N BROAD ST, STE 206, MIDDLETOWN, DELAWARE 19709	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description NEWSLETTER
	<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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Date 09/01/2025	Payee name FACEBOOK ADVERTISING
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Amount (\$) 19.00	Payee address; MENLO PARK, CA 94025	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DIGITAL ADVERTISING
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/01/2025	<b>5</b> Payee name APPLE DIGITAL SERVICES
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<b>6</b> Amount (\$) 35.72	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description DIGITAL ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/02/2025	Payee name APPLE DIGITAL SERVICES
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Amount (\$) 40.63	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DIGITAL ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/03/2025	Payee name VISTAGO PRINT LLC
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Amount (\$) 1,024.73	Payee address; City; State; Zip Code 6706 LOHMAN FORD RD, LAGO VISTA, TX 78645
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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: 11	2 FILER NAME ROBERT MCDONOUGH	3 Filer ID (Ethics Commission Filers)
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4 Date 09/05/2025	5 Payee name HUB92PRINTS
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6 Amount (\$) 574.81	7 Payee address; 5250 GULFTON ST. #1-F, HOUSTON, TX77081	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description T-SHIRTS
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/05/2025	Payee name IN E LIM/GRAPHICS IMPRESSION
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Amount (\$) 714.88	Payee address; 6720 SANDS POINT DR #103, HOUSTON, TX 77074	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/06/2025	Payee name MICROSOFT
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Amount (\$) 28.56	Payee address; REDMOND, WA 98052	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description WEBSITE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/09/2025	<b>5</b> Payee name NUMINAR ANALYTICS	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 1201 WILSON BLVD, ARLINGTON, VA 22209-2300	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  POLLING	<b>(b)</b> Description  CANVASSING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/10/2025	Payee name STRIPE	
Amount (\$) 29.40	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FEES	Description  CREDIT CARD PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/11/2025	Payee name STRIPE	
Amount (\$) 3.20	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FEES	Description  CREDIT CARD PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/14/2025	<b>5</b> Payee name GOOD PARTY LLC	
<b>6</b> Amount (\$) 10.00	<b>7</b> Payee address; City; State; Zip Code LOS ANGELES, CA	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  POLLING	<b>(b)</b> Description  DATA
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/16/2025	Payee name JEWISH HERALD VOICE	
Amount (\$) 545.00	Payee address; City; State; Zip Code 3403 AUDLEY ST, HOUSTON TX 77098	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING	Description  NEWSPAPER AD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/17/2025	Payee name STRIPE	
Amount (\$) 25.41	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FEES	Description  CREDIT CARD PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME ROBERT MCDONOUGH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/22/2025	<b>5</b> Payee name MAILERLITE, INC
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<b>6</b> Amount (\$) 2.02	<b>7</b> Payee address; 651 N BROAD ST, STE 206, MIDDLETOWN, DELAWARE 19709	City;	State;	Zip Code
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<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description NEWSLETTER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/22/2025	Payee name STRIPE
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Amount (\$) 9.78	Payee address; 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/23/2025	Payee name OFFICE MAX/OFFICE DEPOT
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Amount (\$) 19.03	Payee address; 270 MEYERLAND PLAZA, HOUSTON, TX 77096	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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