#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction (	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commission Filers) 00087341		2 Total pages file	
3 CANDIDATE	MS / MRS / MR	FIRST	000010.12	MI	OFFICE U	SE ONLY
NAME		Michael Patri	ck		Date Received	JE OIVE I
					ELECTRONICA	I I V EII EN
					07/15/2024	LLT FILED
	NICKNAME	LAST		SUFFIX	0771372024	
		Doyle		Ţ		
4 CANDIDATE	ADDRESS / PO BOX; AP	T / SUITE #; CI	ITY; STATE; ZIP COD		Date Hand-delivered or I	Date Postmarked
ADDRESS	3401 Allen Parkway				Receipt #	Amount
	Suite 100					
Change of Address	Houston, TX 77019				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		1	MI	
TREASURER NAME		Reginald				
	NICKNAME	LAST			SUFFIX	
		McKamie		,	Sr.	
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	3401 Allen Parkway					
(Residence or Business)	Suite 200					
(Nesidefice of Business)	Houston, TX 77019					
7 CAMPAIGN	AREA CODE	PHONE N	IUMBER		EXTENSION	
TREASURER PHONE	(713) 465-2889					
PHONE						
8 REPORT TYPE						
8 KEPUKITIFE	January 15	30th day	before convention / election	on [	Runoff	
	X July 15	8th day t	before convention / election	n [	Final report (At	ttach SC C/OH-FR)
9 PERIOD	Month Day	Year			Month D	ay Year
COVERED	01/01/2024		THROUGH			0/2024
10 CONVENTION /	Month Day	Year	11 OFFICE		STATE CHAIR	₹
ELECTION DATE			SOUGHT		X COUNTY CHA	
						NIK .
12 POLITICAL PARTY	Democrat			NTY (If Applicat	ole)	
PAKIT			Harris	S		
	,		_			
		GO -	TO PAGE 2			

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

# FORM SC C/OH COVER SHEET PG 2

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13 CANDIDATE NAME	Doyle, Michael Patrio	k	14 Filer ID ( 00087341	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)		olitical expenditures by political commit andidate's knowledge or consent. Cand penditures.			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURE	ER NAME		
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O'ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00	
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,728.13	
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 1,886.47	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING FING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00	
<b>17</b> AFFADAVIT			nder penalty of perjury, that the acc d includes all information required to tion Code.		
			Michael Patrick Doyle		
			Signature of Candidate		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	uid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal o	of office.		
Signature of office	eer administering oath	Printed name of officer administer	ing oath Title of officer	r administering oath	

#### SUBTOTALS - SC C/OH

### FORM SC C/OH COVER SHEET PG 3

				3 of 6		
18 CANDIDATE NAME Doyle, Michael Patrick  Doyle, Michael Patrick  Doyle, Michael Patrick  Doyle, Michael Patrick  Doyle, Michael Patrick						
20 SCHEDU NAME OF	SUBTO	TAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,728.13		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

el Patrick  5 Full name of contributor  out-of-state PAC (ID#:_ Doyle, Michael	forn	m.	1	Total pages Schedule A1:
5 Full name of contributor				Sch: 1/1 Rpt: 4/6
Doyle, Michael			3	Filer ID (Ethics Commission Filers) 00087341
6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$500.00
Houston, TX 77019 nation / Job title (See Instructions)	9	Employer (See Instructions	 	
		Doyle Dennis LLP		
- 4			ation / Job title (See Instructions)  9 Employer (See Instructions)	ation / Job title (See Instructions)  9 Employer (See Instructions)

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 1/2 Rpt: 5/6	Doyle, Michael Patrick 00087341			
4	Date	5 Payee name			
	02/04/2024	A. Philip Randolph Institute			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$250.00	2506 Sutherland Street			
		Houston, TX 77023			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee			
		2 Silations			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Data				
	Date	Payee name			
	03/21/2024	Carter and Hatcher Consulting LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$141.39	PO Box 7447			
		Houston, TX 77248			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Consulting			
		Consulting			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	5 .				
	Date	Payee name			
	02/04/2024	Doyle Dennis LLP			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$341.74	3401 Allen Parkway			
		Houston, TX 77019			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Event			
		Event			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 6/6	Doyle, Michael Patrick 00087341
4	Date	5 Payee name
	03/04/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	4619 Lyons Ave.
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Donations
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.80	4619 Lyons Ave.
	φ104.00	4019 Lyons Ave.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	'
	Date	Payee name
	03/07/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$590.20	4619 Lyons Ave.
	*****	
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food/Beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1