

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 65	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
Dexter Lorange-Navario		McCoy			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS /PO BOX: APT/SUITE # CITY STATE: ZIP CODE				
	P.O. Box 1398 Richmond TX 77406				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
Joseph		Killebrew			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY STATE: ZIP CODE				
	8835 Arch Rock Dr. Cypress TX 77433				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(407) 376-0352				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input type="checkbox"/> Final report (Attach- COH-FR)				
10 PERIOD COVERED	Month Day Year      07/01/2023      THROUGH      12/31/2023				
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	3/3/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)				
	Fort Bend County Commissioner Pct. 4				
13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE		COMMITTEE NAME		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS		
			COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

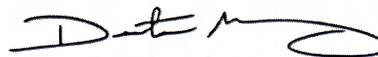
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Dexter Lorange-Navario McCoy		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$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 true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

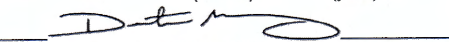
OR

(2) Unsworn Declaration

My name is Dexter L. McCoy, and my date of birth is 11/15/1991

My address is 23534 McNabb Spur Lane Richmond TX 77469 USA  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas on the 16 day of Jan. 20 24  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Dexter Lorange-Navario McCoy		20 Filer ID (Ethics Commission Filers)
21 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 CONTRIBUTIONS		\$29,906.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER		\$119.03

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Huitt-Zollars, Inc. Texas PAC 6 Contributor address; City; State; Zip Code 1717 McKinney Ave Ste 1400 Dallas, TX 75202-1239	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ majed agha 6 Contributor address; City; State; Zip Code 19311 N Cottonwood Green Ln Cypress, TX 77433-4184	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Agha Engineering
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Delilah Agho-Otoghile 6 Contributor address; City; State; Zip Code 11615 Radford Ln Houston, TX 77099-4640	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mohammad Aijaz 6 Contributor address; City; State; Zip Code 12323 Ashford Hollow Dr Sugar Land, TX 77478-6177	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eileen Akerson 6 Contributor address; City; State; Zip Code 7303 Savannah Glen Ln Richmond, TX 77469-7349	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cherita Andrews 6 Contributor address; City; State; Zip Code 9023 Covent Garden St Houston, TX 77031-3015	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ardurra Group PAC 6 Contributor address; City; State; Zip Code 5851 San Felipe St Ste 425 Houston, TX 77057-8018	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mohan Ballagere 6 Contributor address; City; State; Zip Code 10306 Logan Bridge Ln Sugar Land, TX 77498-4078	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Geotest Engineering, Inc.
4 Date 11/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Balmos 6 Contributor address; City; State; Zip Code 19119 Cardinal Grove Ct Cypress, TX 77429-5547	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) WSB
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Susan Bankston 6 Contributor address; City; State; Zip Code 1703 Magnolia Ln Richmond, TX 77469-4849	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Raj Basavaraju 6 Contributor address; City; State; Zip Code 13518 Fawn Lily Dr Ste 900 Cypress, TX 77429-5419	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Levi Benton 6 Contributor address; City; State; Zip Code 3417 Milam St Houston, TX 77002-9531	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Levi Benton & Associates PLLC
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bracewell PAC 6 Contributor address; City; State; Zip Code 711 Louisiana St Ste 2300 Houston, TX 77002-2770	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Brigham 6 Contributor address; City; State; Zip Code 11750 Katy Fwy Ste 1260 Houston, TX 77079-1257	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alayne Bryant 6 Contributor address; City; State; Zip Code 2525 North Loop W Houston, TX 77008-1038	7 Amount of contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Landtech

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alayne Bryant 6 Contributor address; City; State; Zip Code 2525 North Loop W Houston, TX 77008-1038	7 Amount of contribution (\$)  \$2,000.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Landtech
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Calhoun 6 Contributor address; City; State; Zip Code 126 E Amite St Jackson, MS 39201-2101	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IMS Engineers
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeff Cannon 6 Contributor address; City; State; Zip Code 4315 Whickham Dr Fulshear, TX 77441-4058	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) LJA
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Canonico 6 Contributor address; City; State; Zip Code 4321 Jonathan St Bellaire, TX 77401-4609	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Darryl Carter 6 Contributor address; City; State; Zip Code 5651 Willers Way Houston, TX 77056-2608	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Cheetham-West 6 Contributor address; City; State; Zip Code 6110 Birchwood San Antonio, TX 77493	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gwendolyn Climmons Johnson 6 Contributor address; City; State; Zip Code 2922 Bull Run Ct Missouri City, TX 77459-4912	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cobb Fendley PAC 6 Contributor address; City; State; Zip Code 13430 Northwest Fwy Ste Houston, TX 77040-6000	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sonny Colunga 6 Contributor address; City; State; Zip Code 14202 Cally Cir Needville, TX 77461-7536	7 Amount of contribution (\$)  \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sonny Colunga 6 Contributor address; City; State; Zip Code 14202 Cally Cir Needville, TX 77461-7536	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walter Criner 6 Contributor address; City; State; Zip Code 16243 Mission Glen Dr Houston, TX 77083-5261	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Crystal Davila 6 Contributor address; City; State; Zip Code 2210 Fenwood Dr Pasadena, TX 77502-3606	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maxine Dawkins 6 Contributor address; City; State; Zip Code 6831 River Bluff Dr Houston, TX 77085-1313	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ DEC PAC 6 Contributor address; City; State; Zip Code 1 Greenway Plz Ste 225 Houston, TX 77046-0106	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ MICHAEL Dei 6 Contributor address; City; State; Zip Code 850 Sunshine Medley Ln Rosenberg, TX 77469-4872	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Doucet 6 Contributor address; City; State; Zip Code 2300 Gatlin Creek Rd Dripping Springs, TX 78620-5360	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) Doucet
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Eastwood 6 Contributor address; City; State; Zip Code 17407 Highway 59 N Humble, TX 77396-3008	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Geotech Engineering & Testing
4 Date 07/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sandy Edwards 6 Contributor address; City; State; Zip Code 23303 Millcross Ln Katy, TX 77494-2165	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ EHRA Engineering PAC 6 Contributor address; City; State; Zip Code 10011 Meadowglen Ln Houston, TX 77042-3760	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Omar Escobar 6 Contributor address; City; State; Zip Code 16910 Roberts Dr Cypress, TX 77433	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) LJA Engineering, Inc
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Fort Bend United 6 Contributor address; City; State; Zip Code PO Box 42811 Houston, TX 77242-2811	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stephen Garza 6 Contributor address; City; State; Zip Code 1445 North Loop W Ste 450 Houston, TX 77008-1667	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Bowman Consulting Group
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pamiel Gaskin 6 Contributor address; City; State; Zip Code 3006 Villa Ln Missouri City, TX 77459-4130	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mark Gehringer 6 Contributor address; City; State; Zip Code 5714 Ashley Spring Ct Katy, TX 77494-2213	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) R.G. Miller

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Costas Georghiou 6 Contributor address; City; State; Zip Code 12335 Meadow Lake Dr Houston, TX 77077-5935	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) PGAL
4 Date 10/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lance C. Gilliam 6 Contributor address; City; State; Zip Code 3115 Reba Dr Houston, TX 77019-6209	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) WSG-RE LLC
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David Hamilton 6 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024-4108	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) Binkley & Barfield
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aamir Hasanali 6 Contributor address; City; State; Zip Code 18218 Kilmacolm Dr Richmond, TX 77407-4546	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Hattery 6 Contributor address; City; State; Zip Code 3819 Villanova St Houston, TX 77005-3639	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Katie Herrington 6 Contributor address; City; State; Zip Code 1610 Mustang Xing Missouri City, TX 77459-4593	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jubair Hossain 6 Contributor address; City; State; Zip Code 15627 Sand Bluestem Dr Cypress, TX 77433-1883	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) HTS Inc Consultants
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shou Hu 6 Contributor address; City; State; Zip Code 105 Pamellia Dr Bellaire, TX 77401-3711	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ HVJ Political Action Committee 6 Contributor address; City; State; Zip Code 6120 S Dairy Ashford Rd Houston, TX 77072-1010	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ IDS Engineering Group PAC 6 Contributor address; City; State; Zip Code 13430 Northwest Fwy Ste 700 Houston, TX 77040-6091	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ IEA PAC 6 Contributor address; City; State; Zip Code 18383 Preston Rd Ste 500 Dallas, TX 75252-5490	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Qaisar Q Imam 6 Contributor address; City; State; Zip Code 19 Saint Christopher Ct Sugar Land, TX 77479-4204	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Harish JaJoo 6 Contributor address; City; State; Zip Code 62 Bradford Cir Sugar Land, TX 77479-2976	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) HJ Consulting
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Larry Janak 6 Contributor address; City; State; Zip Code 19215 Cohen Green Ln Lan Houston, TX 77094-4127	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) IDCUS, Inc.
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Abraham Javed 6 Contributor address; City; State; Zip Code 2295 Avalon St Beaumont, TX 77707-4703	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) CharityStack

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nathan Junius 6 Contributor address; City; State; Zip Code 4 Thrush St New Orleans, LA 70124-4117	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Linfield Hunter & Junius Inc.
4 Date 07/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Al Kashani 6 Contributor address; City; State; Zip Code PO Box 20214 Houston, TX 77225-0214	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) Horizon Group
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ KCI Texas PAC 6 Contributor address; City; State; Zip Code 11550 W Interstate 10 Ste 395 San Antonio, TX 78230-1037	7 Amount of contribution (\$)  \$7,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Kwan 6 Contributor address; City; State; Zip Code 13423 Amber Queen Ln Houston, TX 77041-5550	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Landtech Consultants, Inc
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Paul Kwan 6 Contributor address; City; State; Zip Code 13423 Amber Queen Ln Houston, TX 77041-5550	7 Amount of contribution (\$)  \$2,600.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Landtech Consultants, Inc

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linebarger Goggin Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760-7428	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Matocha 6 Contributor address; City; State; Zip Code 1600 Highway 6 Ste 245 Sugar Land, TX 77478-4991	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Stonehenge Holdings, LLC
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ranney McDonough 6 Contributor address; City; State; Zip Code 3 Pin Oak Estates Dr Bellaire, TX 77401-4224	7 Amount of contribution (\$)  \$7,500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) McDonough Engineering
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Erik Miller 6 Contributor address; City; State; Zip Code 2901 Wilcrest Dr Ste 550 Houston, TX 77042-6073	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Sander Engineering Corp
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marcelo Moacyr 6 Contributor address; City; State; Zip Code 5719 Martinique Pass Sugar Land, TX 77479-4158	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Moeller 6 Contributor address; City; State; Zip Code 14413 Katie Rd Phoenix, MD 21131-1756	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bonnie Moss 6 Contributor address; City; State; Zip Code 1505 Highway 6 S Ste 180 Houston, TX 77077-1726	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Engineer/Business Owner		9 Employer (See Instructions) MBCO Engineering LLC
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Donna Murillo 6 Contributor address; City; State; Zip Code 1913 Trixie Ln Houston, TX 77042-2631	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vladimir Naranjo 6 Contributor address; City; State; Zip Code 26214 Kingsgate Ln Katy, TX 77494-0689	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Harish Narayanappa 6 Contributor address; City; State; Zip Code 5110 Camden Haven Ln Sugar Land, TX 77479-4654	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) EPIC Transportation Group LP

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Satya Pilla 6 Contributor address; City; State; Zip Code 4103 Oak Blossom Ct Houston, TX 77059-3265	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) IGET Services, LLC
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lynn Pipkin 6 Contributor address; City; State; Zip Code 13914 Sedgefield Creek Trce Trice Cypress, TX 77429-7735	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Office Leader		9 Employer (See Instructions) RPS
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Grady Prestage 6 Contributor address; City; State; Zip Code 36 Big Trl Missouri City, TX 77459-6827	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ashlynn Profit 6 Contributor address; City; State; Zip Code 508 Ann Moore St Dover, DE 19904-4003	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sanjay Ramabhadran 6 Contributor address; City; State; Zip Code 13718 Bayou Parkway Ct Houston, TX 77077-1129	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) VERSA Infrastructure

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vanessa Reed 6 Contributor address; City; State; Zip Code 9250 Floral Crest Dr Houston, TX 77083-6225	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Vanessa Reed 6 Contributor address; City; State; Zip Code 9250 Floral Crest Dr Houston, TX 77083-6225	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Rice 6 Contributor address; City; State; Zip Code 5402 Oban Terrace Ln Sugar Land, TX 77479-4776	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ron Reynolds Campaign 6 Contributor address; City; State; Zip Code 6140 Highway 6 # 233 Missouri City, TX 77459-3802	7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ali Roshanfekr 6 Contributor address; City; State; Zip Code 14127 Kimberley Ln Houston, TX 77079-3240	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Cascade Civil Services

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Katie Sampson 6 Contributor address; City; State; Zip Code 8514 Verona Falls Ct Richmond, TX 77407-2242	7 Amount of contribution (\$)  \$2,200.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Houston realtors
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walt Sass 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450-5781	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Weisser Engineering & Surveying
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andrew Schatte 6 Contributor address; City; State; Zip Code 5330 Montrose Blvd Houston, TX 77005-1831	7 Amount of contribution (\$)  \$5,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) America's Holding, Ltd.
4 Date 08/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Juanita Shihadeh 6 Contributor address; City; State; Zip Code 11907 Arcadia Bend Ln Houston, TX 77041-6219	7 Amount of contribution (\$)  \$10,000.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Earth engineering Inc
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Daniel Signorelli 6 Contributor address; City; State; Zip Code 1401 Woodlands Pkwy The Woodlands, TX 77380-1122	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) The Signorelli Company

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jasmeeta Singh 6 Contributor address; City; State; Zip Code 2511 STILL HARBOUR Dr Houston, TX 77041	7 Amount of contribution (\$)  \$10,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Priti Singh 6 Contributor address; City; State; Zip Code 28 Whitworth Way Sugar Land, TX 77479-2531	7 Amount of contribution (\$)  \$10,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Associated Testing Laboratories, Inc.
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bob Smith 6 Contributor address; City; State; Zip Code 86 Murphy Farm Rd Huntsville, TX 77320-1561	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Geoscience Engineering & Testing Inc.
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julius Stuart 6 Contributor address; City; State; Zip Code 8430 FM 359 Rd Richmond, TX 77406-9717	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jay Sunderwala 6 Contributor address; City; State; Zip Code 16602 Arbor Oak Leaf Ct Cypress, TX 77433-0134	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Principal Engineer		9 Employer (See Instructions) Ninyo & Moore

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Issam Talje 6 Contributor address; City; State; Zip Code 12042 Miramar Shores Dr Houston, TX 77065-3944	7 Amount of contribution (\$)  \$1,500.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Woolpert
4 Date 10/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ June Tang 6 Contributor address; City; State; Zip Code 1118 Goose Landing Ln Richmond, TX 77406-2260	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Team Plus Build, LLC 6 Contributor address; City; State; Zip Code 13105 Northwest Fwy Ste 1110 Houston, TX 77040-6320	7 Amount of contribution (\$)  \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 07/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Haddis Tewolde 6 Contributor address; City; State; Zip Code 16522 Teak Dr Missouri City, TX 77489-3928	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions) All-Terra
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Todd Thurber 6 Contributor address; City; State; Zip Code 2929 Briarpark Dr Ste 600 Houston, TX 77042-3768	7 Amount of contribution (\$)  \$3,000.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) LJA Engineering, Inc.

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Drucilla Tigner 6 Contributor address; City; State; Zip Code 401 E 24th St Houston, TX 77008-2348	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/17/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C00457853 TSVC, Inc. Political Action Committee (Terracon PAC) 6 Contributor address; City; State; Zip Code 10841 S Ridgeview Rd Olathe, KS 66061-6456	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 09/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Asim Tufail 6 Contributor address; City; State; Zip Code 5447 Larkin St Houston, TX 77007-1803	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Blackline Engineering
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Llarance Turner 6 Contributor address; City; State; Zip Code 1311 Lodge Ct Missouri City, TX 77489-1615	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Surveyor		9 Employer (See Instructions) Kaluza Inc
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ahmed Valdez 6 Contributor address; City; State; Zip Code 15310 Skyhill Dr Cypress, TX 77433-4073	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) AKV Consulting Engineers

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME Dexter Lorange-Navario McCoy		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Valverde Family Enterprises, LLC 6 Contributor address; City; State; Zip Code 11703 Pender Ln Stafford, TX 77477-1316	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Giti Zarinkelk 6 Contributor address; City; State; Zip Code 18 Berry Blossom Dr Spring, TX 77380-3388	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Engineer/owner		9 Employer (See Instructions) Zarinkelk Engineering Services Inc.
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matthew Zeve 6 Contributor address; City; State; Zip Code 11750 Katy Fwy Houston, TX 77079-1255	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Gauge Engineering

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/02/2023	5 Payee name ActBlue	
6 Amount (\$) \$47.40	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/09/2023	5 Payee name ActBlue	
6 Amount (\$) \$3.95	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/13/2023	5 Payee name ActBlue	
6 Amount (\$) \$41.48	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2023	5 Payee name ActBlue	
6 Amount (\$) \$59.25	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/27/2023	5 Payee name ActBlue	
6 Amount (\$) \$395.00	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/10/2023	5 Payee name ActBlue	
6 Amount (\$) \$9.88	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2023	5 Payee name ActBlue	
6 Amount (\$) \$98.75	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/08/2023	5 Payee name ActBlue	
6 Amount (\$) \$79.00	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/15/2023	5 Payee name ActBlue	
6 Amount (\$) \$142.20	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2023	5 Payee name ActBlue	
6 Amount (\$) \$203.43	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/29/2023	5 Payee name ActBlue	
6 Amount (\$) \$456.23	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/05/2023	5 Payee name ActBlue	
6 Amount (\$) \$1,119.91	7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2023	5 Payee name ActBlue	
6 Amount (\$) \$3.95	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/24/2023	5 Payee name ActBlue	
6 Amount (\$) \$39.50	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/31/2023	5 Payee name ActBlue	
6 Amount (\$) \$3.95	7 Payee address; City: State: Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2023	5 Payee name Alexandria Foundation Inc.	
6 Amount (\$) \$40.00	7 Payee address; City; State: Zip Code PO Box 31241 Houston, TX 77231-1241	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/03/2023	5 Payee name Allied Signs	
6 Amount (\$) \$346.40	7 Payee address; City; State: Zip Code 6820 Harwin Dr Houston, TX 77036-2210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/29/2023	5 Payee name Allied Signs	
6 Amount (\$) \$1,301.17	7 Payee address; City; State: Zip Code 6820 Harwin Dr Houston, TX 77036-2210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2023	5 Payee name Allied Signs	
6 Amount (\$) \$108.25	7 Payee address; City; State: Zip Code 6820 Harwin Dr Houston, TX 77036-2210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/14/2023	5 Payee name Alpha Kappa Alpha Sorority, Incorporated	
6 Amount (\$) \$100.00	7 Payee address; City; State: Zip Code 5656 S Stony Island Ave Chicago, IL 60637-1906	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/22/2023	5 Payee name Amazon	
6 Amount (\$) \$276.22	7 Payee address; City; State: Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2023	5 Payee name Amazon	
6 Amount (\$) \$57.34	7 Payee address; City; State: Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/09/2023	5 Payee name American Caribbean Chamber	
6 Amount (\$) \$500.00	7 Payee address; City; State: Zip Code 6201 Bonhomme Rd Houston, TX 77036-4365	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/12/2023	5 Payee name Carmen Turner Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; State: Zip Code 23503 Starbridge Lake Ln Richmond, TX 77407-2883	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/10/2023	5 Payee name Central Fort Bend County Chamber of Commerce	
6 Amount (\$) \$250.00	7 Payee address; City; State: Zip Code 4120 Avenue H Rosenberg, TX 77469	
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 Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/02/2023	5 Payee name Chevron	
6 Amount (\$) \$38.24	7 Payee address; City; State: Zip Code 1010 Jackson St Richmond, TX 77469-3423	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/22/2023	5 Payee name Circle K	
6 Amount (\$) \$60.78	7 Payee address; City; State: Zip Code 207 E Highway 90 Alt Richmond, TX 77406	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/12/2023	5 Payee name Corporate Outfitters	
6 Amount (\$) \$2,378.25	7 Payee address; City: State: Zip Code 9011 S SAM HOUSTON Pkwy Houston, TX 77085	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office furniture
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/28/2023	5 Payee name Costco	
6 Amount (\$) \$545.92	7 Payee address; City: State: Zip Code 17520 Southwest Fwy Sugar Land, TX 77479-2359	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Event supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/23/2023	5 Payee name East Fort Bend Human Needs Ministry	
6 Amount (\$) \$1,000.00	7 Payee address; City: State: Zip Code 435 Stafford Run Rd Stafford, TX 77477-5639	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2023	5 Payee name Expose Excellence	
6 Amount (\$) \$155.44	7 Payee address; City; State: Zip Code 4203 Glenshadow Ct Katy, TX 77494	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/01/2023	5 Payee name Family Life and Community Resource Center	
6 Amount (\$) \$100.00	7 Payee address; City; State: Zip Code 821 E Highway 90 Alt Richmond, TX 77406	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/22/2023	5 Payee name Five Below	
6 Amount (\$) \$112.80	7 Payee address; City; State: Zip Code 10367 W Grand Pkwy S Richmond, TX 77407-8688	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies for seniors
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      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      Legal Services      Salaries/Wages/Contract Labor      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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2023	5 Payee name Flying Saucer Draught Emporium	
6 Amount (\$) \$114.73	7 Payee address; City: State: Zip Code 15929 City Walk Sugar Land, TX 77479-6542	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Campaign Team Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/11/2023	5 Payee name Fort Bend County Fair Association	
6 Amount (\$) \$250.00	7 Payee address; City: State: Zip Code 4310 TX-36 Rosenberg, TX 77471	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/03/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/03/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/10/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/14/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City: State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/28/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/11/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	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	Legal Services	Salaries/Wages/Contract Labor	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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/10/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/16/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/30/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/06/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code  PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	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	Legal Services	Salaries/Wages/Contract Labor	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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/26/2023	5 Payee name Frost Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State: Zip Code PO Box 1600 San Antonio, TX 78296-1600	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description wire transfer fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/06/2023	5 Payee name H-E-B	
