

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **13**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>DAVID</b>	MI
	NICKNAME <b>McDonald</b>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>2416 La Mirada Drive</b>	APT / SUITE #;	CITY;
	<b>Leander, TX786411</b>		STATE; ZIP CODE
Change of Address	AREA CODE <b>(512 )</b>	PHONE NUMBER <b>970-4278</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Robert</b>	MI
	NICKNAME <b>Wayne</b>	LAST <b>Anderson</b>	SUFFIX <b>W</b>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		
	<b>1004 Shadow Valley Cove Cedar Park, TX 78613</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 512 )</b>	PHONE NUMBER <b>921-6635</b>	EXTENSION

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked  
**WSE 2.25**

Receipt #

Amount \$

Date Processed

Date Imaged

STATE; ZIP CODE

9 REPORT TYPE	<input type="checkbox"/> January 15	<input 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 checked="" 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>2</b>	<b>2</b>	<b>26</b>	<b>THROUGH</b>	<b>21</b>	<b>26</b>

11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	Other Description
	<b>3</b>	<b>3</b>	<b>26</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) <b>Leander City Council Place 3</b>	OFFICE SOUGHT (if known) <b>Williamson County Commissioner Precinct 2</b>
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14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	COMMITTEE TYPE			COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**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.**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**15 C/OH NAME**  
David McDonald

**16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,911.36
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 11,731.38
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 805.05
	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

