

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Shawn M. <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX McDonald	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 77 Sugar Creek Center Blvd., Suite 230 Sugar Land, Tx 77478	Date Received RECVD VIA EMAIL 02/02/2026	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 299-5152	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Jo R. <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX McDonald	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 77 Sugar Creek Center Blvd., Suite 230 Sugar Land, Tx 77478		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 899-0814		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2026 THROUGH 01 / 23 / 2026		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Ft. Bend County District Attorney	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

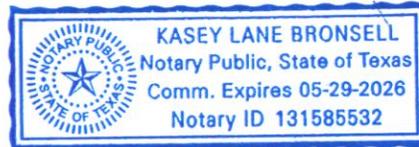
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,936.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,732.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,203.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

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 Shawn McDonald this the 2 day of Feb., 2020, to certify which, witness my hand and seal of office.

Kasey Bronsell Signature of officer administering oath Kasey Bronsell Printed name of officer administering oath Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$28,586.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$350.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$8,732.10
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		\$

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: 1 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett Dietrich 6 Contributor address; City; State; Zip Code 2907 Falls Creek Ct, Pearland, TX 77584	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Pearce Contributor address; City; State; Zip Code 8926 Caymus Creek Court, Missouri City, TX 77459	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Thompson Contributor address; City; State; Zip Code 4 Green Blade Lane, The Woodlands, TX 77380	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Kennedy Contributor address; City; State; Zip Code 2438 Industrial Blvd, Unit 215, Abilene, TX 79605	Amount of contribution (\$) \$151.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Post 6 Contributor address; City; State; Zip Code 1511 Ashland Street, Houston, TX 77008	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Scott Contributor address; City; State; Zip Code 107 E Tyler St, Athens, TX 75751	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Hrach Contributor address; City; State; Zip Code 2432 Pebble Lodge Ln, Friendswood, TX 77546	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arif Maknojia Contributor address; City; State; Zip Code 5110 Hawthorne Springs Ln, Sugar Land, TX 77479	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUEENIE HUA <hr/> 6 Contributor address; City; State; Zip Code 5102 Hawthorne Springs Ln, Sugar Land, TX 77479	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dongkai Chen <hr/> Contributor address; City; State; Zip Code 17018 138th PI SE, Renton, WA 98058	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Pancioli <hr/> Contributor address; City; State; Zip Code 8421 Raylin Dr, Houston, TX 77055	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Spencer <hr/> Contributor address; City; State; Zip Code 2033 VZCR 4810, Chandler, TX 75758	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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: 4 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Robertson 6 Contributor address; City; State; Zip Code 4406 Spears, Manvel, TX 77578	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumaane K. Ford Contributor address; City; State; Zip Code 7206 Switchgrass Lane, Katy, TX 77493	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billie Knippa Contributor address; City; State; Zip Code 3722 Outback Dr, Richmond, TX 77469	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Weisman Contributor address; City; State; Zip Code 8410 Highway 90a, Sugar Land, TX 77459	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Blanchard 6 Contributor address; City; State; Zip Code 1201 E Mulberry St, Angleton, TX 77515	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Hagan Contributor address; City; State; Zip Code 2111 Canyon Crest Dr, Sugar Land, TX 77479	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee and Cathy Usry Contributor address; City; State; Zip Code 7023 Little Willow Dr, Pasadena, TX 77505	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Arterbury Contributor address; City; State; Zip Code 31218 Roanoke woods, Tomball, TX 77375	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/9/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacey Jetton 6 Contributor address; City; State; Zip Code 1723 Hearthiside Ct, Richmond, TX 77406	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vince Finnegan Contributor address; City; State; Zip Code 3302 wild river dr, Richmond, TX 77406	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/9/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Callahan Contributor address; City; State; Zip Code 25402 Terrace Arbor Ln, Katy, TX 77494	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Eghneim Contributor address; City; State; Zip Code Na, Missouri City, TX 77459	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Blanscet	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 4604 Westerdale Dr, Weston Lakes, TX 77441-4223	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa M. Brawley	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 106 Angel Hollow Lane, Rosenberg, TX 77469-2284	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Brushe	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 926 Coffee Mill Creek Ln, Rosenberg, TX 77471	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Alston	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 3700 North Main Street, Houston, TX 77009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 8
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Morales 6 Contributor address; City; State; Zip Code P.O. Box 1174, Rosenberg, TX 77471	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Breazeale Contributor address; City; State; Zip Code 1534 Salamander Trail, Panama City Beach, FL 32413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 1	
2 FILER NAME Shawn McDonald		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 350.00	
5 Date 1/6/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Regester	8 Amount of Contribution \$ 350.00	9 In-kind contribution description Campaign Signs and Name Tag
7 Contributor address; City; State; Zip Code 407 Oak Ridge Grove Circle Spring Texas 77386		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (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 | 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 |
| Cand/date/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Shawn McDonald	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2026	5 Payee name Neumann and Company	
6 Amount (\$) 979.66	7 Payee address; City; State; Zip Code 5417 Pine St. Bellaire Tx 77401 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Pushcards, print services, design services
	(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		
Date 1/9/2026	Candidate / Officeholder name CAZ Consulting	
Amount (\$) 100.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Payee name CAZ Consulting	Date 1/9/2026
	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Fort Worth Tx 76109 <input type="checkbox"/> Check if individual's residence address.	Amount (\$) 100.00
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Campaign 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		
Date 1/24/2026	Candidate / Officeholder name Fort Bend Herald	
Amount (\$) 500.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Payee name Fort Bend Herald	Date 1/24/2026
	Payee address; City; State; Zip Code 1902 South Fourth Street Rosenberg Tx 77471 <input type="checkbox"/> Check if individual's residence address.	Amount (\$) 500.00
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<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		

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Shawn McDonald	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2026	5 Payee name Houston Latino Family Magazine	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 11511 Katy Freeway suite 404 Houston TX 77079 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement
	(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		
Date 1/15/2026	Payee name Fort Bend Christian Magazine	
Amount (\$) 4,500.00	Payee address; City; State; Zip Code 650 W Bough Ln, Houston, TX 77024 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement
	<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		
Date 1/1/2026 - 1/21/2026	Payee name Anedot	
Amount (\$) 1,152.44	Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas TX 75206 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) accounting/banking	Description credit card processing fees
	<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		

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