

# 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: 20
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST Dexter Lorange-Navario	MI
	NICKNAME	LAST McCoy	SUFFIX
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY
	P.O. Box 1398		Richmond TX 77406
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(832) 278-1732	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Joseph	MI
	NICKNAME	LAST Killebrew	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY
	8835 Arch Rock Dr.		Cypress TX 77433
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(407) 376-0352	
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- COH-FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2022		01/20/2022
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Bend County Commissioner PCT 4	
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

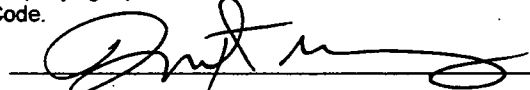
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

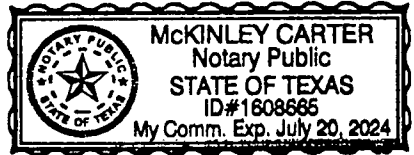
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Dexter Lorange-Navario McCoy		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)	\$7,654.06
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$12,812.58
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$28,509.80
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$6,000.00

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 the said Dexter L. McCoy this the 31<sup>st</sup> day of January 20 22 to certify which, witness my hand and seal of office.

M<sup>c</sup> Kinley Carter  
Signature of officer administering oath

M<sup>c</sup> Kinley Carter  
Printed name of officer administering oath

Notary  
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 - COH

FORM C/OH  
COVER SHEET PG 3

19. FILER NAME Dexter Lorance-Navario McCoy		20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7,654.06
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	SCHEDULE E: LOANS	\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12,662.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$150.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/04/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Roland Adesanya 6. Contributor address; City; State; ZIP Code 12821 Chime Dr Manor, TX 78653-4685	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cowanetta Armstrong 6. Contributor address; City; State; ZIP Code 8 Steve Fuqua Pl Missouri City, TX 77459-6644	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/10/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nomita Bajwa 6. Contributor address; City; State; ZIP Code 4803 Lexington Meadows Ct Sugar Land, TX 77479-3079	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Meagan Ball 6. Contributor address; City; State; ZIP Code 18215 Morningside Downs Way Richmond, TX 77407-2318	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Greselda Bickham 6. Contributor address; City; State; ZIP Code 42414 Salt Grass Dr Ponchatoula, LA 70454-4245	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 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

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Farris and Sandra Blount 6. Contributor address; City; State; ZIP Code 14 Dorothea Ln Sugar Land, TX 77479-2446	7. Amount of contribution (\$) \$400.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Denna Brooks 6. Contributor address; City; State; ZIP Code 7575 Cambridge St Apt 102 Houston, TX 77054-2030	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brad Burnaman 6. Contributor address; City; State; ZIP Code 5419 Tyler Park Ln Katy, TX 77494-1527	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ellen Carter 6. Contributor address; City; State; ZIP Code 485 Malcolm X Blvd Apt 3J New York, NY 10037-2419	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimbrelly Dandridge 6. Contributor address; City; State; ZIP Code 1145 Republican St Seattle, WA 98109-5961	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Davidson 6. Contributor address; City; State; ZIP Code 3110 Presley Jane Ct Missouri City, TX 77459-2087	7. Amount of contribution (\$) \$75.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jackie Davis 6. Contributor address; City; State; ZIP Code 10631 Belhill St Richmond, TX 77407-2116	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Abhinav Dewan 6. Contributor address; City; State; ZIP Code 6807 Entelman Ln Sugar Land, TX 77479-2094	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Yassine El Yousfi 6. Contributor address; City; State; ZIP Code 197 Elm St New Rochelle, NY 10805-1501	7. Amount of contribution (\$) \$150.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/15/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wanda Elliott 6. Contributor address; City; State; ZIP Code 2127 Long Spring Dr Missouri City, TX 77459-5183	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Benjamin Hall 6. Contributor address; City; State; ZIP Code 530 Lovett Blvd Houston, TX 77006-4021	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Hall Law Firm
4. Date 01/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Hemphill 6. Contributor address; City; State; ZIP Code 12417 Robert David Dr El Paso, TX 79928-1714	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Zoya Ibrahim 6. Contributor address; City; State; ZIP Code 9239 Pecky Cypress Way Orlando, FL 32836-6585	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Edna Jones-Webb 6. Contributor address; City; State; ZIP Code 8714 Petersburg Ln Houston, TX 77083-7212	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alexander Joseph 6. Contributor address; City; State; ZIP Code 1901 Columbia Rd NW Washington, DC 20009-5076	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorraine-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/04/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC KellyAnn Kirkpatrick 6. Contributor address; City; State; ZIP Code 43391 RADFORD DIVIDE Ter Ashburn, VA 20148	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Domalapalli Kumar 6. Contributor address; City; State; ZIP Code 3702 Springhill Ln Sugar Land, TX 77479-2292	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/10/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Howard Ledet 6. Contributor address; City; State; ZIP Code 7530 Guinevere Dr Sugar Land, TX 77479-6190	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Derrick Lewis 6. Contributor address; City; State; ZIP Code 1750 Sedgwick Ave Bronx, NY 10453-6638	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Desmon Lewis 6. Contributor address; City; State; ZIP Code 84 Brennan Ct Chester, NY 10918-1142	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/11/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kerchalyn Mayhorn 6. Contributor address; City; State; ZIP Code 5703 White Birch Run Spring, TX 77386-3845	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Douglas Miller 6. Contributor address; City; State; ZIP Code 11 Bentham Rd Boston, MA 02122-1603	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Vivian Mora 6. Contributor address; City; State; ZIP Code 2514 Swang Pl Houston, TX 77008-3038	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/12/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Warren Morgan 6. Contributor address; City; State; ZIP Code 1014 Locust St Apt 707 Saint Louis, MO 63101-1357	7. Amount of contribution (\$)  \$119.06
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/17/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ricki Oberoi 6. Contributor address; City; State; ZIP Code 112 Tall Trl Missouri City, TX 77459-6866	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) restaurateur owner		9. Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deon Provost	7. Amount of contribution (\$) \$2,000.00
6. Contributor address; City; State; ZIP Code 75 Edgewood Rd Rockville Centre, NY 11570-3509		
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) McKinsey & Co.
4. Date 01/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emmanuel Reid	7. Amount of contribution (\$) \$100.00
6. Contributor address; City; State; ZIP Code 10610 S Seeley Ave Chicago, IL 60643-2619		
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Christian Robinson	7. Amount of contribution (\$) \$50.00
6. Contributor address; City; State; ZIP Code 2024 16th St NW Washington, DC 20009-3422		
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Angie Schauer	7. Amount of contribution (\$) \$100.00
6. Contributor address; City; State; ZIP Code 21307 Wild Jasmine Ln Katy, TX 77450-5452		
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Caspia Schwartz	7. Amount of contribution (\$) \$20.00
6. Contributor address; City; State; ZIP Code 17715 Balintore Ln Richmond, TX 77407-4531		
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Madison Seeker 6. Contributor address; City; State; ZIP Code 720 W 26th St Houston, TX 77008-2933	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Solworth 6. Contributor address; City; State; ZIP Code 7 Holyoke St Apt 4 Boston, MA 02116-5857	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/16/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kenneth Thomas 6. Contributor address; City; State; ZIP Code 16707 Wilsons Creek Ln Houston, TX 77083-7219	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danielle Watkins 6. Contributor address; City; State; ZIP Code 150 W Sam Houston Pkwy N Houston, TX 77024-4733	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/20/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kathy White-Bryant 6. Contributor address; City; State; ZIP Code 4406 Pristine Dr Fresno, TX 77545-9507	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Dexter Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/16/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Erica Williams 6. Contributor address; City; State; ZIP Code 2925 Monument Blvd Apt 185 Concord, CA 94520-3032	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dexter Lorance-Navario McCoy	3. Filer ID (Ethics Commission Filers)
4 Date 01/02/2022	5 Payee name ActBlue	
6 Amount \$55.12	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	<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
4 Date 01/16/2022	5 Payee name ActBlue	
6 Amount \$58.85	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Processing fee
	<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
4 Date 01/11/2022	5 Payee name James Cardona	
6 Amount \$2,500.00	7 Payee address; City: State: Zip Code 5216 Leeland St Houston, TX 77023-2022	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting fee
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			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. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)	
4 Date 01/18/2022		5 Payee name LaRissa Charles			
6 Amount \$1,200.00		7 Payee address; City; State: Zip Code 318 S Esplanade Ln Stafford, TX 77477-5433			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description January fee	
		<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	
4 Date 01/11/2022		5 Payee name Fort Bend County			
6 Amount \$55.00		7 Payee address; City; State: Zip Code 301 Jackson St Richmond, TX 77469-3108			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Event permit	
		<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	
4 Date 01/14/2022		5 Payee name Frost Bank			
6 Amount \$180.00		7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description cash for kickoff event	
		<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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dexter Lorance-Navario McCoy	3. Filer ID (Ethics Commission Filers)
4 Date 01/11/2022	5 Payee name Isabella Kumar	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 2222 I St NW # 614 Washington, DC 20052-0010	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting fee
	<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
4 Date 01/04/2022	5 Payee name M3 Graphics	
6 Amount \$161.29	7 Payee address; City: State: Zip Code 11730 S Wilcrest Dr Houston, TX 77099-4757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) 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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/04/2022	5 Payee name M3 Graphics	
6 Amount \$1,255.70	7 Payee address; City: State: Zip Code 11730 S Wilcrest Dr Houston, TX 77099-4757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Push cards
	<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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)	
4 Date 01/12/2022		5 Payee name M3 Graphics			
6 Amount \$1,899.79		7 Payee address; 11730 S Wilcrest Dr Houston, TX 77099-4757		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Mailer	
		<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	
4 Date 01/18/2022		5 Payee name M3 Graphics			
6 Amount \$97.43		7 Payee address; 11730 S Wilcrest Dr Houston, TX 77099-4757		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Banner	
		<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	
4 Date 01/06/2022		5 Payee name NGP VAN			
6 Amount \$158.79		7 Payee address; 1445 New York Ave NW Ste 200 Washington, DC 20005-2158		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Database	
		<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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Dexter Lorance-Navario McCoy	3. Filer ID (Ethics Commission Filers)
4 Date 01/14/2022	5 Payee name NGP VAN	
6 Amount \$40.70	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	<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
4 Date 01/06/2022	5 Payee name Office Depot	
6 Amount \$91.98	7 Payee address; City: State: Zip Code 5400 FM 1640 Rd Richmond, TX 77469-5431	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	<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
4 Date 01/03/2022	5 Payee name Paragon Solutions	
6 Amount \$626.26	7 Payee address; City: State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	<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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)	
4 Date 01/18/2022		5 Payee name Pizza Hut			
6 Amount \$162.27		7 Payee address; 2035 FM 359 Rd Richmond, TX 77406-1115		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for volunteer	
		<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	
4 Date 01/14/2022		5 Payee name Sam's Club			
6 Amount \$45.66		7 Payee address; 351 Highway 6 Sugar Land, TX 77478-4933		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Materials	
		<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	
4 Date 01/12/2022		5 Payee name Sprint to Print			
6 Amount \$1,623.75		7 Payee address; 8748 Clay Rd Houston, TX 77080-8109		City; State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Yard Signs	
		<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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Dexter Lorange-Navario McCoy		3. Filer ID (Ethics Commission Filers)	
4 Date 01/14/2022		5 Payee name Sprint to Print			
6 Amount \$1,623.75		7 Payee address; City; State; Zip Code 8748 Clay Rd Houston, TX 77080-8109			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Yard Signs	
		<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	
4 Date 01/10/2022		5 Payee name WIX.COM			
6 Amount \$60.50		7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 01/06/2022		5 Payee name Zoom			
6 Amount \$15.74		7 Payee address; City; State; Zip Code 6601 College Blvd Leawood, KS 66211-1504			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video conferencing software	
		<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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Dexter Lorange-Navario McCoy	3. Filer ID (Ethics Commission Filers)
4 Date 01/15/2022	5 Payee name Andrew Glenn	
6 Amount \$150.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3454 Mainer St Houston, TX 77021-5534	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description DJ for kickoff event
	(c) <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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