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

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 David McDonald	20 Filer ID (Ethics Commission Filers)
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,611.36
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,397.57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,333.81
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: <b>1/3</b>
2 FILER NAME <b>David McDonald</b>		
4 Date <b>2/3/2026</b>	5 Full name of contributor <b>JOHN AVERY SR</b>	7 Amount of contribution (\$) <b>\$500.00</b>
	6 Contributor address; <b>1803 PECOS ST AUSTIN TX 78703</b>	
8 Principal occupation / Job title (See Instructions) <b>BUILDER</b>		9 Employer (See Instructions)
Date <b>2/3/2026</b>	Full name of contributor <b>WANDA CIRCLES</b>	Amount of contribution (\$) <b>\$1,000.00</b>
	Contributor address; <b>2210 SOUTHWOOD HILLS DR TAYLOR TX 76774</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>2/3/2026</b>	Full name of contributor <b>BILL POHL</b>	Amount of contribution (\$) <b>\$5,000.00</b>
	Contributor address; <b>10800 PECAN PARK BLVD #125 AUSTIN TX 78750</b>	
Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		Employer (See Instructions)
Date <b>2/3/2026</b>	Full name of contributor <b>BAMBI DENNETT</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; <b>2808 WAGON MASTER CT LEANDER TX 78641</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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: <b>2/3</b>
2 FILER NAME <b>David McDonald</b>		
3 Filer ID (Ethics Commission Filers)		
4 Date <b>2/3/2026</b>	5 Full name of contributor <b>GARY HAMPTON</b>	7 Amount of contribution (\$) <b>\$104.48</b>
	6 Contributor address; <b>705 LOS ROBLES RD LEANDER TX 78641</b>	
8 Principal occupation / Job title (See Instructions) <b>COACH</b>		9 Employer (See Instructions)
Date <b>2/4/2026</b>	Full name of contributor <b>DAVID BRANDT</b>	Amount of contribution (\$) <b>\$250.00</b>
	Contributor address; <b>502 FERN CT CEDAR PARK TX 78613</b>	
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions)
Date <b>2/4/2026</b>	Full name of contributor <b>SPENKER KENDALL</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; <b>1750 CR 206 LIBERTY HILL TX 78642</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>2/9/2026</b>	Full name of contributor <b>JOANW OSBORNE</b>	Amount of contribution (\$) <b>\$52.40</b>
	Contributor address; <b>523 VICTORIA DR CEDAR PARK TX 78613</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>1</b> Total pages Schedule A1: <u>3/3</u>		
<b>2</b> FILER NAME David McDona <b>l</b> d		
<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <u>2/11/2026</u>	<b>5</b> Full name of contributor <u>DEBBAL PARTIN</u> out-of-state PAC (ID#: _____) <b>6</b> Contributor address; <u>2311 ERICA KAITLIN LN CEDARPARK TX 78613</u> City: _____ State: _____ Zip Code _____	
<b>7</b> Amount of contribution (\$) <u>\$101.48</u>		
<b>8</b> Principal occupation / Job title (See Instructions) <u>N/A</u>	<b>9</b> Employer (See Instructions)	
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Contributor address;</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Contributor address;</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Contributor address;</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>111</b>
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS <b>\$ 300.00</b>		
5 Date <b>2/14/2026</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MEL HICKLAND</b>	9 In-kind contribution description <b>HILL COUNTRY COMMUNITY MINISTRIES EVENT TICKETS</b>
	7 Contributor address; City; State; Zip Code <b>103 WIGFON CV CEDAR PARK TX 78613</b>	8 Amount of Contribution \$ <b>\$300.00</b> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T.
Contributor's principal occupation (FOR JUDICIAL)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Loan Repayment/Reimbursement Office Overhead/Rental Expense Pooling 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)	
<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME
114	DAVID MCDONALD
<b>4</b> Date	<b>5</b> Payee name
2/6/2024	SUN CITY REPUBLICAN CLUBS
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
\$41.20	Z TEXAS DRIVE GEORGETOWN TX 78633
<b>8</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>(b)</b> Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE CAMPAIGN EVENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held
Date	Payee name
2/6/2024	COMMUNITY IMPACT
Amount (\$)	Payee address; City; State; Zip Code
\$2775.00	16225 IMPACT WAY PFLUGERVILLE TX 78660
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
	ADVERTISING EXPENSE MARKETING
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held
Date	Payee name
2/6/2024	COMMUNITY IMPACT
Amount (\$)	Payee address; City; State; Zip Code
\$3,452.55	16225 IMPACT WAY PFLUGERVILLE TX 78660
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
	ADVERTISING EXPENSE MARKETING
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	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 Accounting/Banking Consulting Expense Contributors/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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>2/4</u>	<b>2</b> FILER NAME <u>DAVID McDONALD</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/19/2024</u>	<b>5</b> Payee name <u>USPS</u>	
<b>6</b> Amount (\$) <u>\$156.00</u>	<b>7</b> Payee address; <u>801 HWY 183</u> <small>Check if individual's residence address.</small>	City: <u>LEANDER TX</u> State: <u>TX</u> Zip Code: <u>78644</u>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>OFFICE OVERHEAD</u>	<b>(b)</b> Description <u>PO BOX RENTAL</u>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>DATE</b> <u>2/11/2024</u>  <b>AMOUNT (\$)</b> <u>\$357.23</u>  <b>PURPOSE OF EXPENDITURE</b>	Payee name <u>VISTAGO PRINT</u>	City: _____ State: _____ Zip Code: _____
	Payee address; <u>6706 LOHMAN FORD</u> <small>Check if individual's residence address.</small>	City: <u>LAGO VISTA TX</u> State: <u>TX</u> Zip Code: <u>78645</u>
	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>SIGNS</u>
<small>Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/></small>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>DATE</b> <u>2/12/2024</u>  <b>AMOUNT (\$)</b> <u>\$502.27</u>  <b>PURPOSE OF EXPENDITURE</b>	Payee name <u>VISTA PRINTS</u>	City: _____ State: _____ Zip Code: _____
	Payee address; <u>275 WYMAN ST</u> <small>Check if individual's residence address.</small>	City: <u>WALTHAM MA</u> State: <u>MA</u> Zip Code: <u>02451</u>
	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>PUSH CARDS</u>
<small>Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/></small>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3/4	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/13/2026	<b>5</b> Payee name OFFICEMAX	
<b>6</b> Amount (\$) \$93.94	<b>7</b> Payee address; 1105 CEDAR RAUCHTRL #C CEDAR PARK TX 78613	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description TAX / PAPER
	Check if individual's residence address.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
	Candidate / Officeholder name	Office sought
	Candidate / Officeholder name	Office held
<b>Date</b> 2/18/2026	<b>Payee name</b> VISTAGO PRINT	
<b>Amount (\$)</b> \$73.07	<b>Payee address;</b> 6706 LOTMAN FORD LAKE VISTA TX 78645	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> SIGN SUPPLIES
	Check if individual's residence address. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
	Candidate / Officeholder name	Office sought
	Candidate / Officeholder name	Office held
<b>Date</b> 2/19/2026	<b>Payee name</b> USPS	
<b>Amount (\$)</b> \$1,874.95	<b>Payee address;</b> 801 HWY 183 LEANDER TX 78641	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> POSTAGE
	Check if individual's residence address. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
	Candidate / Officeholder name	Office sought
	Candidate / Officeholder name	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officerholder/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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4/4	<b>2</b> FILER NAME DAVID MCDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date VARIOUS	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$11,306	<b>7</b> Payee address: 5723 GREENVILLE AVE STE 4100Z DALLAS TX 75206	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description FEES
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Check if individual's residence address.	Description
	Category (See Categories listed at the top of this schedule)	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Check if individual's residence address.	Description
	Category (See Categories listed at the top of this schedule)	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Date	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 1/2		<b>2 FILER NAME</b> DAVID McDONALD		<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> \$ _____					
<b>5 CREDIT CARD ISSUER</b> Name of financial institution CAPITAL ONE					
<b>6 PAYMENT</b> (a) Amount Charged \$ 1,736.14		(b) Date Expenditure Charged 2/14/2026		(c) Date(s) Credit Card Issuer Paid N/A	
<b>7 PAYEE</b> (a) Payee name 360 PRINT SOLUTIONS		(b) Payee address; 2009 WINDY TERRACE		City, State, Zip Code CEDAR PARK TX 78613	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description MAILER	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>					
Candidate / Officeholder name Office Sought Office Held					
<b>PAYMENT</b> (a) Amount Charged \$ 36.77		(b) Date Expenditure Charged 2/17/2026		(c) Date(s) Credit Card Issuer Paid N/A	
<b>PAYEE</b> (a) Payee name AMAZON		(b) Payee address; 410 TERRY AVE NORTH		City, State, Zip Code SEATTLE WA 98109	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description MARKETING	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office Sought Office Held					
<b>PAYMENT</b> (a) Amount Charged \$ _____		(b) Date Expenditure Charged		(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b> (a) Payee name		(b) Payee address; <input type="checkbox"/> Check if individual's residence address.		City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office Sought Office Held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidates/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1. TOTAL PAGES SCHEDULE F4:</b> 2/2		<b>2. FILER NAME</b> TAVI D McDONALD		<b>3. FILER ID (Ethics Commission Filers)</b>	
<b>4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> \$ -					
<b>5. CREDIT CARD ISSUER</b> Name of financial institution CITI BANK					
<b>6. PAYMENT</b>		(a) Amount Charged \$ 500.90	(b) Date Expenditure Charged 2/15/2024	(c) Date(s) Credit Card Issuer Paid N/A	
<b>7. PAYEE</b>		(a) Payee name META / FACEBOOK	(b) Payee address; 1 META WAY Check if individual's residence address.	City, MENLO PARK CA	State, Zip Code CA 94025
<b>8. PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MARKETING			
<b>9. Complete ONLY if direct expenditure to benefit C/OH</b>		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office Sought		Office Held	
<b>PAYMENT</b>		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name	(b) Payee address;	City,	State, Zip Code
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)			
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office Sought		Office Held	
<b>PAYMENT</b>		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name	(b) Payee address;	City,	State, Zip Code
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)			
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description			
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office Sought		Office Held	

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