

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:

21

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR

FIRST

DAVID

MI

NICKNAME

LAST

MCDONALD

SUFFIX

OFFICE USE ONLY

Date Received

04.07.2022

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

2416 LA MIRADA ST LEANDER TX
78641

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

970-4278

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

NICKNAME

WAYNE

FIRST

ROBERT

LAST

ANDERSON

MI

W

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1004 SHADOW VALLEY CIRCLE CEDAR PARK TX 78613

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

921-6635

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

19

2022

THROUGH

Month

Day

Year

04

07

2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05

07

2022

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

LEANDER CITY COUNCIL PLACE 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)

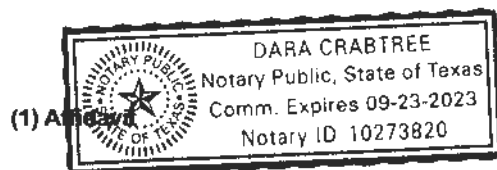
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6294.98</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1705.02</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>472.79</u>

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.

David McDonald

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by David McDonald this the 7 day of April

20 22, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8006 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 472 ⁷⁹
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6294. ⁹⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 9
2 FILER NAME DAVID MCDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DONNIE MAHAN 6 Contributor address, City, State, Zip Code 1648 PINOT NOIR ST LEANDER TX 78641	7 Amount of contribution (\$) \$500 ⁰⁰
8 Principal occupation / Job title (See Instructions) HR DIRECTOR		9 Employer (See Instructions) SHARED SERVICES AMERICA
Date 1/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TROY HILL Contributor address, City, State, Zip Code 1901 RIO SECO LEANDER TX 78641	Amount of contribution (\$) \$500 ⁰⁰
Principal occupation / Job title (See Instructions) BUSINESS DEVELOPMENT DIR		Employer (See Instructions) AQUA TEXAS
Date 1/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KATHERINE FRIESE Contributor address, City, State, Zip Code 233 VOUVRAY ST LEANDER TX 78641	Amount of contribution (\$) \$500 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 1/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RHODA ROBBINS Contributor address, City, State, Zip Code UNKNOWN	Amount of contribution (\$) \$200 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D.M. BROWN	7 Amount of contribution (\$) \$300.00
6 Contributor address, City, State, Zip Code 545 WILLESMITH CIRCLE AUTO, TX 78634		
8 Principal occupation / Job title (See Instructions) SALES REP		9 Employer (See Instructions) DELL TECHNOLOGIES
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID BRANDT III	Amount of contribution (\$) \$250.00
Contributor address, City, State, Zip Code 502 FERN CT CEDAR PARK TX 78613		
Principal occupation / Job title (See Instructions) SALES REP		Employer (See Instructions) DELL TECHNOLOGIES
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BILLY SIMONEAUX	Amount of contribution (\$) \$200.00
Contributor address, City, State, Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) AUSTIN PD
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MIKE BARGER	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code KICKING BIRD LN LEANDER TX 78641		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/22	5 Full name of contributor IDELLA HILL <input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code UNKNOWN		
8 Principal occupation / Job title (See Instructions) CREDIT MANAGER		9 Employer (See Instructions) ABOVIE
Date 1/29/22	Full name of contributor AMY WARRICK <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) \$400.00
Contributor address: City: State: Zip Code 807 HILLTOP DR LEANDER, TX 78641		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) DREAMS TO REALITY
Date 2/1/22	Full name of contributor JASON LUTHER <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) \$150.00
Contributor address: City: State: Zip Code 1306 COLBY LANE CEDAR PARK, TX 78613		
Principal occupation / Job title (See Instructions) SALES REP		Employer (See Instructions) DON HEWLETT
Date 2/2/22	Full name of contributor CHAD MORRIS <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) \$300.00
Contributor address: City: State: Zip Code 2408 BELEN DR LEANDER TX 78641		
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) AMAZON
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ TOM COLLIER	7 Amount of contribution (\$) \$200.00
6 Contributor address, City, State, Zip Code UNKNOWN		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 2/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ DARREN McDONALD	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 1988 COUNTY RD 2044 DELATOUR TX 76234		
Principal occupation / Job title (See Instructions) GROCERY STORE MANAGER		Employer (See Instructions)
Date 2/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ KEN FARMER	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code UNKNOWN		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ CHRIS PAEGLE	Amount of contribution (\$) \$100.00
Contributor address, City, State, Zip Code 213 LYNNWOOD TR CEDAR PARK TX 78613		
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) PAEGLE DESIGN
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# DARYL McDONALD	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 1908 VALLEY DR CROWLEY TX 76036		
8 Principal occupation / Job title (See Instructions) PROGRAMMER		9 Employer (See Instructions)
Date 2/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# LISA TRICKEY	Amount of contribution (\$) \$300.00
Contributor address: City: State: Zip Code 6017 MARQUESSA TRL HOUSTON TX 78033		
Principal occupation / Job title (See Instructions) MORTGAGE BROKER		Employer (See Instructions) ELITE FINANCIAL GROUP
Date 2/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# BOB CORONA	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 364 VISTA PORTOLA LOOP LIBERTY TX 78042		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# TRACI SCHWARTZ	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 3809 PANTHER HALL LEANDER TX 78641		
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MITCH GUMPLE	7 Amount of contribution (\$) \$100.00
6 Contributor address, City, State, Zip Code UNKNOWN		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 2/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARK BOFFERDING	Amount of contribution (\$) \$50.00
Contributor address, City, State, Zip Code 2601 SADDLE BUNKER PL LEANDERTX 78641		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANDY PITTS	Amount of contribution (\$) \$1,000.00
Contributor address, City, State, Zip Code UNKNOWN		
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) MLS DIRECT NETWORK
Date 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JENNIFER JENSEN	Amount of contribution (\$) \$500.00
Contributor address, City, State, Zip Code UNKNOWN		
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) TPOHL PARTNERS
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AMY REID 6 Contributor address, City, State, Zip Code UNKNOWN	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) DEVELOPER		9 Employer (See Instructions) Pohl Partners
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRIS METEVIER Contributor address, City, State, Zip Code 3602 FANDANGO LEANDER, TX 78641	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) METEVIER + ASSOCIATES
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRAIG DIZER Contributor address, City, State, Zip Code 1414 ROARING FORK LEANDER TX 78641	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SENIOR VP		Employer (See Instructions) DHI MORTGAGE
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT + VIRISSIMO Contributor address, City, State, Zip Code 805 BRAVE FACE ST LEANDER TX 78641	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHERYL THOMAS	7 Amount of contribution (\$) \$100 ⁰⁰
6 Contributor address, City, State, Zip Code 3602 LASITAS LEANDER, TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT DARISH	Amount of contribution (\$) \$100 ⁰⁰
Contributor address, City, State, Zip Code 2100 FAWN RIDGE ST LAS VEGAS, NV 89134		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 3/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AMY WARRICK	Amount of contribution (\$) \$200 ⁰⁰
Contributor address, City, State, Zip Code 807 HILLTOP LEANDER TX 78641		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) DREAMS TO REALITY
Date 4/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL ALBRIGHT	Amount of contribution (\$) \$200 ⁰⁰
Contributor address, City, State, Zip Code 3600 LASITAS LEANDER, TX 78641		
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 9
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRYSTLE CLOUD	7 Amount of contribution (\$) \$100 ⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 1513 JALAND DR LEANDERTX 78641		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) CRYSTLE CLOUD MARKETING
Date 3/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MEAGHAN HART	Amount of contribution (\$) \$250 ⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) FACEBOOK
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)
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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS**SCHEDULE E**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 E 1
2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$172.79
5 Date of loan 1/20/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID McDONALD	9 Loan Amount (\$) \$200.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address, City, State, Zip Code 2416 LA MIRADA ST LEANDER TX 78641	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) TRAFFIC OPERATIONS		13 Employer (See Instructions) TxDOT
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 1/24/22	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID McDONALD	Loan Amount (\$) \$272.79
Is lender a financial institution? Y N	Lender address, City, State, Zip Code 2416 LA MIRADA ST LEANDER TX 78641	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) TRAFFIC OPERATIONS		Employer (See Instructions) TxDOT
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8	2 FILER NAME DAVID McDONALD	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Payee name OFFICE MAX	
6 Amount (\$) \$272.79	7 Payee address: City: State: Zip Code 1105 C-BAR EANL#TZL CEDAR PARK TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description FLYERS
	(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		
Date 1/27/22	Payee name DIRT CHEAP SIGNS	
Amount (\$) \$705.19	Payee address: City: State: Zip Code 6706 LOHMAN FORD LAGO VISTA TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 18" x 24" 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		
Date 2/14/22	Payee name VISTAGO PRINTS	
Amount (\$) \$993.19	Payee address: City: State: Zip Code 6706 LOHMAN FORD RD LAGO VISTA TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 18" x 24" YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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: <u>8</u>		2 FILER NAME <u>DAVID McDONALD</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/15/22</u>		5 Payee name <u>LEANDER CHAMBER OF COMMERCE</u>			
6 Amount (\$) <u>\$700.00</u>		7 Payee address: <u>100 N. BRUSHY ST</u>		City: <u>LEANDER</u>	State: <u>TX</u>
				Zip Code <u>78641</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>FEES</u>		(b) Description <u>MEMBERSHIP DUES</u>		
	(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 <u>2/18/22</u>		Payee name <u>THOMAS GRAPHICS</u>			
Amount (\$) <u>\$838.94</u>		Payee address: <u>9501 N I-35</u>		City: <u>AUSTIN</u>	State: <u>TX</u>
				Zip Code <u>78753</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>ADVERTISING EXPENSES</u>		Description <u>DOORHANGERS</u>		
	<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 <u>2/28/22</u>		Payee name <u>LOWES</u>			
Amount (\$) <u>\$32.99</u>		Payee address: <u>1495 S HWY 183</u>		City: <u>LEANDER</u>	State: <u>TX</u>
				Zip Code <u>78641</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>ADVERTISING EXPENSE</u>		Description <u>SIGN SUPPLIES (WOOD, NAILS)</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8		2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 3/4/22		5 Payee name LOWES			
6 Amount (\$) \$63.55		7 Payee address: 1495 S HWY 183		City: LEANDER	State: TX
				Zip Code 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SIGN SUPPLIES		
	(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 3/5/22		Payee name LOWES			
Amount (\$) \$72.40		Payee address: 1495 S HWY 183		City: LEANDER	State: TX
				Zip Code 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 3/7/22		Payee name DIRT CHEAP SIGNS			
Amount (\$) \$1,039.20		Payee address: 6706 LOTHMAN FORD RD		City: LAGOVISTA	State: TX
				Zip Code 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages - Schedule F1 8		2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/22		5 Payee name DIRT CHEAP SIGNS			
6 Amount (\$) \$67.91		7 Payee address: 6706 LOHMAN FORD RD		City: LAGO VISTA TX	State: TX
				Zip Code: 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description YARD STAKES		
	(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 3/14/22		Payee name OFFICE MAX			
Amount (\$) \$30.30		Payee address: 1105 G-BAR RANCH TRL		City: CEDAR PARK TX	State: TX
				Zip Code: 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description BUSINESS CARDS		
	<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 3/13/22		Payee name LOWES			
Amount (\$) \$23.56		Payee address: 1495 S HWY 183		City: LEANDER TX	State: TX
				Zip Code: 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CABLE TIES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 8		2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/22		5 Payee name JACE MANN			
6 Amount (\$) \$20.00		7 Payee address: 632 PEREGRINE WAY		City: LEANDER	State: TX Zip Code: 78641
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SIGN INSTALLATION		
	(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 3/16/22		Payee name LEANDER CHAMBER OF COMMERCE			
Amount (\$) \$18.00		Payee address: 100 N. BRUSHY ST		City: LEANDER	State: TX Zip Code: 78641
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description 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					
Date 3/16/22		Payee name RELENTLESS DEFENDER APPAREL			
Amount (\$) \$543.71		Payee address: 215 LONYO LANE		City: RICHMOND	State: TX Zip Code: 77469
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description T-SHIRTS		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8		2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/22		5 Payee name LOWES			
6 Amount (\$) \$37.70		7 Payee address: 1495 S HWY 183		City: LEANDER	State: TX
				Zip Code: 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description SIGN SUPPLIES		
	(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 3/19/22		Payee name CASA COSTA			
Amount (\$) \$9.70		Payee address: 201 BAGIDAD ST		City: LEANDER	State: TX
				Zip Code: 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description LUNCH (CAMPAIGN WORK)		
	<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 3/23/22		Payee name FLY BREWHOUSE			
Amount (\$) \$34.09		Payee address: 2200 S I-35 FRONTAGE RD W1		City: ROUND ROCK	State: TX
				Zip Code: 78681	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description CAMPAIGN MEAL		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8	2 FILER NAME DAVID MCIDONALD	3 Filer ID (Ethics Commission Filers)
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4 Date 3/27/22	5 Payee name LOWES
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6 Amount (\$) \$13.90	7 Payee address, City, State, Zip Code 1495 S HWY 183 LEANDER TX 78641
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CABLE TIES
	(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 3/28/22	Payee name JACE MANN
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Amount (\$) \$20.00	Payee address, City, State, Zip Code 637 PEEBLES/NEWAY LEANDER TX 78641
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGN INSTALLATION
	<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 3/30/22	Payee name COMMUNITY IMPACT
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Amount (\$) \$1,005.00	Payee address, City, State, Zip Code 16225 IMPACT WAY #1 PFLUGERVILLE TX 78660
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PURPOSE OF EXPENDITURE	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
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME DAVID McDONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/22		5 Payee name BLUE CORN HARVEST			
6 Amount (\$) \$4381		7 Payee address; 11840 HERO WAY W BLDG A		City; LEANDER TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description CAMPAIGN DINNER	
		(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 4/2/22		Payee name LACK ALLEN'S KITCHEN			
Amount (\$) \$10885		Payee address; 1345 E WHITESTONE BLVD		City; LEDAR PARK TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description CAMPAIGN 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
Date		Payee name JACOB McDONALD			
Amount (\$)		Payee address; 2416 LA MIRADA ST		City; LEANDER TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SIGN INSTALLATION	
		<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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