

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

**FORM SC C/OH
COVER SHEET PG 1**

| | | | | | |
|--|---|---|--|--|--|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00087341 | 2 Total pages filed: 7 | | |
| 3 CANDIDATE NAME | MS / MRS / MR | FIRST Michael Patrick | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST Doyle | SUFFIX | | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3401 Allen Parkway Suite 100 Houston, TX 77019 | | | Date Received ELECTRONICALLY FILED 07/15/2025 | |
| | | | | Date Hand-delivered or Date Postmarked | |
| | Receipt # | | Amount | | |
| | Date Processed | | | | |
| Date Imaged | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Reginald | MI | | |
| | NICKNAME | LAST McKamie | SUFFIX Sr. | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3401 Allen Parkway Suite 200 Houston, TX 77019 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER (713) 465-2889 | EXTENSION | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2025 | | THROUGH | Month Day Year 06/30/2025 | |
| 10 CONVENTION / ELECTION DATE | Month Day Year | 11 OFFICE SOUGHT | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR | | |
| 12 POLITICAL PARTY | Democrat COUNTY (If Applicable) Harris | | | | |

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**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 Patrick | 14 Filer ID (Ethics Commission Filers) 00087341 |
|---|---|

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|---|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates 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 | |

| | | | |
|--------------------------------|---|----|-----------|
| 16 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) | \$ | 31,952.87 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 873.70 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 35,847.92 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFADAVIT

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.

 Michael Patrick Doyle
 Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

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

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| | | | |
|--|---|--------------------------------|----------------------------|
| 18 CANDIDATE NAME Doyle, Michael Patrick | | 19 Filer ID 00087341 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT | |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 31,952.87 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 873.70 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7 |
| 2 FILER NAME Doyle, Michael Patrick | | 3 Filer ID (Ethics Commission Filers) 00087341 |
| 4 Date 01/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael | 7 Amount of Contribution (\$) \$6,750.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77019 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Doyle Dennis LLP |
| Date 01/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael | Amount of Contribution (\$) \$36.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77019 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Doyle Dennis LLP |
| Date 01/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael | Amount of Contribution (\$) \$164.40 |
| | Contributor address; City; State; Zip Code Houston, TX 77019 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Doyle Dennis LLP |
| Date 05/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael | Amount of Contribution (\$) \$25,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77019 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Doyle Dennis LLP |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank | Amount of Contribution (\$) \$0.16 |
| | Contributor address; City; State; Zip Code San Antonion, TX 78205 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7 |
| 2 FILER NAME Doyle, Michael Patrick | | 3 Filer ID (Ethics Commission Filers) 00087341 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank <hr/> 6 Contributor address; City; State; Zip Code San Antonion, TX 78205 | 7 Amount of Contribution (\$) \$0.38 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank <hr/> Contributor address; City; State; Zip Code San Antonion, TX 78205 | Amount of Contribution (\$) \$0.35 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank <hr/> Contributor address; City; State; Zip Code San Antonion, TX 78205 | Amount of Contribution (\$) \$0.37 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank <hr/> Contributor address; City; State; Zip Code San Antonion, TX 78205 | Amount of Contribution (\$) \$0.39 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost Bank <hr/> Contributor address; City; State; Zip Code San Antonion, TX 78205 | Amount of Contribution (\$) \$0.82 |
| Principal occupation / Job title (See Instructions) | | 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 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: Sch: 1/2 Rpt: 6/7 | 2 FILER NAME Doyle, Michael Patrick | 3 Filer ID (Ethics Commission Filers) 00087341 |
| 4 Date 04/16/2025 | 5 Payee name Carter and Hatcher Consulting LLC | |
| 6 Amount (\$) \$175.75 | 7 Payee address; City; State; Zip Code PO Box 7447 Houston, TX 77248 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/16/2025 | Payee name Doyle Dennis LLP | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3401 Allen Parkway Houston, TX 77019 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donations |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/31/2025 | Payee name Lee, Robbie | |
| Amount (\$) \$164.40 | Payee address; City; State; Zip Code 3401 Allen Parkway Houston, TX 77019 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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 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: Sch: 2/2 Rpt: 7/7 | 2 FILER NAME Doyle, Michael Patrick | 3 Filer ID (Ethics Commission Filers) 00087341 | |
| 4 Date 01/07/2025 | 5 Payee name Shepherd, Kay | | |
| 6 Amount (\$) \$33.55 | 7 Payee address; City; State; Zip Code 3401 Allen Parkway Houston, TX 77019 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overhead | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |