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 Commis	ssion Filers)	2 Total pages filed:
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Dexter Lorance-Na LAST McCoy	vario	MI	OFFICE USE ONLY Date Received REC'D-BBM
5	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE	P.O. Box 1398	APT/SUITE # CITY Richmond	STATE: TX EXTENSIO	ZIP CODE 77406 N	JAN 1 6 2024 FORT BEND COUNTY ELECTION Date Hand-delivered or Date Postmarked Receipt # Amount \$
6	CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST Joseph LAST Killebrew		MI	Date Processed Date Imaged
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO B 8835 Arch Rock Dr.	OX PLEASE): APT/SUITE #	Cypress	STATE: TX	ZIP CODE 77433
8	CAMPAIGN TREASURER PHONE	AREA CODE F (407) 376-0	HONE NUMBER	EXTENSIO	N	
9	REPORT TYPE	✓ January 15 ☐ July 15	30th day before election	Exc	noff ceeded Modified porting limit	15th day after campaign tresurer appointment (officeholder only) Final report (Attach- COH-FR)
10	PERIOD COVERED	Month Day Y 07/01/2023	ear THF	ROUGH	Month	Day Year 12/31/2023
11	ELECTION	ELECTION DATE Month Day 3/3/2026	Year ELECTION Priman	/ _ F	Runoff C	Other
12	OFFICE	OFFICE HELD (if any) Fort Bend County C	Commissioner Pct. 4	1:	3 OFFICE SOUGH	T (if known)
14	NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OI	FICEHOLDER, THESE EXPENDI	TURES MAY HAVE	BEEN MADE WITHOUT	ADE BY POLITICAL COMMITTEES TO ITHE CANDIDATE'S OR OFFICEHOLDER'S ORMATION ONLY IF THEY RECEIVE NOTICE
	Additional Pages	GENERAL	COMMITTEE ADDRESS			
			OOMINITTEE ADDITEOU			
			COMMITTEE CAMPAIGN T	REASURER NAM	E	
			COMMITTEE CAMPAIGN T	REASURER ADD	RESS	
			GO TO PAG	GE 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 OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICAL	s, LOANS, LY) \$0.00
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$203,843.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$211.57
	4 TOTAL POLITICAL EXPENDITURES	\$29,906.15
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$422,139.55
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is tr	ue and correct and includes all information
	required to be reported by me under Title 15, Election Code.	f m
	Signature of	Candidate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP / SEAL		
Sworn to and subscribed	before me by	this the
day of20	to certify which, witness my hand and seal of office.	
Signature of officer admin		Title of officer administering oath
(2) Unawarn Doctoratio	OR	
(2) Unsworn Declaratio	L. McCoy , and my date of birth	is 11/15/1991
		F 8
My address is 23534	4 McNabb Spur Lane Richmond	TX 77469 USA (state) (zip code) (country)
	(street) (city)	
Executed in Fort Ben	d County, State of Texas on the 16	day of <u>Jan.</u> 20 <u>24</u> (year)
	A	t M
	Signature of	Candidate/Officeholder (Declarant)

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

	FILER NAME kter Lorance-Navario McCoy	20 Filer ID (Ethics C	Commission Filers)
21 8	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$203,843.00
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 CONTR	RIBUTIONS	\$29,906.15
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	4	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	ITRIBUTIONS	\$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 BI	USINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTION TO FILER	NS RETURNED	\$119.03

SCHEDULE A1

2 FILER NAME Dexter Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
	7 Amount of contribution (\$)
4 Det	7 Amount of contribution (\$)
4 Date 5 Full name of contributorout-of-state PAC	
11/13/2023 Huitt-Zollars, Inc. Texas PAC	\$1,000.00
6 Contributor address; City; State; Zip Code	
1717 Mckinney Ave Ste 1400 Dallas, TX 75202-1239	
8 Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
4 Date 5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
12/18/2023 majed agha	\$1,000.00
6 Contributor address; City; State; Zip Code	
19311 N Cottonwood Green Ln Cypress, TX 77433-4184	
	yer (See Instructions)
Engineer A	gha Engineering
4 Date 5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/01/2023 Delilah Agho-Otoghile	\$250.00
6 Contributor address; City; State; Zip Code	
11615 Radford Ln Houston, TX 77099-4640	
8 Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
4 Date 5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/01/2023 Mohammad Aijaz	\$50.00
6 Contributor address; City; State; Zip Code	
12323 Ashford Hollow Dr Sugar Land, TX 77478-6177	
8 Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
4 Date 5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
10/24/2023 Eileen Akerson	\$250.00
6 Contributor address; City; State; Zip Code	
7303 Savannah Glen Ln Richmond, TX 77469-7349	
8 Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-N	avario McCoy	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/08/2023	Nick Alanis	\$10,000.00
	6 Contributor address; City; State; Zip Co	de
	8519 Woods Hollow Trl Richmond, TX 77406-2536	
8 Principal occup Chairman	ation / Job title (See Instructions) 9 En	mployer (See Instructions) Entech Civil Engineers, Inc.
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Omar Alhammouri	\$500.00
	6 Contributor address; City; State; Zip Co	de
	12888 Queensbury Ln # W518 Houston, TX 77024-2094	
8 Principal occup	ation / Job title (See Instructions) 9 En	mployer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Allen Boone Humphries Robinson, LLP	\$2,500.00
-	6 Contributor address; City; State; Zip Co	de
	3200 Southwest Fwy Ste 2600 Houston, TX 77027-7537	
8 Principal occup	ation / Job title (See Instructions) 9 En	mployer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
10/19/2023	Allicance PAC	\$10,000.00
	6 Contributor address; City; State; Zip Co	de
5.7	6200 Savoy Dr Ste 100 Houston, TX 77036-3324	
8 Principal occup	pation / Job title (See Instructions) 9 En	mployer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
12/31/2023	Emily Anderson	\$100.00
	6 Contributor address; City; State; Zip Co	de
	4807 Pin Oak Park Apt 3311 Houston, TX 77081-2229	
8 Principal occup	pation / Job title (See Instructions) 9 En	mployer (See Instructions)

SCHEDULE A1

The Ins	truction Guide explains how to complete this	Total pages Schedule A1: not available		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dexter Lorance-N	avario McCoy			
4 Date	5 Full name of contributor out-of-state PA	c	7 Amount of contribution (\$)	
10/04/2023	Cherita Andrews		\$500.0	0
	6 Contributor address; City; Stat	e; Zip Code	-	
	9023 Covent Garden St Houston, TX 77031-3015			/
8 Principal occup	ation / Job title (See Instructions)	9 Employ	/er (See Instructions)	
4 Date	5 Full name of contributorout-of-state PA	c	7 Amount of contribution (\$)	
11/03/2023	Ardurra Group PAC		\$2,500.0	0
	6 Contributor address; City; Stat	e; Zip Code		
	5851 San Felipe St Ste 425 Houston, TX 77057-801	8	- '	
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PA	c	7 Amount of contribution (\$)	
11/03/2023	Mohan Ballagere		\$500.0	0
	6 Contributor address; City; Stat	e; Zip Code		
	10306 Logan Bridge Ln Sugar Land, TX 77498-407	8		
8 Principal occup Vice Presiden	ation / Job title (See Instructions)		ver (See Instructions) eotest Engineering, Inc.	
4 Date	5 Full name of contributorout-of-state PA	c	7 Amount of contribution (\$)	
11/05/2023	David Balmos		\$5,000.0	0
	6 Contributor address; City; Stat	e; Zip Code		
y- 1	19119 Cardinal Grove Ct Cypress, TX 77429-5547			ñ.
8 Principal occup Engineer	ation / Job title (See Instructions)		ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PA	С	7 Amount of contribution (\$)	
10/26/2023	Susan Bankston		\$100.0	0
	6 Contributor address; City; Stat	e; Zip Code	***	
	1703 Magnolia Ln Richmond, TX 77469-4849			
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The I	Instruction Guide explains how	1 Total pages Schedule A1: not available		
2 FILER NAME	Ξ			3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy	* , *		
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
11/03/2023	Raj Basavaraju			\$500.00
	6 Contributor address;	City; State;	Zip Code	
,*	13518 Fawn Lily Dr Ste 900 Cyp	press, TX 77429-5419		
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
11/03/2023	Levi Benton			\$250.00
	6 Contributor address;	City; State;	Zip Code	
	3417 Milam St Houston, TX 770	02-9531		
8 Principal occ	cupation / Job title (See Instruction	s)	1	yer (See Instructions)
Lawyer			L	evi Benton & Associates PLLC
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
10/24/2023	Bracewell PAC			\$1,000.00
	6 Contributor address;	City; State;	Zip Code	
,	711 Louisiana St Ste 2300 House	on, TX 77002-2770		
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
11/01/2023	John Brigham			\$500.00
	6 Contributor address;	City; State;	Zip Code	:
	11750 Katy Fwy Ste 1260 Houst	on, TX 77079-1257		t, et
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
11/03/2023	Alayne Bryant			\$600.00
	6 Contributor address;	City; State;	Zip Code	
	2525 North Loop W Houston, T	X 77008-1038		
8 Principal occ	cupation / Job title (See Instruction	ıs)	1	yer (See Instructions)
Marketing			I	andtech

SCHEDULE A1

The In	struction Guide explains how to complete this form	1 Total pages Schedule A1: not available	0 1	
2 FILER NAME	V W.C.		3 Filer ID (Ethics Commission F	Filers)
Dexter Lorance-				
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Alayne Bryant			\$2,000.00
	6 Contributor address; City; State; 2	Zip Code		
	2525 North Loop W Houston, TX 77008-1038			
8 Principal occu Marketing	pation / Job title (See Instructions)		yer (See Instructions) andtech	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
10/25/2023	John Calhoun			\$2,500.00
	6 Contributor address; City; State; Z	Zip Code		\$2,300.00
	126 E Amite St Jackson, MS 39201-2101			
8 Principal occu	pation / Job title (See Instructions)		yer (See Instructions)	
CEO		IN	MS Engineers	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
12/21/2023	Jeff Cannon			\$5,000.00
9	6 Contributor address; City; State; Z	Zip Code		
	4315 Whickham Dr Fulshear, TX 77441-4058			
8 Principal occur Senior Vice	pation / Job title (See Instructions) President		yer (See Instructions) JA	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Chris Canonico			\$250.00
	6 Contributor address; City; State; Z	Zip Code		
	4321 Jonathan St Bellaire, TX 77401-4609			
8 Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Darryl Carter			\$1,000.00
	6 Contributor address; City; State; Z	Zip Code		
	5651 Willers Way Houston, TX 77056-2608			
8 Principal occu	pation / Job title (See Instructions)		yer (See Instructions)	
Attorney		Se	elf	

SCHEDULE A1

The Ir	nstruction Guide explains how to complete this form.	Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-	-Navario McCoy	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Chris Cheetham-West	\$50.00
	6 Contributor address; City; State; Zip Code	
	6110 Birchwood San Antonio, TX 77493	
8 Principal occu	upation / Job title (See Instructions) 9 Emp	ployer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Gwendolyn Climmons Johnson	\$50.00
	6 Contributor address; City; State; Zip Code	
	2922 Bull Run Ct Missouri City, TX 77459-4912	
8 Principal occu	upation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
10/30/2023	Cobb Fendley PAC	\$2,500.00
	6 Contributor address; City; State; Zip Code	
	13430 Northwest Fwy Ste Houston, TX 77040-6000	
8 Principal occu	upation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Sonny Colunga	\$150.00
	6 Contributor address; City; State; Zip Code	
	14202 Cally Cir Needville, TX 77461-7536	
8 Principal occu	upation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Sonny Colunga	\$50.00
	6 Contributor address; City; State; Zip Code	
	14202 Cally Cir Needville, TX 77461-7536	
8 Principal occu	upation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)

SCHEDULE A1

struction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: not available	
			3 Filer ID (Ethics Commission Filers)	
			24, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27	
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Walter Criner			\$50.00	
6 Contributor address;	City; State;	Zip Code		
16243 Mission Glen Dr Houston,	TX 77083-5261		· ·	
pation / Job title (See Instructions	s)	9 Employ	yer (See Instructions)	
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Walter Criner			\$100.00	
6 Contributor address;	City; State;	Zip Code		
16243 Mission Glen Dr Houston,	TX 77083-5261			
pation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Crystal Davila			\$50.00	
6 Contributor address;	City; State;	Zip Code		
2210 Fenwood Dr Pasadena, TX	77502-3606			
pation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Maxine Dawkins			\$50.00	
6 Contributor address;	City; State;	Zip Code		
6831 River Bluff Dr Houston, TX	77085-1313		·	
pation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
DEC PAC			\$2,500.00	
6 Contributor address;	City; State;	Zip Code	• ,	
1 Greenway Plz Ste 225 Houston,	, TX 77046-0106			
pation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
	Savario McCoy 5 Full name of contributor Walter Criner 6 Contributor address; 16243 Mission Glen Dr Houston, Dation / Job title (See Instructions) 5 Full name of contributor Walter Criner 6 Contributor address; 16243 Mission Glen Dr Houston, Dation / Job title (See Instructions) 5 Full name of contributor Crystal Davila 6 Contributor address; 2210 Fenwood Dr Pasadena, TX Dation / Job title (See Instructions) 5 Full name of contributor Maxine Dawkins 6 Contributor address; 6831 River Bluff Dr Houston, TX Dation / Job title (See Instructions) 5 Full name of contributor Dation / Job title (See Instructions) 5 Full name of contributor Dation / Job title (See Instructions) 5 Full name of contributor DEC PAC 6 Contributor address; 1 Greenway Plz Ste 225 Houston,	Savario McCoy 5 Full name of contributor	Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261 Dation / Job title (See Instructions) 5 Full name of contributor	Asvario McCoy 5 Full name of contributor

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1: not available			
2 FILER NAM				3 Filer ID (Ethics Commission Filers)	
Dexter Lorance	e-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/08/2023	MICHAEL Dei			\$1	00.00
	6 Contributor address;	City; State;	Zip Code		
	850 Sunshine Medley Ln Rosent	perg, TX 77469-4872			
8 Principal occ	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/04/2023	John Doucet			\$1.0	00.00
	6 Contributor address;	City; State;	Zip Code		
	2300 Gatlin Creek Rd Dripping	Springs, TX 78620-536	60		
	cupation / Job title (See Instruction Vice President	s)		yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/17/2023	David Eastwood			\$1,0	00.00
	6 Contributor address;	City; State;	Zip Code		
	17407 Highway 59 N Humble, T	X 77396-3008			
8 Principal occ Engineer	cupation / Job title (See Instruction	s)		yer (See Instructions) Geotech Engineering & Testing	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
07/02/2023	Sandy Edwards			\$1	00.00
	6 Contributor address;	City; State;	Zip Code		
	23303 Millcross Ln Katy, TX 77	494-2165			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/02/2023	EHRA Engineering PAC			\$1,5	00.00
	6 Contributor address;	City; State;	Zip Code		
	10011 Meadowglen Ln Houston	, TX 77042-3760			
8 Principal occ	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Ins	struction Guide explains how	1 Total pages Schedule A1: not available			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Dexter Lorance-N		A CONTRACTOR OF THE CONTRACTOR			
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
12/21/2023	Omar Escobar			\$2,500.00	
	6 Contributor address;	City; State;	Zip Code		
	16910 Roberts Dr Cypress, TX 7	77433			
8 Principal occup Engineer	pation / Job title (See Instruction	s)		yer (See Instructions) JA Engineering, Inc	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Fort Bend United			\$500.00	
	6 Contributor address;	City; State;	Zip Code		
	PO Box 42811 Houston, TX 772	42-2811			
8 Principal occup	pation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/06/2023	Stephen Garza			\$1,500.00	
	6 Contributor address;	City; State;	Zip Code		
	1445 North Loop W Ste 450 Hor	uston, TX 77008-1667			
8 Principal occup Civil Engine	pation / Job title (See Instruction er	ns)		yer (See Instructions) owman Consulting Group	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/16/2023	Pamiel Gaskin			\$150.00	
	6 Contributor address;	City; State;	Zip Code	: 1	
	3006 Villa Ln Missouri City, TX	77459-4130		-	
8 Principal occup	pation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Mark Gehringer			\$2,500.00	
	6 Contributor address;	City; State;	Zip Code		
	5714 Ashley Spring Ct Katy, TX	X 77494-2213		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8 Principal occup	pation / Job title (See Instruction	าร)		yer (See Instructions) k.G. Miller	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2 FILER NAM				3 Filer ID (Ethics Commission F	Filers)
Dexter Lorance	e-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC	*.	7 Amount of contribution (\$)	
11/03/2023	Costas Georghiou				\$1,500.00
	6 Contributor address;	City; State;	Zip Code	- 1	
	12335 Meadow Lake Dr Houston	n, TX 77077-5935			
8 Principal occ Principal	cupation / Job title (See Instruction	s)		oyer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/18/2023	Lance C. Gilliam				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		40,000.00
	3115 Reba Dr Houston, TX 7701	19-6209			
8 Principal occ Real Estat	cupation / Job title (See Instruction	s)		yer (See Instructions) VSG-RE LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	David Hamilton				\$500.00
	6 Contributor address;	City; State;	Zip Code		
	12315 Woodthorpe Ln Houston,	TX 77024-4108			
	cupation / Job title (See Instruction Vice President	s)		yer (See Instructions) Binkley & Barfield	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/01/2023	Aamir Hasanali				\$50.00
	6 Contributor address;	City; State;	Zip Code	,	
	18218 Kilmacolm Dr Richmond,	TX 77407-4546			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/14/2023	Kevin Hattery				\$100.00
	6 Contributor address;	City; State;	Zip Code		
	3819 Villanova St Houston, TX	77005-3639			
8 Principal occ	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Ir	struction Guide explains how to co	mplete this for	m.	Total pages Schedule A1: not available	
2 FILER NAME Dexter Lorance-	Navario McCoy			3 Filer ID (Ethics Commission F	Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/28/2023	Katie Herrington				\$100.00
	6 Contributor address; C	city; State;	Zip Code		Ψ100.00
	1610 Mustang Xing Missouri City, TX	77459-4593			
8 Principal occu	pation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/27/2023	Jubair Hossain				\$2,500.00
	6 Contributor address; C	ity; State;	Zip Code	1	
	15627 Sand Bluestem Dr Cypress, TX	77433-1883			
8 Principal occu President	pation / Job title (See Instructions)			/er (See Instructions) TS Inc Consultants	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/30/2023	Shou Hu				\$1,500.00
	6 Contributor address; C	ity; State;	Zip Code		
	105 Pamellia Dr Bellaire, TX 77401-37	111			
8 Principal occu Not Employ	pation / Job title (See Instructions) ed			ver (See Instructions) ot Employed	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	HVJ Political Action Committee				\$1,500.00
	6 Contributor address; C	ity; State;	Zip Code		
	6120 S Dairy Ashford Rd Houston, TX	77072-1010			
8 Principal occu	pation / Job title (See Instructions)		9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	1,201
11/03/2023	IDS Engineering Group PAC				\$2,500.00
	6 Contributor address; C	ity; State;	Zip Code		
	13430 Northwest Fwy Ste 700 Houston	n, TX 77040-6091			
8 Principal occu	pation / Job title (See Instructions)		9 Employ	ver (See Instructions)	

SCHEDULE A1

The In	struction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Dexter Lorance-l				
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	IEA PAC			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	18383 Preston Rd Ste 500 Dallas, TX 75252-5490			
8 Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
11/02/2023	Qaisar Q Imam		-y * 1	\$250.00
	6 Contributor address; City; State;	Zip Code		
	19 Saint Christopher Ct Sugar Land, TX 77479-4204			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
10/27/2023	Harish JaJoo			\$1,500.00
	6 Contributor address; City; State;	Zip Code		
	62 Bradford Cir Sugar Land, TX 77479-2976			
8 Principal occup Engineer	pation / Job title (See Instructions)		ver (See Instructions) J Consulting	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
11/03/2023	Larry Janak		. ×	\$250.00
	6 Contributor address; City; State;	Zip Code		
	19215 Cohen Green Ln Lan Houston, TX 77094-4127			
8 Principal occup Executive Vi	pation / Job title (See Instructions)		ver (See Instructions) OCUS, Inc.	
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Abrahim Javed			\$1,000.00
	6 Contributor address; City; State;	Zip Code		\$1,000.00
	2295 Avalon St Beaumont, TX 77707-4703			
8 Principal occur	L pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
COO		1	narityStack	

SCHEDULE A1

The In	struction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: not available	
2 FILER NAME				3 Filer ID (Ethics Commission I	Filers)
Dexter Lorance-N	Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
08/07/2023	Nathan Junius			-	\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	4 Thrush St New Orleans, LA 70	124-4117			
8 Principal occup Civil Engine	pation / Job title (See Instruction er	s)		yer (See Instructions) infield Hunter & Junius Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
07/01/2023	Al Kashani				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	PO Box 20214 Houston, TX 772	25-0214			
8 Principal occup	pation / Job title (See Instruction	s)		yer (See Instructions)	_
Developer			Н	orizon Group	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/27/2023	KCI Texas PAC				\$7,500.00
2**	6 Contributor address;	City; State;	Zip Code		
	11550 W Interstate 10 Ste 395 S.	an Antonio, TX 78230	-1037		
8 Principal occup	pation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/17/2023	Paul Kwan				\$1,500.00
	6 Contributor address;	City; State;	Zip Code		
	13423 Amber Queen Ln Houston	n, TX 77041-5550			
8 Principal occu	pation / Job title (See Instruction	is)	1	yer (See Instructions)	
Engineer			L	andtech Consultants, Inc	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
12/16/2023	Paul Kwan				\$2,600.00
	6 Contributor address;	City; State;	Zip Code		
	13423 Amber Queen Ln Housto	n, TX 77041-5550			
8 Principal occu	pation / Job title (See Instruction	ns)		yer (See Instructions)	
Engineer			I	andtech Consultants, Inc	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available			
2 FILER NAME			· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission	Filers)
Dexter Lorance-N	Javario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/02/2023	Linebarger Goggin Blair & Sam	pson, LLP			\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	PO Box 17428 Austin, TX 78760	0-7428			
8 Principal occup	pation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	'
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/30/2023	Kevin Matocha				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		φο,σσστοσ
	1600 Highway 6 Ste 245 Sugar I	and, TX 77478-4991			
8 Principal occup President	ation / Job title (See Instruction	s)		yer (See Instructions) tonehenge Holdings, LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Ranney McDonough				\$7,500.00
	6 Contributor address;	City; State;	Zip Code		, ,, , , , , , , , , , , , , , , , , , ,
	3 Pin Oak Estates Dr Bellaire, TX	X 77401-4224		š	
8 Principal occup President	ation / Job title (See Instruction	s)		yer (See Instructions) CDonough Engineering	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
09/11/2023	Erik Miller				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	2901 Wilcrest Dr Ste 550 Housto	on, TX 77042-6073			
8 Principal occup Engineer	ation / Job title (See Instruction	s)		yer (See Instructions) ander Engineering Corp	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
09/07/2023	Marcelo Moacyr				\$250.00
	6 Contributor address;	City; State;	Zip Code		
	5719 Martinique Pass Sugar Land	d, TX 77479-4158			
8 Principal occup	ation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available			
2 FILER NAME				3 Filer ID (Ethics Commission F	Filers)
Dexter Lorance-	Navario McCoy				
4 Date	5 Full name of contributor out-of-s	state PAC _		7 Amount of contribution (\$)	
11/03/2023	John Moeller			-,	\$250.00
	6 Contributor address; City;	State;	Zip Code		
	14413 Katie Rd Phoenix, MD 21131-1756				
8 Principal occu	pation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-s	state PAC _		7 Amount of contribution (\$)	
11/01/2023	Bonnie Moss				\$5,000.00
	6 Contributor address; City;	State;	Zip Code		
	1505 Highway 6 S Ste 180 Houston, TX 770	77-1726			
8 Principal occu	pation / Job title (See Instructions)		1 .	yer (See Instructions)	
Engineer/Bu	usiness Owner		N	IBCO Engineering LLC	
4 Date	5 Full name of contributor out-of-s	state PAC _		7 Amount of contribution (\$)	
10/30/2023	Donna Murillo				\$500.00
	6 Contributor address; City;	State;	Zip Code	,	
	1913 Trixie Ln Houston, TX 77042-2631				
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-s	state PAC		7 Amount of contribution (\$)	
11/01/2023	Vladimir Naranjo			4- 8, 9	\$250.00
	6 Contributor address; City;	State;	Zip Code		
	26214 Kingsgate Ln Katy, TX 77494-0689				
8 Principal occu	upation / Job title (See Instructions)		9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor out-of-	state PAC		7 Amount of contribution (\$)	
10/11/2023	Harish Narayanappa				\$1,500.00
	6 Contributor address; City;	State;	Zip Code		
4	5110 Camden Haven Ln Sugar Land, TX 77-	479-4654			4 · · · · · · · · · · · · · · · · · · ·
8 Principal occu	upation / Job title (See Instructions)			yer (See Instructions)	
Engineer			E	EPIC Transportation Group LP	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-	-Navario McCoy	
4 Date	5 Full name of contributor vout-of-state PAC C00366559	7 Amount of contribution (\$)
11/27/2023	NRG Energy Political Action Committee	\$1,500.00
	6 Contributor address; City; State; Zip Code	
	804 Carnegie Ctr Princeton, NJ 08540-6023	
8 Principal occu	upation / Job title (See Instructions) 9 Em	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
11/03/2023	Andrea Odom	\$50.00
	6 Contributor address; City; State; Zip Code	
	3139 W Holcombe Blvd Ste 161 Houston, TX 77025-1533	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
10/16/2023	Our Revolution Brazoria County	\$643.00
	6 Contributor address; City; State; Zip Code	
	3203 Forrester Dr Pearland, TX 77584-6685	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
12/07/2023	Pape-Dawson Engineers PAC	\$5,000.00
	6 Contributor address; City; State; Zip Code	
	2000 NW Loop 410 San Antonio, TX 78213-2251	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
12/07/2023	Angela Patton	\$600.00
	6 Contributor address; City; State; Zip Code	
	16655 Millridge Ln Houston, TX 77095-6035	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available			
2 FILER NAME				3 Filer ID (Ethics Commission F	-ilers)
Dexter Lorance-	Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
10/17/2023	Satya Pilla				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		
	4103 Oak Blossom Ct Houston,	TX 77059-3265			
8 Principal occu Principal	pation / Job title (See Instruction	s)		yer (See Instructions) GET Services, LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/13/2023	Lynn Pipkin				\$1,500.00
	6 Contributor address;	City; State;	Zip Code		
	13914 Sedgefield Creek Trce Tri	ce Cypress, TX 77429	-7735		
8 Principal occu Office Lead	pation / Job title (See Instruction er	s)	1 .	yer (See Instructions) PS	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	James Grady Prestage				\$250.00
	6 Contributor address;	City; State;	Zip Code		
	36 Big Trl Missouri City, TX 774	459-6827			
8 Principal occu	ipation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Ashlynn Profit			70	\$100.00
	6 Contributor address;	City; State;	Zip Code		
	508 Ann Moore St Dover, DE 19	9904-4003			
8 Principal occu	upation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
11/03/2023	Sanjay Ramabhadran				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	13718 Bayou Parkway Ct Houst	on, TX 77077-1129			
	upation / Job title (See Instruction		1 .	yer (See Instructions) /ERSA Infrastructure	
Engineer			<u>'</u>	DAGGER HIHITAGU GOVAIC	

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: not available
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
07/01/2023	Vanessa Reed		\$100.00
	6 Contributor address; City; State;	Zip Code	
	9250 Floral Crest Dr Houston, TX 77083-6225		
8 Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/02/2023	Vanessa Reed		\$250.00
	6 Contributor address; City; State;	Zip Code	
	9250 Floral Crest Dr Houston, TX 77083-6225		
8 Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
10/13/2023	James Rice		\$500.00
	6 Contributor address; City; State;	Zip Code	
	5402 Oban Terrace Ln Sugar Land, TX 77479-4776		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/03/2023	Ron Reynolds Campaign		\$1,000.00
	6 Contributor address; City; State;	Zip Code	
	6140 Highway 6 # 233 Missouri City, TX 77459-3802		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)
11/01/2023	Ali Roshanfekr		\$2,500.00
	6 Contributor address; City; State;	Zip Code	
	14127 Kimberley Ln Houston, TX 77079-3240		
	cupation / Job title (See Instructions)		yer (See Instructions)
Engineer		C	ascade Civil Services

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Dexter Lorance-	-Navario McCoy			
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
11/03/2023	Katie Sampson			\$2,200.00
	6 Contributor address; City; State;	Zip Code		
	8514 Verona Falls Ct Richmond, TX 77407-2242			
8 Principal occu Realtor	upation / Job title (See Instructions)	1	yer (See Instructions) Iouston realtors	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
10/31/2023	Walt Sass			\$2,500.00
	6 Contributor address; City; State;	Zip Code		\$2,500.00
	2707 Autumn Lake Dr Katy, TX 77450-5781			
·	upation / Job title (See Instructions)		yer (See Instructions)	
Principal		W	Veisser Engineering & Surveying	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
10/30/2023	Andrew Schatte			\$5,000.00
	6 Contributor address; City; State;	Zip Code		
	5330 Montrose Blvd Houston, TX 77005-1831			
8 Principal occu CEO	pation / Job title (See Instructions)		yer (See Instructions) merica's Holding, Ltd.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
08/21/2023	Juanita Shihadeh		** * * * * * * *	\$10,000.00
	6 Contributor address; City; State;	Zip Code		
	11907 Arcadia Bend Ln Houston, TX 77041-6219			
·	ipation / Job title (See Instructions)		yer (See Instructions)	
Administrat	or	Ea	arth engineering Inc	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
10/26/2023	Daniel Signorelli		, 1	\$1,500.00
	6 Contributor address; City; State;	Zip Code		
	1401 Woodlands Pkwy The Woodlands, TX 77380-1122	2		
	ipation / Job title (See Instructions)		yer (See Instructions)	
CEO		11	he Signorelli Company	

SCHEDULE A1

The In	struction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: not available
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dexter Lorance-	Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
09/12/2023	Jasmeeta Singh		\$10,000.00
	6 Contributor address; City; State;	Zip Code	,
	2511 STILL HARBOUR Dr Houston, TX 77041		
8 Principal occu N/A	pation / Job title (See Instructions)		yer (See Instructions) /A
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/16/2023	Priti Singh		\$10,000.00
	6 Contributor address; City; State;	Zip Code	
	28 Whitworth Way Sugar Land, TX 77479-2531		
	pation / Job title (See Instructions)		ver (See Instructions)
CEO		A	ssociated Testing Laboratories, Inc.
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
10/24/2023	Bob Smith		\$1,500.00
	6 Contributor address; City; State;	Zip Code	
	86 Murphy Farm Rd Huntsville, TX 77320-1561		
8 Principal occu Engineer	pation / Job title (See Instructions)		ver (See Instructions) eoscience Engineering & Testing Inc.
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/02/2023	Julius Stuart		\$50.00
	6 Contributor address; City; State;	Zip Code	
	8430 FM 359 Rd Richmond, TX 77406-9717		
8 Principal occu	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/03/2023	Jay Sunderwala		\$1,500.00
	6 Contributor address; City; State;	Zip Code	
	16602 Arbor Oak Leaf Ct Cypress, TX 77433-0134		
	pation / Job title (See Instructions)		ver (See Instructions)
Principal En	gineer	N	inyo & Moore

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: not available
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
08/15/2023	Issam Talje		\$1,500.00
	6 Contributor address; City; State;	Zip Code	
	12042 Miramar Shores Dr Houston, TX 77065-3944		
8 Principal occ Vice Presid	cupation / Job title (See Instructions) dent	1 .	yer (See Instructions) Voolpert
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
10/31/2023	June Tang		\$100.00
	6 Contributor address; City; State;	Zip Code	
	1118 Goose Landing Ln Richmond, TX 77406-2260		
8 Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
11/06/2023	Team Plus Build, LLC		\$2,500.00
	6 Contributor address; City; State;	Zip Code	
	13105 Northwest Fwy Ste 1110 Houston, TX 77040-6.	320	
8 Principal occ	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
07/05/2023	Haddis Tewolde		\$100.00
	6 Contributor address; City; State;	Zip Code	
,- ·- ·- ·	16522 Teak Dr Missouri City, TX 77489-3928		
8 Principal occ	cupation / Job title (See Instructions)		oyer (See Instructions) All-Terra
4 Date	5 Full name of contributorout-of-state PAC	1	7 Amount of contribution (\$)
12/21/2023	Todd Thurber		\$3,000.00
	6 Contributor address; City; State;	Zip Code	
0 .	2929 Briarpark Dr Ste 600 Houston, TX 77042-3768		
8 Principal occ Engineer	cupation / Job title (See Instructions)	1 .	byer (See Instructions) JA Engineering, Inc.

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: not available		
				3 Filer ID (Ethics Commission F	ilers)	
Navario McCoy						
5 Full name of contributor	out-of-state	e PAC _		7 Amount of contribution (\$)		
Drucilla Tigner					\$50.00	
6 Contributor address;	City;	State;	Zip Code			
401 E 24th St Houston, TX 7700	08-2348					
pation / Job title (See Instruction	ns)	S.II	9 Emplo	yer (See Instructions)		
5 Full name of contributor	✓ out-of-state	PAC (000457853	7 Amount of contribution (\$)		
TSVC, Inc. Political Action Con	nmittee (Terraco	on PAC)	-	\$500.00	
6 Contributor address;	City;	State;	Zip Code			
10841 S Ridgeview Rd Olathe, I	KS 66061-6456					
pation / Job title (See Instruction	ns)		9 Employ	yer (See Instructions)		
5 Full name of contributor	out-of-state	PAC _		7 Amount of contribution (\$)		
Asim Tufail				4, 1	\$1,500.00	
6 Contributor address;	City;	State;	Zip Code	ŧ		
5447 Larkin St Houston, TX 770	007-1803					
pation / Job title (See Instruction	ns)			•		
5 Full name of contributor	out-of-state	PAC _		7 Amount of contribution (\$)		
Llarance Turner					\$1,500.00	
6 Contributor address;	City;	State;	Zip Code			
1311 Lodge Ct Missouri City, T	X 77489-1615					
pation / Job title (See Instruction	ns)		1			
5 Full name of contributor	out-of-state	e PAC _		7 Amount of contribution (\$)		
Ahmed Valdez					\$1,500.00	
6 Contributor address;	City;	State;	Zip Code			
15310 Skyhill Dr Cypress, TX 7	7433-4073					
pation / Job title (See Instruction	ns)		1 '	•		
	Savario McCoy 5 Full name of contributor Drucilla Tigner 6 Contributor address; 401 E 24th St Houston, TX 7700 Dation / Job title (See Instruction 5 Full name of contributor TSVC, Inc. Political Action Confection / Job title (See Instruction 6 Contributor address; 10841 S Ridgeview Rd Olathe, Indicated and Political Action Confection / Job title (See Instruction 5 Full name of contributor Asim Tufail 6 Contributor address; 5447 Larkin St Houston, TX 7700 Dation / Job title (See Instruction 5 Full name of contributor Llarance Turner 6 Contributor address; 1311 Lodge Ct Missouri City, Topation / Job title (See Instruction 5 Full name of contributor Ahmed Valdez 6 Contributor address; 15310 Skyhill Dr Cypress, TX 7	Savario McCoy 5 Full name of contributor	Savario McCoy 5 Full name of contributor	Savario McCoy	Savario McCoy 3 Filer ID (Ethics Commission Filer ID (Ethics Code Instructions) Filer ID (Ethics Code Instructions) Filer ID (Ethics Code Instructions) Filer ID (Ethics Code ID (

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available			
2 FILER NAM	IE				3 Filer ID (Ethics Commission Filers)		
Dexter Lorance	ee-Navario McCoy						
4 Date	5 Full name of contributor	out-of-	state PAC		7 Amount of contribution (\$)		
11/03/2023	Valverde Family Enterprises, LL	С				\$500.00	
	6 Contributor address;	City;	State;	Zip Code			
	11703 Pender Ln Stafford, TX 77	477-1316					
8 Principal oc	cupation / Job title (See Instructions	s)		9 Emplo	over (See Instructions)		
4 Date	5 Full name of contributor	out-of-	state PAC		7 Amount of contribution (\$)		
10/12/2023	Giti Zarinkelk					\$1,500.00	
	6 Contributor address;	City;	State;	Zip Code			
	18 Berry Blossom Dr Spring, TX	77380-338	8				
8 Principal oc	cupation / Job title (See Instructions	3)		9 Emplo	oyer (See Instructions)		
Engineer/	/owner			2	Zarinkelk Engineering Services Inc.		
4 Date	5 Full name of contributor	out-of-	state PAC		7 Amount of contribution (\$)		
10/27/2023	Matthew Zeve					\$1,500.00	
	6 Contributor address;	City;	State;	Zip Code			
	11750 Katy Fwy Houston, TX 77	079-1255					
8 Principal oc	cupation / Job title (See Instructions	s)			oyer (See Instructions)		
Civil Eng	ineer				Gauge Engineering		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Loan/Repayment/Reimbursement Office Overhead/Rental Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Printing Expense Frinting Expense Frinting Expense Frinting Expense Travel In District Travel Out of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	···········	·	er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCo	y		(,	
4 Date	5 Payee name				
07/02/2023	ActBlue				
6 Amount (\$) \$47.40	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	A 02144-3132			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Fees		Service Fee		
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	of Office held	
4 Date	5 Payee name				
07/09/2023	ActBlue				
6 Amount (\$) \$3.95	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	02144-3132			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Fees		Service Fee		
EXPENDITURE	(1)				
O O O O O O O O O O O O O O O O O O O	(C) Check if travel outside of Texas Candidate / Officeholder name		Office sough	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officenoider name		Office sough	it Office field	
4 Date	5 Payee name				
08/13/2023	ActBlue				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$41.48	366 Summer St Somerville, MA	02144-3132			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE	Fees		Service Fee		
OF EXPENDITURE					
	(C) Check if travel outside of Texas			k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDULE AS	SNEEDED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	ict Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
	2 FILER NAME	ac explaine new to ee			\dashv
1 Total pages Schedule F1: not available	Dexter Lorance-Navario McCo	y	3 FIR	er ID (Ethics Commission Filers)	
4 Date	5 Payee name				
08/20/2023	ActBlue				
6 Amount (\$) \$59.25	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	A 02144-3132			
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri Service Fee	ption	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
08/27/2023	ActBlue				
6 Amount (\$) \$395.00	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	A 02144-3132			
8 PURPOSE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri Service Fee	ption	
OF EXPENDITURE					
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
09/10/2023	ActBlue				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$9.88					
	366 Summer St Somerville, MA	A 02144-3132			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE	Fees	•	Service Fee	-	
OF					
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	S NEEDED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra e explains how to co	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	o explaine from to co		er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCoy	7	5 1 110	Citios Commission Filers)	
4 Date	5 Payee name				
09/17/2023	ActBlue				
6 Amount (\$) \$98.75	7 Payee address;366 Summer St Somerville, MA	City; . 02144-3132	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a Fees	at the top of this schedule)	(b) Descrip Service Fee	otion	
2711 211011 0112	(C) Check if travel outside of Texas			k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name	×			
10/08/2023	ActBlue		****		
6 Amount (\$) \$79.00	7 Payee address;366 Summer St Somerville, MA	City; 02144-3132	State:	Zip Code	
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Fees		Service Fee		
EXPENDITURE	(C) Check if travel outside of Texas	Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
10/15/2023	ActBlue				
6 Amount (\$) \$142.20	7 Payee address; 366 Summer St Somerville, MA	City; . 02144-3132	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descri	otion	
OF			5011100100		
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS	NEEDED	

	EXPENDITURE CATEGORI	ES FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Control	ental entract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME	3 Fil	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCoy		,
4 Date	5 Payee name		
10/22/2023	ActBlue		
6 Amount (\$) \$203.43	7 Payee address; City; 366 Summer St Somerville, MA 02144-3132	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu Fees	(b) Descri Service Fee	ption
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
4 Date	5 Payee name		
10/29/2023	ActBlue		
6 Amount (\$) \$456.23	7 Payee address; City; 366 Summer St Somerville, MA 02144-3132	State:	Zip Code
8	(a) Category (See categories listed at the top of this schedu	le) (b) Descri	ption
PURPOSE	Fees	Service Fee	
OF EXPENDITURE			
EXI ENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
4 Date	5 Payee name		
11/05/2023	ActBlue		
6 Amount (\$) \$1,119.91	7 Payee address; City; 366 Summer St Somerville, MA 02144-3132	State:	Zip Code
8	(a) Category (See categories listed at the top of this schedu	le) (b) Descri	ption
PURPOSE OF	Fees	Service Fee	
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.		ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS	S NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	unting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Fibutions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Friedlical Legal Services Salaries/Wages/Contract Labor Fravel In District Travel Out of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCo	y		(2000)	
4 Date	5 Payee name				
11/12/2023	ActBlue				
6 Amount (\$) \$3.95	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	A 02144-3132			
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri	ption	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
12/24/2023	ActBlue				
6 Amount (\$) \$39.50	7 Payee address;	City;	State:	Zip Code	
	366 Summer St Somerville, MA	A 02144-3132			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
OF	Fees		Service Fee		
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
12/31/2023	ActBlue				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$3.95	2666 846 311 14	02144 2122			
	366 Summer St Somerville, MA	1 02144-3132			
8 DURDOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Fees		Service Fee		
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough		
	ATTACH ADDITIONAL COP	PIES OF THIS SCH	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contra The Instruction Guide explains how to co	al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCoy	0 1 111	Cance Commission (ners)	
4 Date	5 Payee name			
11/06/2023	Alexandria Foundation Inc.			
6 Amount (\$) \$40.00	7 Payee address; City;	State:	Zip Code	
ψτυ.υυ	PO Box 31241 Houston, TX 77231-1241			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation		
EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
4 Date	5 Payee name			
07/03/2023	Allied Signs			
6 Amount (\$) \$346.40	7 Payee address; City; 6820 Harwin Dr Houston, TX 77036-2210	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Descri	otion	
OF	Printing Expense	Printing		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
4 Date	5 Payee name			
09/29/2023	Allied Signs			
6 Amount (\$) \$1,301.17	7 Payee address; City; 6820 Harwin Dr Houston, TX 77036-2210	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Descri	otion	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	NEEDED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	laries/Wages/Contract l	Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCoy				
4 Date	5 Payee name				
10/11/2023	Allied Signs				
6 Amount (\$) \$108.25		City;	State:	Zip Code	
	6820 Harwin Dr Houston, TX 770	36-2210			
8 PURPOSE	(a) Category (See categories listed at the		b) Descrip	otion	
OF	Printing Expense	P	rinting		
EXPENDITURE	(C) Check if travel outside of Texas. Co			if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sough	t Office held	
4 Date	5 Payee name				
08/14/2023	Alpha Kappa Alpha Sorority, Inco	rporated			
6 Amount (\$) \$100.00	7 Payee address;	City;	State:	Zip Code	
\$100.00	5656 S Stony Island Ave Chicago,	IL 60637-1906			
8	(a) Category (See categories listed at the	ne top of this schedule) (I	b) Descrip	otion	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committe		onation		
EXPENDITURE		e			
	(C) Check if travel outside of Texas. Co			x if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sough	t Office held	
4 Date	5 Payee name				
08/22/2023	Amazon				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$276.22	410 Terry Ave N Seattle, WA 981	09-5210			
8 PURPOSE OF	(a) Category (See categories listed at the Office Overhead/Rental Expense	1.	b) Descrip		
EXPENDITURE	(C) Check if travel outside of Texas. Co	omplete Schedule T.	Check	c if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sough	t Office held	
-	ATTACH ADDITIONAL COPIE	S OF THIS SCHEE	OULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense					
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy		(
4 Date	5 Payee name				
09/25/2023	Amazon				
6 Amount (\$) \$57.34	7 Payee address; City;	State:	Zip Code		
	410 Terry Ave N Seattle, WA 98109-5210				
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption		
PURPOSE OF	Office Overhead/Rental Expense	Office suppl	ies		
EXPENDITURE					
0.0.1.4.0.11.7.7.11.4	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held		
4 Date	5 Payee name				
08/09/2023	American Caribbean Chamber				
6 Amount (\$) \$500.00	7 Payee address; City;	State:	Zip Code		
	6201 Bonhomme Rd Houston, TX 77036-4365				
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	otion		
PURPOSE OF	Contributions/Donations Made By	Donation			
EXPENDITURE	Candidate/Officeholder/Political Committee				
	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held		
4 Date	5 Payee name				
09/12/2023	Carmen Turner Campaign				
6 Amount (\$) \$1,000.00	7 Payee address; City; 23503 Starbridge Lake Ln Richmond, TX 77407-2883	State:	Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Descri	otion		
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough			
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense				
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	ру		
4 Date	5 Payee name			
07/10/2023	Central Fort Bend County Cha			
6 Amount (\$) \$250.00	7 Payee address; 4120 Avenue H Rosenberg, TX	City; ₹ 77469	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political Com		(b) Description Sponsorship	otion
EXI ENDITORE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/02/2023	Chevron			
6 Amount (\$) \$38.24	7 Payee address; 1010 Jackson St Richmond, TX	City; < 77469-3423	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Travel In District		Fuel	
EXPENDITURE	(C) Check if travel outside of Texa			k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
12/22/2023	Circle K			_
6 Amount (\$) \$60.78	7 Payee address; 207 E Highway 90 Alt Richmo	City; ond, TX 77406	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption
PURPOSE OF	Travel In District		Fuel	
EXPENDITURE				
	(C) Check if travel outside of Texa			k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	3	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	V	0 1 110	CITE (Ethics Commission Fliers)
4 Date	5 Payee name	<u></u>		
07/12/2023	Corporate Outfitters			
6 Amount (\$) \$2,378.25	7 Payee address;	City;	State:	Zip Code
\$2,376.23	9011 S SAM HOUSTON Pkwy	Houston, TX 77085		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Office Overhead/Rental Expense		Office funitu	re
EXPENDITURE				
	(C) Check if travel outside of Texas			if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
09/28/2023	Costco			
6 Amount (\$) \$545.92	7 Payee address;	City;	State:	Zip Code
	17520 Southwest Fwy Sugar La	nd, TX 77479-2359		
8	(a) Category (See categories listed a	t the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Event Expense		Event supplie	es
EXPENDITURE				
	(C) Check if travel outside of Texas.			if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/23/2023	East Fort Bend Human Needs M	linistry		
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$1,000.00				
	435 Stafford Run Rd Stafford, T	X 77477-5639		
8	(a) Category (See categories listed a	t the top of this schedule)	(b) Descrip	otion
PURPOSE	Contributions/Donations Made By		Donation	
OF EXPENDITURE	Candidate/Officeholder/Political Comm	пее		
EXI ENDITORE	(C) Check if travel outside of Texas.	Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense					
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy				
4 Date	5 Payee name				
12/11/2023	Expose Excellence				
6 Amount (\$) \$155.44	7 Payee address; City; 4203 Glenshadow Ct Katy, TX 77494	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Descri	ption		
EXI ENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	office held		
4 Date	5 Payee name				
12/01/2023	Family Life and Community Resource Center				
6 Amount (\$) \$100.00	7 Payee address; City; 821 E Highway 90 Alt Richmond, TX 77406	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule, Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Descri	ption		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held		
4 Date	5 Payee name				
11/22/2023	Five Below				
6 Amount (\$) \$112.80	7 Payee address; City; 10367 W Grand Pkwy S Richmond, TX 77407-8688	State:	Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense	(b) Descri			
OF EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDIT	TURE CATEGORIES	FOR BOX	8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.		
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy					
4 Date	5 Payee name					
11/06/2023	Flying Saucer Draught Emporio	um				
6 Amount (\$) \$114.73	7 Payee address; 15929 City Walk Sugar Land, T	City;	State:	Zip Code		
	10929 Only Walk Sagar Balla,	1117 0342				
8 PURPOSE OF	(a) Category (See categories listed Food/Beverage Expense	at the top of this schedule)	(b) Descri Campaign To			
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough			
4 Date	5 Payee name					
10/11/2023	Fort Bend County Fair Associat	tion				
6 Amount (\$) \$250.00	7 Payee address; 4310 TX-36 Rosenberg, TX 77-	City; 471	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed : Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b) Description	otion		
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough			
4 Date	5 Payee name					
07/03/2023	Frost Bank					
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed a Fees	at the top of this schedule)	(b) Descrip			
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held		
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS	NEEDED		

	EXPENDITURE CATEGORIES	FOR BOX	8(a)			
Advertising Expense						
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)			
not available	Dexter Lorance-Navario McCoy		,			
4 Date	5 Payee name					
07/03/2023	Frost Bank					
6 Amount (\$) \$15.00	7 Payee address; City; PO Box 1600 San Antonio, TX 78296-1600	State:	Zip Code			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption			
PURPOSE	Fees	wire transfer	•			
OF EXPENDITURE						
EXI ENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.		k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held			
4 Date	5 Payee name					
07/10/2023	Frost Bank					
6 Amount (\$) \$15.00	7 Payee address; City; PO Box 1600 San Antonio, TX 78296-1600	State:	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Descri				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held			
4 Date	5 Payee name					
08/14/2023	Frost Bank					
6 Amount (\$) \$15.00	7 Payee address; City; PO Box 1600 San Antonio, TX 78296-1600	State:	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Descri wire transfer				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Office sough				
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	SNEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	у		
4 Date	5 Payee name			
08/21/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City;	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri wire transfer	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
08/28/2023	Frost Bank		1	
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City;	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Fees		wire transfer	r fee
EXPENDITURE	(a) 🗔 a + 111 - 121 - 131	O and the Octobria T		It if Austin TV officeholder living evenes
O. O Lata ONIII V if diagram	(C) Check if travel outside of Texa Candidate / Officeholder name		Office sough	tk if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder frame		Office 30ugi	it Office field
4 Date	5 Payee name			
09/11/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri wire transfe	•
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

	EXPENDIT	TURE CATEGORIES	FOR BOX 8	B(a)
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to co	mplete this f	form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	У		
4 Date	5 Payee name			
09/18/2023	Frost Bank			7
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	ș. Complete Schedule T.	Check	s if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/10/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
	,			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Fees		wire transfer	fee
EXPENDITURE	(C) Check if traval outside of Tayon	Complete Schedule T	Check	if Austin, TX, officeholder living expense
O Complete ONLY if direct	(C) Check if travel outside of Texas Candidate / Officeholder name		Office sough	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder frame		Office 30ugif	omoc nou
4 Date	5 Payee name			
10/16/2023	Frost Bank			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$15.00	PO Box 1600 San Antonio, TX	78296-1600		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	
PURPOSE OF	Fees		wire transfer	fee
EXPENDITURE	(c) □ Charle #4	o Complete Schodule T	Chest	k if Austin, TX, officeholder living expense
O Complete ONII V if disease	(C) Check if travel outside of Texas		Office sough	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	Cilide field
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	/Banking Fees Office Overhead/Rental Transportation Equipment of Expense Polling Expense Printing Expense Printing Expense Travel In District Travel Out of District Other (enter a category not			
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	y	0 1 110	(Lance Commission Fricis)
4 Date	5 Payee name			
10/23/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	
EXI ENDITORE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/30/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Description wire transfer	
EXI ENDITORE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name		HWW.	1
11/06/2023	Frost Bank		-	
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	
EAFEINDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	c if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 11/13/2023 Frost Bank 6 Amount (\$) City; 7 Payee address: State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 12/26/2023 Frost Bank 6 Amount (\$) 7 Payee address: City; State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** wire transfer fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 07/06/2023 Н-Е-В State: Zip Code 7 Payee address; City; 6 Amount (\$) \$65.90 19988 Southwest Fwy Sugar Land, TX 77479-6505 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	у		
4 Date	5 Payee name			
07/27/2023	Н-Е-В			
6 Amount (\$) \$11.88	7 Payee address; 19988 Southwest Fwy Sugar La	City; and, TX 77479-6505	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip Supplies	otion
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
09/29/2023	Home Depot			
6 Amount (\$) \$10.79	7 Payee address; 24400 Commercial Dr Rosenbe	City; rg, TX 77471-6175	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Office Overhead/Rental Expense		Supplies	
EXPENDITURE	(C) Check if travel outside of Texas	c. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
07/10/2023	Houston Museum of Natural Hi	story		
6 Amount (\$) \$1,300.00	7 Payee address; 13016 University Blvd Sugar L	City; and, TX 77479-4980	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed Event Expense	at the top of this schedule)	(b) Descrip	
OF EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.		k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	unting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Fibutions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Frinting Expense Salaries/Wages/Contract Labor Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Travel Out of District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 polling Expense Travel In District Other (enter a category not listed about 19 pollin				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
not available	Dexter Lorance-Navario McCoy				
4 Date 07/27/2023	5 Payee name HP Instant Ink				
6 Amount (\$)	7 Payee address; City;	State: Zip Code			
\$6.48	1501 Page Mill Rd Palo Alto, CA 94304-1126				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	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	5 Payee name				
08/28/2023	HP Instant Ink				
6 Amount (\$) \$6.48	7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126	State: Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink			
OF EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	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	5 Payee name				
09/27/2023	HP Instant Ink				
6 Amount (\$) \$6.48	7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126	State: Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense							
1 Total pages Schedule F1:	2 FILER NAME						
not available		Dexter Lorance-Navario McCoy					
4 Date 10/27/2023	5 Payee name HP Instant Ink						
6 Amount (\$) \$6.48	7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126	State:	Zip Code				
8 PURPOSE OF EXPENDITURE	ption						
9 Complete ONLY if direct expenditure to benefit C/OH	(C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Chec	k if Austin, TX, officeholder living expense office held				
4 Date 11/27/2023	5 Payee name HP Instant Ink						
6 Amount (\$) \$6.48	7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126	State:	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description (b) Check	otion k if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	· · ·	Office sough					
4 Date 12/27/2023	5 Payee name HP Instant Ink						
6 Amount (\$) \$6.48	7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126	State:	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Descri	otion k if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Office sough	t Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	NEEDED				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Con	nmission Filers)			
not available	Dexter Lorance-Navario McCoy	· ·	,			
4 Date	5 Payee name					
11/08/2023	Jefferson County Democratic Party					
6 Amount (\$) \$500.00	7 Payee address; City; 2211 Calder St Beaumont, TX 77701-1524	State: 2	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
4 Date	5 Payee name					
07/05/2023	Kona Ice					
6 Amount (\$) \$378.88	7 Payee address; City; 5945 Centennial Cir Florence, KY 41042-1293	State: Z	Zip Code			
8	(a) Category (See categories listed at the top of this schedul	(b) Description				
PURPOSE	Food/Beverage Expense	Ribbon Cutting Snow Cones				
OF EXPENDITURE						
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
4 Date	5 Payee name					
08/21/2023	Lamar Band Boosters					
6 Amount (\$) \$323.00	7 Payee address; City; PO Box 645 Richmond, TX 77406-0017	State: 2	Zip Code			
8	(a) Category (See categories listed at the top of this schedul	(b) Description				
PURPOSE	Contributions/Donations Made By	Donation				
OF EXPENDITURE	Candidate/Officeholder/Political Committee					
EXI ENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense						
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)			
not available	Dexter Lorance-Navario McCoy					
4 Date	5 Payee name					
07/06/2023	Lamar Educational Awards Foundation					
6 Amount (\$) \$500.00	7 Payee address; City;	State:	Zip Code			
	3911 Avenue I Rosenberg, TX 77471-3901					
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption			
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough				
expenditure to benefit C/OH						
4 Date	5 Payee name					
09/28/2023	LOCO SNOWCONES					
6 Amount (\$)	7 Payee address; City;	State:	Zip Code			
\$374.63	2707 Parkway Ave Rosenberg, TX 77471-5221					
8	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption			
PURPOSE OF	Event Expense	Snow cone sponsorship for community bike ride				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held			
4 Date	5 Payee name					
09/25/2023	M3 Graphics					
6 Amount (\$)	7 Payee address; City;	State:	Zip Code			
\$2,207.65	11730 S Wilcrest Dr Houston, TX 77099-4757					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Descri	ption			
OF	Printing Expense	Printing				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS	NEEDED			

	EXPENDITURE C	ATEGORIES FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	:/Wages/Contract Labor	Transportation Equ Expense Travel In District Travel Out of District Other (enter a cate	ipment & Related		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Comm	nission Filers)		
not available	Dexter Lorance-Navario McCoy					
4 Date	5 Payee name					
12/28/2023	M3 Graphics					
6 Amount (\$) \$274.49	7 Payee address; City; 11730 S Wilcrest Dr Houston, TX 7709		ate: Zip	o Code		
8 PURPOSE OF	(a) Category (See categories listed at the top Printing Expense	of this schedule) (b) De Printing	escription g			
EXPENDITURE	(C) Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin, TX, officehold	der living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought	Office held		
4 Date	5 Payee name					
09/18/2023	Metropolis					
6 Amount (\$) \$12.00	7 Payee address; City; 144 2nd Ave N Nashville, TN 37201-19		ate: Zip	o Code		
8	(a) Cotogony (See estagories listed at the ten	of this schodule) (b) Do	escription			
PURPOSE OF	(a) Category (See categories listed at the top Travel In District	1, ,	g app-Parking			
EXPENDITURE	(C) Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin, TX, officehold	der living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought	Office held		
4 Date	5 Payee name					
12/18/2023	Mimi's New Orleans Cafe					
6 Amount (\$) \$326.76	7 Payee address; City; 1833 Richmond Pkwy Richmond, TX 7		ate: Zir	o Code		
8 PURPOSE	(a) Category (See categories listed at the top Food/Beverage Expense	1	escription you lunch			
OF EXPENDITURE	(C) Check if travel outside of Texas. Complete		Check if Austin, TX, officehold	der living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	E AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees God/Beverage Expense Gift/Awards/Memorials Expense Legal Services Coan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to co	al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy	,		
4 Date	5 Payee name			
10/02/2023	NAACP Missouri City and Vicinity Branch			
6 Amount (\$) \$800.00	7 Payee address; City; PO Box 1053 Missouri City, TX 77459-1053	State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	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	5 Payee name			
08/28/2023	NGP VAN			
6 Amount (\$) \$525.00	7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 20	State: Zip Code 0005-2158		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
4 Date	5 Payee name			
09/11/2023	NGP VAN			
6 Amount (\$) \$262.50	7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 20	State: Zip Code 0005-2158		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	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 SCH	HEDULE AS NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense					
1 Total pages Schedule F1:	2 FILER NAME	3 Fil	er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy				
4 Date	5 Payee name				
10/23/2023	NGP VAN				
6 Amount (\$) \$262.50	7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 2	State: 0005-2158	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (C) Check if travel outside of Texas. Complete Schedule T.	Database	iption ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	ht Office held		
4 Date	5 Payee name				
11/03/2023	NGP VAN				
6 Amount (\$) \$262.50	7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 2	State: 0005-2158	Zip Code		
8	(a) Category (See categories listed at the top of this schedule)	(b) Descr	iption		
PURPOSE	Office Overhead/Rental Expense	Database			
OF EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Schedule T.		ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	ht Office held		
4 Date	5 Payee name				
12/04/2023	NGP VAN				
6 Amount (\$) \$262.50	7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 2	State: 0005-2158	Zip Code		
8	(a) Category (See categories listed at the top of this schedule)	(b) Descr	iption		
PURPOSE OF	Office Overhead/Rental Expense	Database			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough			
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS	SNEEDED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense				
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCo	у			
4 Date	5 Payee name				
09/08/2023	NOBCO				
6 Amount (\$) \$200.00	7 Payee address; 660 N Capitol St NW Washing	City; ton, DC 20001-1642	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Fees		(b) Descrip Conference f		
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sough	t Office held	
4 Date	5 Payee name				
10/13/2023	OakBend Medical Center				
6 Amount (\$) \$1,000.00	7 Payee address;	City;	State:	Zip Code	
	1705 Jackson St Richmond, TX	1/409-3240			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Comm		Donation		
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	t Office held	
expenditure to benefit C/OH					
4 Date	5 Payee name				
12/26/2023	Painting with a Twist				
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code	
\$468.00					
	3569 Highway 6 Sugar Land, T	X 77478-4404			
8 DUBBOSE	(a) Category (See categories listed		(b) Descrip		
PURPOSE OF	Office Overhead/Rental Expense		Team outing		
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHE	DULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Food/Beverage Expense Polling Expense Expense By Gift/Awards/Memorials Expense Printing Expense Travel In District Legal Services Salaries/Wages/Contract Labor Travel Out of District			Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	ру		
4 Date	5 Payee name			
07/03/2023	Paragon Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00	1505 N HYDIN Rd Ste 110 Pi	ttsburgh, PA 15257-000	1	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	
PURPOSE OF	Fees		Merchant ac	count fees
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
08/02/2023	Paragon Solutions			
6 Amount (\$) \$25.00	7 Payee address;	City;	State:	Zip Code
	1505 N HYDIN Rd Ste 110 Pit	ttsburgh, PA 15257-000	1	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	
PURPOSE OF	Fees		Merchant ac	count fees
EXPENDITURE	(C) Check if travel outside of Texa	e Complete Schedule T	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	
expenditure to benefit C/OH	Candidate / Cilicenticaet Hame		o	
4 Date	5 Payee name			
09/05/2023	Paragon Solutions			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$25.00				
,	1505 N HYDIN Rd Ste 110 Pit	ttsburgh, PA 15257-000	1	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE	Fees	at the top of the conoction	Merchant ac	
OF EXPENDITURE				
EXPENDITORE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE AS	SNEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	rig Fees Office Overhead/Rental Transportation Equipment & Related Expense ations Made By Older/Political Legal Services Office Overhead/Rental Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME		er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy	3 FII	er ib (Ethics Commission Fliers)		
4 Date	5 Payee name				
10/02/2023	Paragon Solutions				
6 Amount (\$) \$119.75	7 Payee address; City;	State:	Zip Code		
7	1505 N HYDIN Rd Ste 110 Pittsburgh, P.	A 15257-0001			
8	(a) Category (See categories listed at the top of	1	•		
PURPOSE OF	Fees	Merchant ac	ecount fees		
EXPENDITURE	(C) Check if travel outside of Texas. Complete S	Schedule T. Chec	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sougl	nt Office held		
4 Date	5 Payee name				
11/02/2023	Paragon Solutions		and the second second		
6 Amount (\$) \$27.51	7 Payee address; City;	State:	Zip Code		
	1505 N HYDIN Rd Ste 110 Pittsburgh, P.	A 15257-0001			
8	(a) Category (See categories listed at the top of				
PURPOSE OF	Fees	Merchant ac	ecount fees		
EXPENDITURE	(C) Check if travel outside of Texas. Complete S	Schedule T. Ched	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held		
4 Date	5 Payee name				
12/04/2023	Paragon Solutions				
6 Amount (\$)	7 Payee address; City;	State:	Zip Code		
\$25.00			1		
	1505 N HYDIN Rd Ste 110 Pittsburgh, P.	A 15257-0001			
	(1) 0 1	Water and the State of the Stat	intion		
8 PURPOSE	(a) Category (See categories listed at the top of Fees	this schedule) (b) Descri			
OF					
EXPENDITURE	(C) Check if travel outside of Texas. Complete S	Schedule T. Chec	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	SNEEDED		

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid	Loan/Repayment/Reimi Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral de explains how to con	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	у		,
4 Date	5 Payee name			
07/25/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address;	City;	State:	Zip Code
	515 Congress Ave Ste 1050 Au	stin, TX 78701-3504		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Office Overhead/Rental Expense		Live streami	ng service
EXPENDITURE	(C) Check if travel outside of Texas	3. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
08/25/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address; 515 Congress Ave Ste 1050 Au	City; stin, TX 78701-3504	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	
OF	Office Overhead/Rental Expense		Live streami	ng service
EXPENDITURE	(C) Check if travel outside of Texas	Complete Schedule T	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	
expenditure to benefit C/OH			0	
4 Date	5 Payee name			
09/25/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address;	City;	State:	Zip Code
	515 Congress Ave Ste 1050 Au	stin, TX 78701-3504		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Office Overhead/Rental Expense		Live streami	ng service
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	SNEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense					
1 Total pages Schedule F1:	2 FILER NAME		er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy				
4 Date 10/25/2023	5 Payee name ReStream Inc.				
6 Amount (\$)	7 Payee address; City;	State:	Zip Code		
\$19.00	515 Congress Ave Ste 1050 Austin, TX 78701-3504		Zip oode		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense	(b) Descri			
OF EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough			
4 Date	5 Payee name		-		
11/27/2023	ReStream Inc.				
6 Amount (\$) \$19.00	7 Payee address; City; 515 Congress Ave Ste 1050 Austin, TX 78701-3504	State:	Zip Code		
8	(a) Category (See categories listed at the top of this schedule	(b) Descri	ption		
PURPOSE OF	Office Overhead/Rental Expense	Live streami			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough			
4 Date	5 Payee name				
12/26/2023	ReStream Inc.				
6 Amount (\$) \$19.00	7 Payee address; City; 515 Congress Ave Ste 1050 Austin, TX 78701-3504	State:	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense	(b) Descri	•		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held		
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS	SNEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Legal Services Loan/Repayment/Reimbursement Find Office Overhead/Rental Polling Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		Filer ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy				
4 Date	5 Payee name				
07/07/2023	Seattle Coffee Gear				
6 Amount (\$) \$917.08	7 Payee address; City; 6825 216th St SW Lynnwood, WA 98036-737	State	e: Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this s Office Overhead/Rental Expense	Office sup			
EXPENDITURE	(C) Check if travel outside of Texas. Complete Sched	ule T. Cr	neck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight Office held		
4 Date	5 Payee name				
10/30/2023	Shipley Do-nuts				
6 Amount (\$) \$23.19	7 Payee address; City; 4519 Reading Rd Rosenberg, TX 77471-2144	State	e: Zip Code		
8	(a) Category (See categories listed at the top of this s	chedule) (b) Desc	cription		
PURPOSE	Food/Beverage Expense	Food for 1	The state of the s		
OF EXPENDITURE					
EXI ENDITORE	(C) Check if travel outside of Texas. Complete Sched		neck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight Office held		
4 Date	5 Payee name				
11/20/2023	Sixty Vines				
6 Amount (\$) \$335.14	7 Payee address; City; 2540 University Blvd Houston, TX 77005-322	State	e: Zip Code		
8	(a) Category (See categories listed at the top of this s				
PURPOSE OF	Food/Beverage Expense	Team Dir	nner		
EXPENDITURE	(1)		healt if Austin TV efficabelles living average		
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Sched	Office sou	neck if Austin, TX, officeholder living expense		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE	AS NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy			
4 Date	5 Payee name			
07/07/2023	Small, Layna			
6 Amount (\$) \$310.00	7 Payee address; City; PO Box 486 Porter, TX 77365-0486	State: Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this scholars Food/Beverage Expense	(b) Description Catering for park event		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule	T. 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	5 Payee name			
07/07/2023	Small, Layna			
6 Amount (\$) \$621.00	7 Payee address; City;	State: Zip Code		
	PO Box 486 Porter, TX 77365-0486			
8	(a) Category (See categories listed at the top of this school			
PURPOSE OF	Food/Beverage Expense	Catering for park event		
EXPENDITURE	(C) Objects Strength outside of Taylor Complete Schodule	T. Check if Austin, TX, officeholder living expense		
O. Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Office sought Office held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder frame	Cines sought		
4 Date	5 Payee name			
10/30/2023	Starbucks			
6 Amount (\$)	7 Payee address; City;	State: Zip Code		
\$21.65				
	28211 Southwest Fwy Rosenberg, TX 77471-96	30		
8	(a) Category (See categories listed at the top of this sch			
PURPOSE OF	Food/Beverage Expense	Coffee for meeting		
EXPENDITURE	(a) Details the selection of Table Complete Colored	T. Check if Austin, TX, officeholder living expense		
O. Complete ONII V if direct	(c) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Office sought Office held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolider Hairie	555 554gii		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

	EXPENDI	TURE CATEGORIES	FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Loan/Repayment/Reimbursement Fees Office Overhead/Rental Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out of District Other (enter a category not listed about 1 The Instruction Guide explains how to complete this form.				
		de explains now to co			i Fil)
1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	ру	3 FIRE	er ID (Ethics Commi	ssion Filers)
4 Date	5 Payee name				
07/18/2023	The Escape Game				
6 Amount (\$) \$274.36	7 Payee address;	City;	State:	Zip	Code
	405 Red River St Austin, TX 7	8701-4663			
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip		
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholde	living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt (Office held
4 Date	5 Payee name				
08/10/2023	The Fort Bend Church				
6 Amount (\$) \$2,500.00	7 Payee address;	City;	State:	Zip (Code
	1900 Eldridge Rd Sugar Land,	1X 7/4/8-2506			
8 PURPOSE	(a) Category (See categories listed Contributions/Donations Made By		(b) Description, Ca	ption apital campaign	
OF EXPENDITURE	Candidate/Officeholder/Political Com	ittee			
LAFEINDITORE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholde	living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt (Office held
4 Date	5 Payee name				e , , , , , , , , , , , , , , , , , , ,
09/28/2023	Tractor Supply Co.		7.00		
6 Amount (\$)	7 Payee address;	City;	State:	Zip	Code
\$59.16					
	27127 Southwest Fwy Rosenb	erg, TX 77471-7158			
8	(a) Category (See categories listed	I at the top of this schedule)	(b) Descri	ption	
PURPOSE	Event Expense		Event suppli	es	
OF EXPENDITURE					
	(C) Check if travel outside of Texa	as. Complete Schedule T.		k if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	SNEEDED	

	EXPENDIT	URE CATEGORIES	FOR BOX	8(a)
Advertising Expense				
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	y		,
4 Date	5 Payee name			
07/27/2023	USPS			
6 Amount (\$) \$13.20	7 Payee address;	City;	State:	Zip Code
	5560 FM 1640 Rd Richmond, T	TX 77469-5424		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Office Overhead/Rental Expense		Postage	`
EXPENDITURE				
	(C) Check if travel outside of Texas			k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
07/24/2023	WIX.COM			
6 Amount (\$) \$12.99	7 Payee address;500 Terry A Francois Blvd Fl 6	City;	State:	Zip Code
			130-2334	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Website	ption
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
08/24/2023	WIX.COM			
6 Amount (\$) \$12.99	7 Payee address; 500 Terry A Francois Blvd Fl 6	City; San Francisco, CA 941	State: 158-2354	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Website	ption
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	ck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHI	EDULE AS	SNEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense				
1 Total pages Schedule F1:	2 FILER NAME		Filer ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCoy		,	
4 Date	5 Payee name			
09/25/2023	WIX.COM			
6 Amount (\$) \$12.99	7 Payee address; City;	State	: Zip Code	
	500 Terry A Francois Blvd Fl 6 San Francisco, Ca	A 94158-2354		
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched Office Overhead/Rental Expense	(b) Des Website	cription	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule 1	cr	neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight Office held	
4 Date	5 Payee name			
10/23/2023	WIX.COM			
6 Amount (\$) \$12.99	7 Payee address; City; 500 Terry A Francois Blvd Fl 6 San Francisco, Ca	State A 94158-2354	: Zip Code	
8	(a) Category (See categories listed at the top of this sched	lule) (b) Des	cription	
PURPOSE OF	Office Overhead/Rental Expense	Website		
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule	: Псн	neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou		
4 Date	5 Payee name		200	
11/15/2023	WIX.COM			
6 Amount (\$) \$27.98	7 Payee address; City; 500 Terry A Francois Blvd Fl 6 San Francisco, C.	State A 94158-2354	e: Zip Code	
		(1) D		
PURPOSE OF	(a) Category (See categories listed at the top of this sched Office Overhead/Rental Expense	(b) Des Website	cription	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule		neck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ight Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE A	AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Fees Office Overhead/Rental Transportation Equipment & Related Expense Expense Food/Beverage Food/Beverage Expense Food/Beverage Food/Beverage Expense Food/Beverage Food/Be					
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)		
not available	Dexter Lorance-Navario McCoy					
4 Date	5 Payee name					
11/15/2023	WIX.COM					
6 Amount (\$) \$311.76	7 Payee address; 500 Terry A François Blvd Fl 6 S	City; San Francisco, CA 941	State: 58-2354	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at Office Overhead/Rental Expense	t the top of this schedule)	(b) Descrip Website	otion		
EXPENDITURE	(C) Check if travel outside of Texas.	Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough			
4 Date	5 Payee name					
11/24/2023	WIX.COM					
6 Amount (\$) \$12.99	7 Payee address; 500 Terry A Francois Blvd Fl 6 S	City; San Francisco, CA 941	State: 58-2354	Zip Code		
8	(a) Category (See categories listed at	t the top of this schedule)	(b) Descrip	otion		
PURPOSE OF	Office Overhead/Rental Expense		Website			
EXPENDITURE	(C) Check if travel outside of Texas.	Complete Schedule T.	Check	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	(Office sough	t Office held		
4 Date	5 Payee name					
11/29/2023	WIX.COM	-				
6 Amount (\$) \$207.84	7 Payee address; 500 Terry A Francois Blvd Fl 6 S	City; San Francisco, CA 941	State: 58-2354	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at Office Overhead/Rental Expense	t the top of this schedule)	(b) Descrip Website	ption		
EXPENDITURE	(C) Check if travel outside of Texas.	Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	office held		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHE	EDULE AS	NEEDED		

	EXPENDIT	TURE CATEGORIES	FOR BOX 8	3(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contra	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to co		
1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	y	3 File	r ID (Ethics Commission Filers)
4 Date	5 Payee name			
12/26/2023	WIX.COM			
6 Amount (\$) \$12.99	7 Payee address; 500 Terry A Francois Blvd FI 6	City; 5 San Francisco, CA 94	State: 158-2354	Zip Code
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	otion
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/31/2023	XI Kappa Lambda Education F	oundation		
6 Amount (\$) \$1,500.00	7 Payee address; PO Box 31022 Houston, TX 77	City; /231-1022	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE	Office Overhead/Rental Expense		Donation	
OF EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
07/05/2023	Zoom			
	7 Payee address; 6601 College Blvd Leawood, F	City; XS 66211-1504	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Video conferencing software			
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Check	c if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Candidate/Officeholder/Political Committee	Event Expense Loan/Repayment/Reimbursement Fees Office Overhead/Rental Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out of District 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 3 Filer ID (Ethics Commission Filers)						
not available	Dexter Lorance-Navario McCoy						
4 Date 08/07/2023	5 Payee name Zoom						
6 Amount (\$) \$16.79	7 Payee address; City; State: Zip Code 6601 College Blvd Leawood, KS 66211-1504						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Video conferencing software						
OF EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. 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 09/05/2023	5 Payee name Zoom						
6 Amount (\$) \$16.79	7 Payee address; City; State: Zip Code 6601 College Blvd Leawood, KS 66211-1504						
8 PURPOSE OF OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Video conferencing software						
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. 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	5 Payee name						
10/05/2023	Zoom						
6 Amount (\$) \$16.79	7 Payee address; City; State: Zip Code 6601 College Blvd Leawood, KS 66211-1504						
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Video conferencing software						
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. 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						

SCHEDULE F1

	EXPENDI	TURE CATEGORIES	FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	I ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	У		
4 Date	5 Payee name			
11/06/2023	Zoom			
6 Amount (\$) \$16.79	7 Payee address; 6601 College Blvd Leawood, F	City; SS 66211-1504	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	• т		ption rencing software k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held
4 Date 12/05/2023	5 Payee name Zoom			
6 Amount (\$) \$16.79	7 Payee address; 6601 College Blvd Leawood, k	City; SS 66211-1504	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense			ption rencing software k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	ot Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED