

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: 36	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		Dexter Lorance-Navario McCoy		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:
	P.O. Box 1398		Richmond	TX
		ZIP CODE	77406	
<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(832) 278-1732		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		Joseph Killebrew		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT/SUITE #	CITY	STATE:
	(Residence or Business)		Cypress	TX
		ZIP CODE	77433	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(407) 376-0352		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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	Month
		01/21/2022		02/19/2022
		THROUGH		
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		
		3/1/2022		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		Fort Bend County Commissioner Pct. 4		
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.			
	<input type="checkbox"/> additional pages		COMMITTEE TYPE	
			<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	
			COMMITTEE NAME	
			COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

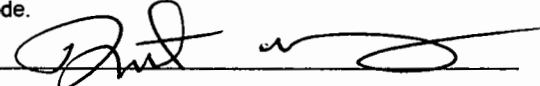
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

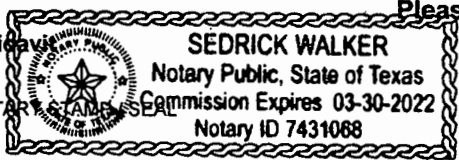
15 C/OH NAME	Dexter Lorance-Navario McCoy	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$38,968.77
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$15,632.62
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$54,451.19
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



Sworn to and subscribed before me, by the said Dexter L. McCoy this the 22ND day of Feb 20 22 to certify which, witness my hand and seal of office.

 SEDRICK WALKER Texas Notary
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 - 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	\$38,968.77
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	\$15,632.62
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	\$0.00
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	\$0.16

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 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Delilah Agho-Otoghile 6. Contributor address; City; State; ZIP Code 11615 Radford Ln Houston, TX 77099-4640	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ahmed Ahmed 6. Contributor address; City; State; ZIP Code 4212 Lane Pl NE Washington, DC 20019-1938	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Consultant		9. Employer (See Instructions) Self
4. Date 02/17/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mohammad Aijaz 6. Contributor address; City; State; ZIP Code 12323 Ashford Hollow Dr Sugar Land, TX 77478-6177	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9. Employer (See Instructions) Not Employed
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Krystal Akinyemi 6. Contributor address; City; State; ZIP Code 935 N Wilcrest Dr Houston, TX 77079-3530	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Reginald Alouidor 6. Contributor address; City; State; ZIP Code 100 Heard St Unit 546 Chelsea, MA 02150-1976	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Finance		9. Employer (See Instructions) Squire Technologies

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 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melanie Anbarci 6. Contributor address; City; State; ZIP Code 10 Tredington St Sugar Land, TX 77479-2992	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rebecca Arm 6. Contributor address; City; State; ZIP Code 2676 Horton Hill Rd Herndon, VA 20171-2508	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/03/2022	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 (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/04/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Phillip Ayroso 6. Contributor address; City; State; ZIP Code 6400 Iron Horse Blvd Apt N North Richland Hills, TX 76180-6059	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eric Baker 6. Contributor address; City; State; ZIP Code 875 N St NW Apt 401 Washington, DC 20001-4891	7. Amount of contribution (\$) \$20.00
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 02/16/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Philip Bartholomew 6. Contributor address; City; State; ZIP Code 2459 Hodges Bend Cir Sugar Land, TX 77479-1304	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Belt 6. Contributor address; City; State; ZIP Code 1207 Tiny Tree Dr Missouri City, TX 77489-4101	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Reginald Benbow 6. Contributor address; City; State; ZIP Code 3934 Rexmere Rd Baltimore, MD 21218-2036	7. Amount of contribution (\$) \$2.18
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Neil Berkman 6. Contributor address; City; State; ZIP Code 635 Ashbury Ave El Cerrito, CA 94530-3222	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/13/2022	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 (\$) \$25.00
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 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Bine 6. Contributor address; City; State; ZIP Code 339 San Rafael Ave Belvedere Tiburon, CA 94920-2333	7. Amount of contribution (\$) \$2.18
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brandon Birdwell 6. Contributor address; City; State; ZIP Code 161 A Carroll St Brooklyn, NY 11231-3507	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Birnbaum 6. Contributor address; City; State; ZIP Code 370 Riverside Dr New York, NY 10025-2179	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/25/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Adrian Brown 6. Contributor address; City; State; ZIP Code 4817 York St Apt 176 Metairie, LA 70001-1143	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Brown 6. Contributor address; City; State; ZIP Code 213 Hancock St Apt 2 Brooklyn, NY 11216-2174	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) Freelance

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 02/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nathaniel Brown 6. Contributor address; City; State; ZIP Code 228 Neptune Ct Bronx, NY 10473-2477	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ruthanne Buck 6. Contributor address; City; State; ZIP Code 7713 Carroll Ave Takoma Park, MD 20912-7772	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tracie Carter 6. Contributor address; City; State; ZIP Code 21 Palmdale Ln Manvel, TX 77578-4977	7. Amount of contribution (\$) \$1,500.00
8. Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
4. Date 02/15/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wilma Childs 6. Contributor address; City; State; ZIP Code 2734 Moon Rock Converse, TX 78109-3718	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jordan Clark 6. Contributor address; City; State; ZIP Code 81 Brent St Apt 1 Dorchester, MA 02124-2650	7. Amount of contribution (\$) \$100.00
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 02/10/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jordan Clark 6. Contributor address; City; State; ZIP Code 81 Brent St Apt 1 Dorchester, MA 02124-2650	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/14/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jordan Clark 6. Contributor address; City; State; ZIP Code 81 Brent St Apt 1 Dorchester, MA 02124-2650	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/04/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Onaje Crawford 6. Contributor address; City; State; ZIP Code 29 Vaughan Dr Newark, NJ 07103-3459	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Zaneta Daniel 6. Contributor address; City; State; ZIP Code 9702 N Sam Houston Pkwy E Apt 226 Humble, TX 77396-4530	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Davis 6. Contributor address; City; State; ZIP Code 3801 Connecticut Ave NW Apt 711 Washington, DC 20008-4563	7. Amount of contribution (\$) \$100.00
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 02/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Craig Dixon 6. Contributor address; City; State; ZIP Code 704 Ardonia Ter Upper Marlboro, MD 20774-8981	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/04/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anthony Dongfack 6. Contributor address; City; State; ZIP Code 111 Creekmont Ct Newark, DE 19702-3771	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/24/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Dotson 6. Contributor address; City; State; ZIP Code 2800 Kirby Dr Apt A630 Houston, TX 77098-1472	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) AccessHealth
4. Date 02/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ ARTHUR E EMMA 6. Contributor address; City; State; ZIP Code 52 Sanborn St Apt 206 Reading, MA 01867-2949	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Edison 6. Contributor address; City; State; ZIP Code 5200 Pointe West Cir Apt 9104 Richmond, TX 77469-2203	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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matthew Farmer 6. Contributor address; City; State; ZIP Code 16 Victoria Dr Newburgh, NY 12550-2444	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) Capital One
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Huey Rey Fischer 6. Contributor address; City; State; ZIP Code 445 E Mistletoe Ave San Antonio, TX 78212-3515	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/29/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Fischer 6. Contributor address; City; State; ZIP Code 7815 Ravens Point Dr Richmond, TX 77406-7019	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/30/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Fischer 6. Contributor address; City; State; ZIP Code 7815 Ravens Point Dr Richmond, TX 77406-7019	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/28/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Flanagan 6. Contributor address; City; State; ZIP Code 6522 Emerald Canyon Rd Katy, TX 77450-8749	7. Amount of contribution (\$) \$100.00
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 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Denise Forte 6. Contributor address; City; State; ZIP Code 1722 E St SE Washington, DC 20003-2414	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Foster 6. Contributor address; City; State; ZIP Code 5327 Carta Valley Ln Richmond, TX 77469-6084	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gregory Francis 6. Contributor address; City; State; ZIP Code 4 Dennison St Boston, MA 02119-1307	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/28/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jason Francis 6. Contributor address; City; State; ZIP Code 806 Saint Elmos Ct Missouri City, TX 77459-7556	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Freshwater 6. Contributor address; City; State; ZIP Code 5242 Creekbend Dr Houston, TX 77096-5212	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 02/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Hugh Gardner III 6. Contributor address; City; State; ZIP Code 2015 Holtz Ln Atlanta, GA 30318-9304	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Investigator		9 Employer (See Instructions) Lockheed Martin
4. Date 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sylvia Garza 6. Contributor address; City; State; ZIP Code PO Box 437 Rio Hondo, TX 78583-0437	7. Amount of contribution (\$) \$750.00
8. Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) GC Steel
4. Date 02/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Ginns 6. Contributor address; City; State; ZIP Code 918 N Carolina Ave SE Washington, DC 20003-3915	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donna Goodrich 6. Contributor address; City; State; ZIP Code 3 Sunnyside Ter Montpelier, VT 05602-2153	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/24/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Phyllis Grant 6. Contributor address; City; State; ZIP Code 3330 Long Hollow Ct Sugar Land, TX 77479-2207	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A

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 02/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Derrick Grubb 6. Contributor address; City; State; ZIP Code 6416 Manor Circle Dr Clinton, MD 20735-2230	7. Amount of contribution (\$) \$190.06
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pearlina Hamilton 6. Contributor address; City; State; ZIP Code 1618 Amy St Ville Platte, LA 70586-4102	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Derrick Harris 6. Contributor address; City; State; ZIP Code 6848 Queens Ferry Rd Baltimore, MD 21239-1225	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gabrielle Harris 6. Contributor address; City; State; ZIP Code 7101 Chase Oaks Blvd Apt 933 Plano, TX 75025-5914	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Harris 6. Contributor address; City; State; ZIP Code 1200 Smith St Ste 1550 Houston, TX 77002-4319	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Harris Law Firm

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 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jane Heenan 6. Contributor address; City; State; ZIP Code 7817 Paper Flower Ct Las Vegas, NV 89128-7329	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stephen Hill 6. Contributor address; City; State; ZIP Code 2932 Sea Grape Dr S Fernandina Beach, FL 32034-0006	7. Amount of contribution (\$) \$1.08
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chantele Holden 6. Contributor address; City; State; ZIP Code 5010 Hinsdale Ct Houston, TX 77084-8401	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andrew Hume 6. Contributor address; City; State; ZIP Code 23001 Femes Mission Viejo, CA 92692-1426	7. Amount of contribution (\$) \$2.17
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cherice Hunt 6. Contributor address; City; State; ZIP Code 8 Goodwin Dr North Brunswick, NJ 08902-4265	7. Amount of contribution (\$) \$25.00
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 02/19/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cherice Hunt 6. Contributor address; City; State; ZIP Code 8 Goodwin Dr North Brunswick, NJ 08902-4265	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pamela Inbasekaran 6. Contributor address; City; State; ZIP Code 110 Livingston St Brooklyn, NY 11201-5011	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dennis Irvin 6. Contributor address; City; State; ZIP Code 6401 Truman Dr Fort Worth, TX 76112-8029	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Jackson 6. Contributor address; City; State; ZIP Code 399 Summit Ave Mount Vernon, NY 10552-2224	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/29/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charmaine Jones 6. Contributor address; City; State; ZIP Code 20718 Pine Rain Ct Katy, TX 77449-1840	7. Amount of contribution (\$) \$100.00
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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charmaine Jones 6. Contributor address; City; State; ZIP Code 20718 Pine Rain Ct Katy, TX 77449-1840	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/03/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Juanita Jean Political Action Committee 6. Contributor address; City; State; ZIP Code 8014 Prairie Sage Dr Richmond, TX 77406-7039	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/17/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karla Jurvetson 6. Contributor address; City; State; ZIP Code 350 2nd St Ste 4 Los Altos, CA 94022-3602	7. Amount of contribution (\$) \$1,045.83
8. Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) self
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Olatunde Kamson 6. Contributor address; City; State; ZIP Code 58 Tiffany St Providence, RI 02908-4233	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gina Khraish 6. Contributor address; City; State; ZIP Code 318 Malone St Houston, TX 77007-7151	7. Amount of contribution (\$) \$2.18
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 01/24/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John King 6. Contributor address; City; State; ZIP Code 701 Ritchie Ave Silver Spring, MD 20910-5242	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deborah Kingsland 6. Contributor address; City; State; ZIP Code 113 Westmoreland Ave Wilmington, DE 19804-1752	7. Amount of contribution (\$) \$1.09
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/28/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Camden Kirkland 6. Contributor address; City; State; ZIP Code 3238 Lamar St Houston, TX 77003-3912	7. Amount of contribution (\$) \$3,000.00
8. Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) kirk.cam llc
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Lee 6. Contributor address; City; State; ZIP Code 823 Rutland St Houston, TX 77007-1529	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Texas Signal
4. Date 02/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ifedayo Lofinmakin 6. Contributor address; City; State; ZIP Code 3819 Preston Cove Ct Katy, TX 77494-3780	7. Amount of contribution (\$) \$250.00
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 01/27/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Mahaffey 6. Contributor address; City; State; ZIP Code 1812 Wyoming Ave NW Apt 301 Washington, DC 20009-1889	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kathleen Malcolmson 6. Contributor address; City; State; ZIP Code 19558 Cedar Cove Ct Richmond, TX 77407-1573	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ryne Manahan 6. Contributor address; City; State; ZIP Code 2011 Thorncrest Ct Sugar Land, TX 77479-5624	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aravind Marella 6. Contributor address; City; State; ZIP Code 2914 Shadowbrook Chase Ln Katy, TX 77494-7232	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tyra Mariani 6. Contributor address; City; State; ZIP Code 901 W Mcgraw St Unit 6 Seattle, WA 98119-3075	7. Amount of contribution (\$) \$25.00
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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alise Marshall 6. Contributor address; City; State; ZIP Code 33 N St NE Apt 731 Washington, DC 20002-4197	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Orbdella McLamb 6. Contributor address; City; State; ZIP Code 23803 Mcnabb Spur Ln Richmond, TX 77469-2598	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/03/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bouche Mickey 6. Contributor address; City; State; ZIP Code 27810 Bering Crossing Dr Katy, TX 77494-7142	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ tyreek moore 6. Contributor address; City; State; ZIP Code 70 Sunnyside Dr Yonkers, NY 10705-1743	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/29/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rosalinda Morales 6. Contributor address; City; State; ZIP Code 3703 County Seat Ln Richmond, TX 77469-1683	7. Amount of contribution (\$) \$100.00
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 02/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Terri Morgan 6. Contributor address; City; State; ZIP Code 22611 Duncan Brush Tree Richmond, TX 77469-4766	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/24/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Murphree 6. Contributor address; City; State; ZIP Code 1523 Chilton Ln Katy, TX 77493-2003	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kristen Nance 6. Contributor address; City; State; ZIP Code 10518 Village Lake Dr Missouri City, TX 77459-6488	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/12/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Our Revolution Brazoria County 6. Contributor address; City; State; ZIP Code 3203 Forrester Dr Pearland, TX 77584-6685	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Abidemi Oyedele 6. Contributor address; City; State; ZIP Code 317 Peabody St NW Washington, DC 20011-2118	7. Amount of contribution (\$) \$250.00
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 01/23/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Essence Patterson 6. Contributor address; City; State; ZIP Code 256 Kipper Ave Cibolo, TX 78108-4324	7. Amount of contribution (\$) \$15.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/27/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Steven Pearson 6. Contributor address; City; State; ZIP Code 2 Woodsey Ct Durham, NC 27703-9437	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tony Rice II 6. Contributor address; City; State; ZIP Code 4518 11th Ave Los Angeles, CA 90043-5408	7. Amount of contribution (\$) \$3,400.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Archer Street
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tony Rice II 6. Contributor address; City; State; ZIP Code 4518 11th Ave Los Angeles, CA 90043-5408	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Archer Street
4. Date 01/22/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Riles 6. Contributor address; City; State; ZIP Code 4501 Cartwright Rd Ste 204 Missouri City, TX 77459-3538	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Commercial Real Estate Broker		9 Employer (See Instructions) Kevin Riles Commercial

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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/03/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amon Robinson 6. Contributor address; City; State; ZIP Code 6509 Park Lake Ct Montgomery, AL 36117-7679	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bryan Robinson 6. Contributor address; City; State; ZIP Code 810 Meadow Flower Ln Garland, TX 75043-2793	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/26/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Irving Roman 6. Contributor address; City; State; ZIP Code PO Box 4455 Suwanee, GA 30024-0098	7. Amount of contribution (\$) \$750.00
8. Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) Virtusa
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Irving Roman 6. Contributor address; City; State; ZIP Code PO Box 4455 Suwanee, GA 30024-0098	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) Virtusa
4. Date 02/09/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jonathan Schorr 6. Contributor address; City; State; ZIP Code 897 Glendome Cir Oakland, CA 94602-1411	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 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Shelton 6. Contributor address; City; State; ZIP Code 4501 Argyle Ter NW Washington, DC 20011-4234	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donovan Shipley 6. Contributor address; City; State; ZIP Code 228 Washington St Brighton, MA 02135-3507	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/27/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kalika Sinha 6. Contributor address; City; State; ZIP Code 5054 Skipping Stone Ln Sugar Land, TX 77479-1668	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Smith 6. Contributor address; City; State; ZIP Code 63 Surrey St Brighton, MA 02135-2633	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/11/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Qiara Suggs 6. Contributor address; City; State; ZIP Code 17426 Endel Way Richmond, TX 77407-2764	7. Amount of contribution (\$) \$100.00
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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sue Swenson 6. Contributor address; City; State; ZIP Code 4604 Harling Ln Bethesda, MD 20814-3504	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 01/30/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ TOYIA TAYLOR 6. Contributor address; City; State; ZIP Code 315 NW 2nd Pl Renton, WA 98057-5103	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/16/2022	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 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Thomas 6. Contributor address; City; State; ZIP Code 33 Asheville Rd Hyde Park, MA 02136-1301	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) City of Boston
4. Date 01/31/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Justin Thornton 6. Contributor address; City; State; ZIP Code 1207 I St NE Washington, DC 20002-7119	7. Amount of contribution (\$) \$750.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jahan Tolliver 6. Contributor address; City; State; ZIP Code 7402 Calico Point Ct Richmond, TX 77407-3092	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce L. Turner 6. Contributor address; City; State; ZIP Code 1097 Junell St Houston, TX 77088-6252	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John Vanison 6. Contributor address; City; State; ZIP Code 22206 Auburn Canyon Ln Richmond, TX 77469-5638	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John Vanison 6. Contributor address; City; State; ZIP Code 22206 Auburn Canyon Ln Richmond, TX 77469-5638	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Fred Vernon 6. Contributor address; City; State; ZIP Code 2040 Williams Ave Port Arthur, TX 77642-0503	7. Amount of contribution (\$) \$1,500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9. Employer (See Instructions) Not Employed

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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joanne Weiss 6. Contributor address; City; State; ZIP Code 2100 11th St NW Ph 6 Washington, DC 20001-8024	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/07/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Antonia Whalen 6. Contributor address; City; State; ZIP Code 4842 S Kenwood Ave Chicago, IL 60615-2016	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/05/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Isaya White 6. Contributor address; City; State; ZIP Code 18 Idlewood Rd White Plains, NY 10605-3322	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Williams 6. Contributor address; City; State; ZIP Code 1111 10th St Alamogordo, NM 88310-6413	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/18/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Williams 6. Contributor address; City; State; ZIP Code 1111 10th St Alamogordo, NM 88310-6413	7. Amount of contribution (\$) \$1.00
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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/01/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jamil Williams 6. Contributor address; City; State; ZIP Code 6210 Belcrest Rd Apt 1303 Hyattsville, MD 20782-2968	7. Amount of contribution (\$) \$400.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/21/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jared Williams 6. Contributor address; City; State; ZIP Code 24703 Gracefield Haven Ln Richmond, TX 77406-1676	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/27/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marcus Williams 6. Contributor address; City; State; ZIP Code 300 Roycroft Ave Long Beach, CA 90814-3129	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/02/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robin Wrice 6. Contributor address; City; State; ZIP Code 123 W Esplanade Ave Apt A204 Kenner, LA 70065-2477	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 02/08/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mia Wright 6. Contributor address; City; State; ZIP Code 6434 Crystal Pt Missouri City, TX 77459-3055	7. Amount of contribution (\$) \$100.00
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 Lorance-Navario McCoy		3. Filer ID (Ethics Commission Filers)
4. Date 02/13/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mia Wright 6. Contributor address; City; State; ZIP Code 6434 Crystal Pt Missouri City, TX 77459-3055	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/06/2022	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mark Zuckerman 6. Contributor address; City; State; ZIP Code 135 D St SE Washington, DC 20003-1809	7. Amount of contribution (\$) \$250.00
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.

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 F 1:	2. FILER NAME Dexter Lorance-Navario McCoy	3. Filer ID (Ethics Commission Filers)
4 Date 01/23/2022	5 Payee name ActBlue	
6 Amount \$192.02	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	8 (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 01/30/2022	5 Payee name ActBlue	
6 Amount \$334.82	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	8 (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 02/06/2022	5 Payee name ActBlue	
6 Amount \$638.63	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	8 (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

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 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 02/13/2022	5 Payee name ActBlue	
6 Amount \$126.46	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
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 01/28/2022	5 Payee name Ampersand Consulting	
6 Amount \$5,593.22	7 Payee address; City: State: Zip Code 4105 Penn Ave Pittsburgh, PA 15224-1305	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Direct mail
	<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 02/17/2022	5 Payee name Ampersand Consulting	
6 Amount \$5,134.56	7 Payee address; City: State: Zip Code 4105 Penn Ave Pittsburgh, PA 15224-1305	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Direct mail
	<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 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 02/14/2022	5 Payee name Fort Bend County	
6 Amount \$35.00	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 Rental 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 02/08/2022	5 Payee name Home Depot	
6 Amount \$226.33	7 Payee address; City: State: Zip Code 24400 Commercial Dr Rosenberg, TX 77471-6175	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies for 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 02/09/2022	5 Payee name Home Depot	
6 Amount \$45.18	7 Payee address; City: State: Zip Code 24400 Commercial Dr Rosenberg, TX 77471-6175	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies for 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

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 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 02/14/2022		5 Payee name Home Depot			
6 Amount \$404.27		7 Payee address; City: State: Zip Code 24400 Commercial Dr Rosenberg, TX 77471-6175			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Supplies for 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 02/07/2022		5 Payee name Hustle, Inc.			
6 Amount \$100.00		7 Payee address; City: State: Zip Code 717 Market St Ste 500 San Francisco, CA 94103-2113			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Voter outreach	
		<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 02/02/2022		5 Payee name M3 Graphics			
6 Amount \$1,488.44		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 4x8 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	

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 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 01/31/2022	5 Payee name Mimi's New Orleans Cafe	
6 Amount \$253.49	7 Payee address; City: State: Zip Code 1833 Richmond Pkwy Richmond, TX 77469-3643	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food for volunteers
	<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 02/08/2022	5 Payee name NGP VAN	
6 Amount \$158.79	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 02/16/2022	5 Payee name NGP VAN	
6 Amount \$60.00	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

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 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 02/02/2022	5 Payee name Paragon Solutions	
6 Amount \$24.50	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
4 Date 01/24/2022	5 Payee name ReStream Inc.	
6 Amount \$19.00	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	<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 02/17/2022	5 Payee name ReStream Inc.	
6 Amount \$19.00	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	<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 02/17/2022	5 Payee name Sprint to Print	
6 Amount \$763.17	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 02/07/2022	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED