



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 79,987.75
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,809.18
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	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME

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)	\$ <del>29,987.75</del> <sup>29,987.75</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,987.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <del>25,809.68</del> <sup>25,809.68</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,809.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <del>4,178.07</del> <sup>5,334.68</sup>
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 \_\_\_\_\_ 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)

# 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: <u>14</u>
2 FILER NAME <u>DAVID McDONALD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/18/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN SMITH</u>	7 Amount of contribution (\$) <u>\$10.52</u>
	6 Contributor address; City; State; Zip Code <u>5716 AUSTIN CT COPPELL TX 75019</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>7/18/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANDREW EIS</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City; State; Zip Code <u>2253 HIGH LONESOME LEANDER TX 78641</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7/18/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN CHANG</u>	Amount of contribution (\$) <u>\$50.00</u>
	Contributor address; City; State; Zip Code <u>2700 ACOMA LN LEANDER TX 78641</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7/18/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KATE McDONALD</u>	Amount of contribution (\$) <u>\$10.00</u>
	Contributor address; City; State; Zip Code <u>2416 LA MIRADA LEANDER TX 78641</u>	
Principal occupation / Job title (See Instructions) <u>HOMEMAKER</u>		Employer (See Instructions)
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/18/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GENE WILLIAMS</b>	7 Amount of contribution (\$) <del>\$</del> <b>\$52.40</b> <i>RWA</i>
6 Contributor address; City; State; Zip Code <b>1103 GLASS DR LEANDER TX 76041</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>7/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMY WARRICK</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>829 DREAM CATCHER LEANDER TX 76041</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>7/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAN MARLETTY</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8/2/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAREN WEST</b>	Amount of contribution (\$) <b>\$104.48</b>
Contributor address; City; State; Zip Code <b>7245 WESTLAKE AVE DALLAS TX 75214</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/12/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL POHL</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>
	6 Contributor address; City; State; Zip Code <b>10800 REGAN PARK AUSTIN TX 78750 STE 125</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PETE + JOANN JUHASZ</b>	Amount of contribution (\$) <b>\$250.00</b>
	Contributor address; City; State; Zip Code <b>108 PALO BLANCO CREEK GEORGETOWN TX 78633</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEANDER FIREFIGHTERS FOR RESPONSIBLE GOVT</b>	Amount of contribution (\$) <b>\$800.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 1001 LEANDER TX 78641</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAMELA SHERRIN</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>3337 BOB CAREW ROUND ROCK TX 78665</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <u>DAVID McDONALD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>8/26/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ALEX TYNBERG</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>3710 MEADOWBANK AUSTIN TX 78703</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/3/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DEVONI LIMBARDI</u>	Amount of contribution (\$) <u>\$260.73</u>
Contributor address; City; State; Zip Code <u>1237 SUMMERBROOKE LEANDER TX 78641</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/4/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERRY BODWIN</u>	Amount of contribution (\$) <u>\$52.40</u>
Contributor address; City; State; Zip Code <u>1241 CORNITH LN LEANDER TX 78641</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/9/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NICHOLAS WRIGHT</u>	Amount of contribution (\$) <u>\$104.48</u>
Contributor address; City; State; Zip Code <u>204 MAGNIA TRL GEORGETOWN TX 78628</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY SIMONEAUX	7 Amount of contribution (\$) \$104.48
	6 Contributor address; City; State; Zip Code PO BOX 170484 AUSTIN TX 78717	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWN CONSULTING	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHERINE FREISE	Amount of contribution (\$) \$104.48
	Contributor address; City; State; Zip Code 233 BOUVAYST LEANDER TX 78641	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

Date 9/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHERINE VAN ARJAM	Amount of contribution (\$) \$26.35
	Contributor address; City; State; Zip Code 1800 EDELWEISS DR CEDAR PARK TX 78613	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE DUFFY	7 Amount of contribution (\$) \$104.48
6 Contributor address; City; State; Zip Code 2311 ERICA KAITLIN CEDAR PARK TX 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT ROLLO	Amount of contribution (\$) \$5,208.05
Contributor address; City; State; Zip Code 6200 HWY 183A #240 CEDAR PARK TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY WARRICK	Amount of contribution (\$) \$310.00
Contributor address; City; State; Zip Code 829 DREAMCATCHER LEANDER, TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUAN DUNN	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code 1617 BURR PKWY LEANDER TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <span style="font-size: 1.5em;">14</span>
2 FILER NAME <span style="font-size: 1.2em;">DAVID McDONALD</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">10/13/2025</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">MONICA GOODE</span>	7 Amount of contribution (\$)  <span style="font-size: 1.5em;">\$200.00</span>
	6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1512 FOSTER DR CEDAR PARK TX 78613</span>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/18/2025</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">BRETT PERLEFULL</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$104.48</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1932 CAMAY ST LEANDER TX 78641</span>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/21/2025</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">CHANGE FOR LEANDER</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$250.00</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2700 ACOMA LN LEANDER TX 78641</span>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/22/2025</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">DAVID KNUTSON</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$104.48</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1817 LAZY GROVE LEANDER TX 78641</span>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/28/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY BODWIN</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>1241 CORNITH LN LEANDER TX 78641</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/2/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANDY EIS</b>	Amount of contribution (\$) <b>\$200.73</b>
Contributor address; City; State; Zip Code <b>2253 HIGHWONESOME LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/3/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNY GRIFFIN</b>	Amount of contribution (\$) <b>\$52.40</b>
Contributor address; City; State; Zip Code <b>1201 CANADIAN CV LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANNY GUANA</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>410 CARRIAGE OAKS LIBERTY HILL TX 78642</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <u>DAVID McDONALD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/10/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LOUIS PENDING</u>	7 Amount of contribution (\$) <del>\$500.00</del> <u>PWA \$100.00</u>
6 Contributor address; City; State; Zip Code <u>108 KEN PELLAND LIBERTY HILL TX 78042</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>11/10/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PETE JOHANN JUHASZ</u>	Amount of contribution (\$) <u>\$150.00</u>
Contributor address; City; State; Zip Code <u>108 PALO BLANCO CREEK GEORGETOWN TX 78633</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>11/10/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PATRICK ERICKSON</u>	Amount of contribution (\$) <u>\$521.15</u>
Contributor address; City; State; Zip Code <u>251 APPALESSA TRW LIBERTY HILL TX 78042</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>11/10/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LOREE TAMAYO</u>	Amount of contribution (\$) <u>\$521.15</u>
Contributor address; City; State; Zip Code <u>2800 E WHITESTONE BLVD CEDAR PARK TX 78613</u> <u>STE 120</u>		
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>DAVID MCDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALLISON KEITH</b>	7 Amount of contribution (\$) <b>\$78.44</b>
6 Contributor address; City; State; Zip Code <b>1150 S BELL BLVD CEDAR PARK TX 78613</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>11/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE VILLAREAL</b>	Amount of contribution (\$) <b>\$260.73</b>
Contributor address; City; State; Zip Code <b>6405 GOURNEY WAY LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRETT PERCEFULL</b>	Amount of contribution (\$) <b>\$104.48</b>
Contributor address; City; State; Zip Code <b>1932 CAMAY ST LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>11/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATHERINE FREISE</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>233 BOUVRAY ST LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IRENE COSLEY</b>	7 Amount of contribution (\$) <b>\$25.00</b>
6 Contributor address; City; State; Zip Code <b>2316 LEGEND TRL AUSTIN TX 78744</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>12/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIMBERLY CORONA</b>	Amount of contribution (\$) <b>\$52.40</b>
Contributor address; City; State; Zip Code <b>907 LINDEN LOOP CEDAR PARK TX 78613</b>		
Principal occupation / Job title (See Instructions) <b>NA</b>		Employer (See Instructions)
Date <b>12/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IRENE COSLEY</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>2316 LEGEND TRL AUSTIN TX 78743</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATHERINE FREISE</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>233 BOUVRAY LEANDER TX 78641</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
<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

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>14</b>
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <del>11/24/2025</del> <b>11/24/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA McDANIEL</b>	7 Amount of contribution (\$) <b>\$300.00</b>
	6 Contributor address; City; State; Zip Code <b>2913 GABRIEL VIEW GEORGETOWN TX 78628</b>	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>11/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHAWN LEGE</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>13011 WIRE RD LEANDER TX 78641</b>	
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions)
Date <b>12/2/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNY GRIFFIN</b>	Amount of contribution (\$) <b>\$52.40</b>
	Contributor address; City; State; Zip Code <b>1201 CANADIAN CV LEANDER TX 78641</b>	
Principal occupation / Job title (See Instructions) <b>HOME MAKER</b>		Employer (See Instructions)
Date <b>12/2/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHUCK WALKER</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>1800 MAIN ST LIBERTY HILL TX 78642</b>	
Principal occupation / Job title (See Instructions) <b>SURVEYOR</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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>14</b>
2 FILER NAME <b>DAVID McDONALD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/4/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALEX TYNBERG</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>3710 MEADOWBANK AUSTIN TX 78703</b>		
8 Principal occupation / Job title (See Instructions) <b>DEVELOPER</b>		9 Employer (See Instructions)
Date <b>12/5/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VELAR DEVELOPMENT</b>	Amount of contribution (\$) <b>\$2,000.00</b>
Contributor address; City; State; Zip Code <b>3109 KENAI DR CEDAR PARK TX 78613</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY PAG</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>N/A</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>12/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HUDAH BYGUM</b>	Amount of contribution (\$) <b>\$1041.98</b>
Contributor address; City; State; Zip Code <b>109 BASTROP DR GEORGETOWN TX 78628</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <u>14</u>
2 FILER NAME <u>DAVID McDONALD</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/17/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STACY LUBO</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>300 CORTONA LN GEORGETOWN TX 78628</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>12/16/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NALFOR CTX INVESTMEN</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address; City; State; Zip Code <u>1705 LAKESHORE DR AUSTIN TX 78746</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/18/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN CHANK</u>	Amount of contribution (\$) <u>\$750.00</u>
Contributor address; City; State; Zip Code <u>2700 ALDAMA LN LEANDER TX 78641</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/18/2025	<b>5</b> Payee name SQUARESPACE	
<b>6</b> Amount (\$) \$264.80	<b>7</b> Payee address; 8 CLARKSON ST <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code NEW YORK NY 10014
<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 WEBSITE
	<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 7/25/2025	Payee name USPS	
Amount (\$) \$78.00	Payee address; 801 HWY 183 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code CLANDER TX 78641
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description POSTAGE
	<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 7/28/2025	Payee name SQUARESPACE	
Amount (\$) \$88.94	Payee address; 8 CLARKSON ST <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code NEW YORK NY 10014
<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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# 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/1/2025	<b>5</b> Payee name MAILCHIMP	
<b>6</b> Amount (\$) \$21.00	<b>7</b> Payee address; 405 N. ANEIER AVE NE ATLANTA <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code ATLANTA GA 30308
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description MAILERS
	<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 8/1/2025	Payee name GOOGLE	
Amount (\$) \$56.28	Payee address; 1600 AMPITHEATRE PKWY <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code MOUNTAIN VIEW, CA 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description 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
Date 8/4/2025	Payee name GOOGLE	
Amount (\$) \$2.25	Payee address; 1600 AMPITHEATRE PKWY <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code MOUNTAIN VIEW CA 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description WEB 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

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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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/15/2025	<b>5</b> Payee name RAISE A GLASS	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description FUNDRAISER
	<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 8/20/2025	Payee name OFF KEMAX	
Amount (\$) \$56.05	Payee address; City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PRINTING
	<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 8/21/2025	Payee name COSTCO CHECKS	
Amount (\$) \$21.59	Payee address; City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CHECKS
	<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 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/21/2025	<b>5</b> Payee name LIBERTY HILL CHAMBER OF COMMERCE	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; 1000 TX-332 LOOP <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code LIBERTY HILL TX 78642
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description ADVERTISING
	<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 8/21/2025	Payee name HOPE ALLIANCE	
Amount (\$) \$259.07	Payee address; 1011 GATTIS SCHOOL RD #110 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code ROUND ROCK TX 78664
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SPONSORSHIP
	<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 8/21/2025	Payee name CEDAR PARK CHAMBER OF COMMERCE	
Amount (\$) \$300.00	Payee address; 1460 E WHITESTONE <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code CEDAR PARK TX 78613
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description ANNUAL MEMBERSHIP
	<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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/22/2025	<b>5</b> Payee name CAMPAIGN SHORTCUTS	
<b>6</b> Amount (\$) \$3419.42	<b>7</b> Payee address; City; State; Zip Code N/A	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b) Description</b> CONSULTING
	<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 8/26/2025	Payee name GEORGETOWN AREA REPUBLICAN WOMEN		
Amount (\$) \$102.90	Payee address; City; State; Zip Code 1530 SUN CITY BLVD      GEORGETOWN TX      78633 STE 120		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SPONSORSHIP	
	<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 8/26/2025	Payee name BUZZ 360		
Amount (\$) \$940.00	Payee address; City; State; Zip Code 7140 178th ST      LAKEVILLE      MN      55044		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description CONSULTING	
	<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            | 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/26/2025	<b>5</b> Payee name LEANDER AREA REPUBLICAN WOMEN	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 551 LEANDER TX 78646 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description SPONSORSHIP
	<input type="checkbox"/> <b>(c)</b> 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 9/2/2025	Payee name GOOGLE	
Amount (\$) \$12.78	Payee address; City; State; Zip Code 1600AMPITHEATRE PKWY MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description 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
Date 9/2/2025	Payee name MAILCHIMP	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 405 N ANGLIER AVE NE ATLANTA GA 30308 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MAILERS
	<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	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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/2/2025	<b>5</b> Payee name GOOGLE SUITE	
<b>6</b> Amount (\$) \$56.28	<b>7</b> Payee address; City; State; Zip Code 1600 AMPITHEATRE PKWY MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description ADVERTISING
	<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 9/2/2025	Payee name LIBERTY HILL CHAMBER OF COMMERCE	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1000 TX-332 LOOP LIBERTY HILL TX 78642 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER	Description CHARITABLE CONTRIBUTION
	<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 9/22/2025	Payee name CEDAR PARK CHAMBER OF COMMERCE	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1460 E WHITESTONE CEDAR PARK TX 78613 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER	Description MEETING
	<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: 20	<b>2</b> FILER NAME DAVID MCDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/23/2025	<b>5</b> Payee name BUZZ 360	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 7140 HATH ST LAKEVILLE MN 55044 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description CONSULTING
	<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 10/1/2025	Payee name MAILCHIMP	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 405 N ANKER AVE NE ATLANTA GA 30308 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MAILERS
	<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 10/2/2025	Payee name GOOGLE	
Amount (\$) \$12.86	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description 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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# 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.

1 Total pages Schedule F1: 20	2 FILER NAME DAVID McDONALD	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/2025	5 Payee name GOOGLE SUITE
---------------------	------------------------------

6 Amount (\$) \$56.28	7 Payee address; 1600 AMPITHEATRE PKWY	City; MOUNTAINVIEW	State; CA	Zip Code 94043
<input type="checkbox"/> Check if individual's residence address.				

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description ADVERTISING
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/15/2025	Payee name TEXAS ALLIANCE FOR LIFE
--------------------	---------------------------------------

Amount (\$) \$240.00	Payee address; 8000 CENTRE PARK DR #300	City; AUSTIN	State; TX	Zip Code 78754
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description DINNER
	<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 10/21/2025	Payee name CEDAR PARK CHAMBER
--------------------	----------------------------------

Amount (\$) \$70.00	Payee address; 1460 E WHITESTONE	City; CEDAR PARK	State; TX	Zip Code 78013
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description MEMBERSHIP
	<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            | 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/27/2025	<b>5</b> Payee name SUN CITY	
<b>6</b> Amount (\$) \$41.20	<b>7</b> Payee address; City; State; Zip Code 2 TEXAS DR GEORGETOWN TX 78633 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description MEETING
	<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 10/31/2025	Payee name TEXAS HOMETOWN	
Amount (\$) \$3000.00	Payee address; City; State; Zip Code 208 N MAIN ST WEATHERFORD TX 76086 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description 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
Date 11/3/2025	Payee name MAILCHIMP	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 405 N ANGLIER AVENUE ATLANTA GA 30308 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MAILERS
	<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 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/3/2025	<b>5</b> Payee name GOOGLE	
<b>6</b> Amount (\$) \$1293	<b>7</b> Payee address; City; State; Zip Code 1600 AMPITHEATRE PKWY MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description ADVERTISING
	<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 11/3/2025	Payee name GOOGLE SUITE	
Amount (\$) \$56.28	Payee address; City; State; Zip Code 1600 AMPITHEATRE PKWY MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 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
Date 11/5/2025	Payee name VISTAGE PRINT	
Amount (\$) \$550.67	Payee address; City; State; Zip Code 6706 LOTHMAN FORD LAKE VISTA TX 78645 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGNAGE
	<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 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/5/2025	<b>5</b> Payee name RYAN DAJIA RESEARCH	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; 17208 LIGSAW PATHWAY <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code ROUND ROCK TX 78664
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXP	<b>(b)</b> Description CONSULTING
	<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 11/5/2025	Payee name 360 PRINT SOLUTIONS	
Amount (\$) \$935.28	Payee address; 2009 WINDY TERRACE <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code CEDAR PARK TX 78613
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGNAGE
	<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 11/6/2025	Payee name OFFICE MAX	
Amount (\$) \$14.07	Payee address; 1105 C-BARRANCH TEL <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code CEDAR PARK TX 78613
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description PRINTING
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/6/2025	<b>5</b> Payee name OFFICE MAX	
<b>6</b> Amount (\$) \$99.57	<b>7</b> Payee address; City; State; Zip Code 1165 C BAR BAUCHTEL CEDAR PARK TX 78613 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXP	<b>(b)</b> Description PRINTING
	<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
<b>Date</b> 11/7/2025	<b>Payee name</b> CITY OF LIBERTY HILL	
<b>Amount (\$)</b> \$22.00	<b>Payee address; City; State; Zip Code</b> 926 MAIN ST LIBERTY HILL TX 78642 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>Description</b> PARADE FE
	<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
<b>Date</b> 11/8/2025	<b>Payee name</b> LIBERTY HILL BEER MKT	
<b>Amount (\$)</b> \$611.13	<b>Payee address; City; State; Zip Code</b> 13851 W STATE HWY 29 LIBERTY HILL TX 78642 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>Description</b> CAMPAIGN EVENT
	<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.

1 Total pages Schedule F1: 20	2 FILER NAME DAVID McDONALD	3 Filer ID (Ethics Commission Filers)
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4 Date 11/8/2025	5 Payee name WILCO GOP
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6 Amount (\$) \$1,250.00	7 Payee address; 716 S ROCK ST	City; GEORGETOWN TX	State; TX	Zip Code 78626
<input type="checkbox"/> Check if individual's residence address.				

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE
	(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 11/13/2025	Payee name VISTAPRINT
--------------------	--------------------------

Amount (\$) \$2,786.9	Payee address; 6706 LOTHMAN FORD	City; LAGO VISTA TX	State; TX	Zip Code 78045
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGNAGE
	<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 11/19/2025	Payee name LEANDER CHAMBER OF COMMERCE
--------------------	---

Amount (\$) \$45.00	Payee address; 103 NW DRIVE	City; LEANDER TX	State; TX	Zip Code 78641
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description MEMBERSHIP
	<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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/26/2025	<b>5</b> Payee name VISTAGO PRINT	
<b>6</b> Amount (\$) \$56.29	<b>7</b> Payee address; 6706 LUTMAN FORD <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code LAGO VISTA TX 78045
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description SIGNAGE
	<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 11/24/2025	Payee name BUZZ 360	
Amount (\$) \$250.00	Payee address; 7140 178TH ST <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code LAKEVILLE MN 5504
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description CONSULTING
	<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 11/28/2025	Payee name TRACTOR SUPPLY	
Amount (\$) \$394.57	Payee address; 1919 LOOP 332 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code LIBERTY HILL TX 78642
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description POSTS FOR 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

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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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/26/2015	<b>5</b> Payee name HOME DEPOT	
<b>6</b> Amount (\$) \$612.84	<b>7</b> Payee address; City; State; Zip Code 200 E WHITESTONE CEDAR PARK TX 78613 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description SIGNAGE EQUIPMENT
	<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 11/28/2015	Payee name LOWES	
Amount (\$) \$231.77	Payee address; City; State; Zip Code 1495 US 183 LEANDER TX 78041 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGN 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
Date 12/1/2015	Payee name MAILCHIMP	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 405 NANGIER AVENUE ATLANTA GA 30308 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MAILERS
	<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 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/1/2025	<b>5</b> Payee name LOWES	
<b>6</b> Amount (\$) \$31.13	<b>7</b> Payee address; 1495 HWY 183 LEANDER TX 79041 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description SIGN SUPPLIES
	<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 12/1/2025	Payee name GOOGLE	City; State; Zip Code
Amount (\$) <del>\$56.28</del> 24	Payee address; 1600 AMPHITHEATER PARK MOUNTAIN VIEW CA 94043 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description ADVERTISING (WEB)
	<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 12/3/2025	Payee name VISTA PRINT	City; State; Zip Code
Amount (\$) \$300.43	Payee address; 6706 LOHMAN FORD LAGO VISTA TX 78045 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description 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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/4/2025	<b>5</b> Payee name LEANDER CHAMBER OF COMMERCE	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 103 NW DRIVE LEANDER TX 78641 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description SPONSORSHIP
	<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
<b>Date</b> 12/5/2025	<b>Payee name</b> RELENTLESS DEFENDER	
<b>Amount (\$)</b> \$38.57	<b>Payee address; City; State; Zip Code</b> 215 GONYOUN RICHMOND TX 77469 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER	<b>Description</b> POSTAGE
	<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
<b>Date</b> 12/8/2025	<b>Payee name</b> HOMETOWN SOLUTIONS	
<b>Amount (\$)</b> \$3000.00	<b>Payee address; City; State; Zip Code</b> 208 N MAIN ST WEATHERFORD TX 76086 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADV. EXP	<b>Description</b> 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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# 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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/9/2025	<b>5</b> Payee name CEDAR PARK CHAMBER	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 1460 E WHITESTONE CEDAR PARK TX 76013 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description SPONSORSHIP
	<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
<b>Date</b> 12/11/2025	<b>Payee name</b> RELENTLESS DEFENDER	
<b>Amount (\$)</b> \$683.51	<b>Payee address; City; State; Zip Code</b> 215 GONYO LN RICHMOND TX 77649 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADU EXP	<b>Description</b> SHIRTS
	<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
<b>Date</b> 12/19/2025	<b>Payee name</b> HOMETOWN SOLUTIONS	
<b>Amount (\$)</b> \$1800.00	<b>Payee address; City; State; Zip Code</b> 208 N MAIN ST WEATHERFORD TX 76086 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADU EXP.	<b>Description</b> 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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# 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: 20	<b>2</b> FILER NAME DAVID McDONALD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/23/2025	<b>5</b> Payee name BUZZ 360	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; 7140 178th ST LAKEVILLE MN 55044 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADV. EXP	<b>(b)</b> Description MESSAGING APP
	<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
<b>Date</b> 12/26/2025	<b>Payee name</b> LEANDER CHAMBER	
<b>Amount (\$)</b> \$145.90	<b>Payee address;</b> 103 NW DRIVE LEANDER TX 78641 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) EVENT EXP	<b>Description</b> GALA
	<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
<b>Date</b> 12/31/2025	<b>Payee name</b> LEANDER AREA WOMEN (REPUBLICAN)	
<b>Amount (\$)</b> \$31.50	<b>Payee address;</b> PO BOX 551 LEANDER TX 78641 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER	<b>Description</b> MEETING
	<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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