6 Amount (\$) \$65.90	7 Payee address; City; State: Zip Code 19988 Southwest Fwy Sugar Land, TX 77479-6505	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2023	5 Payee name H-E-B	
6 Amount (\$) \$11.88	7 Payee address; City; State: Zip Code 19988 Southwest Fwy Sugar Land, TX 77479-6505	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/29/2023	5 Payee name Home Depot	
6 Amount (\$) \$10.79	7 Payee address; City; State: Zip Code 24400 Commercial Dr Rosenberg, TX 77471-6175	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/10/2023	5 Payee name Houston Museum of Natural History	
6 Amount (\$) \$1,300.00	7 Payee address; City; State: Zip Code 13016 University Blvd Sugar Land, TX 77479-4980	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Event deposit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 08/28/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 09/27/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City: State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City; State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 11/27/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City; State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 12/27/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48	7 Payee address; City; State: Zip Code 1501 Page Mill Rd Palo Alto, CA 94304-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2023	5 Payee name Jefferson County Democratic Party	
6 Amount (\$) \$500.00	7 Payee address; City: State: Zip Code 2211 Calder St Beaumont, TX 77701-1524	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/05/2023	5 Payee name Kona Ice	
6 Amount (\$) \$378.88	7 Payee address; City: State: Zip Code 5945 Centennial Cir Florence, KY 41042-1293	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Ribbon Cutting Snow Cones
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/21/2023	5 Payee name Lamar Band Boosters	
6 Amount (\$) \$323.00	7 Payee address; City: State: Zip Code PO Box 645 Richmond, TX 77406-0017	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/06/2023	5 Payee name Lamar Educational Awards Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State: Zip Code 3911 Avenue I Rosenberg, TX 77471-3901	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/28/2023	5 Payee name LOCO SNOWCONES	
6 Amount (\$) \$374.63	7 Payee address; City; State: Zip Code 2707 Parkway Ave Rosenberg, TX 77471-5221	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Snow cone sponsorship for community bike ride
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/25/2023	5 Payee name M3 Graphics	
6 Amount (\$) \$2,207.65	7 Payee address; City; State: Zip Code 11730 S Wilcrest Dr Houston, TX 77099-4757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Payee name M3 Graphics	
6 Amount (\$) \$274.49	7 Payee address; City: State: Zip Code 11730 S Wilcrest Dr Houston, TX 77099-4757	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/18/2023	5 Payee name Metropolis	
6 Amount (\$) \$12.00	7 Payee address; City: State: Zip Code 144 2nd Ave N Nashville, TN 37201-1935	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description Parking app-Parking
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/18/2023	5 Payee name Mimi's New Orleans Cafe	
6 Amount (\$) \$326.76	7 Payee address; City: State: Zip Code 1833 Richmond Pkwy Richmond, TX 77469-3643	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Thank you lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2023	5 Payee name NAACP Missouri City and Vicinity Branch	
6 Amount (\$) \$800.00	7 Payee address; City; State: Zip Code PO Box 1053 Missouri City, TX 77459-1053	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/28/2023	5 Payee name NGP VAN	
6 Amount (\$) \$525.00	7 Payee address; City; State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/11/2023	5 Payee name NGP VAN	
6 Amount (\$) \$262.50	7 Payee address; City; State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      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      Legal Services      Salaries/Wages/Contract Labor      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: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2023	5 Payee name NGP VAN	
6 Amount (\$) \$262.50	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/03/2023	5 Payee name NGP VAN	
6 Amount (\$) \$262.50	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/04/2023	5 Payee name NGP VAN	
6 Amount (\$) \$262.50	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Database
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Payee name NOBCO	
6 Amount (\$) \$200.00	7 Payee address; City; State: Zip Code 660 N Capitol St NW Washington, DC 20001-1642	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Conference fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/13/2023	5 Payee name OakBend Medical Center	
6 Amount (\$) \$1,000.00	7 Payee address; City; State: Zip Code 1705 Jackson St Richmond, TX 77469-3246	
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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/26/2023	5 Payee name Painting with a Twist	
6 Amount (\$) \$468.00	7 Payee address; City; State: Zip Code 3569 Highway 6 Sugar Land, TX 77478-4404	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Team outing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/03/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/05/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$119.75	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$27.51	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/04/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; State: Zip Code 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/25/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/25/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City: State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City; State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 11/27/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City; State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 12/26/2023	5 Payee name ReStream Inc.	
6 Amount (\$) \$19.00	7 Payee address; City; State: Zip Code 515 Congress Ave Ste 1050 Austin, TX 78701-3504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Live streaming service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2023	5 Payee name Seattle Coffee Gear	
6 Amount (\$) \$917.08	7 Payee address; City: State: Zip Code 6825 216th St SW Lynnwood, WA 98036-7379	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/30/2023	5 Payee name Shipley Do-nuts	
6 Amount (\$) \$23.19	7 Payee address; City: State: Zip Code 4519 Reading Rd Rosenberg, TX 77471-2144	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food for meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/20/2023	5 Payee name Sixty Vines	
6 Amount (\$) \$335.14	7 Payee address; City: State: Zip Code 2540 University Blvd Houston, TX 77005-3229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Team Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2023	5 Payee name Small, Layna	
6 Amount (\$) \$310.00	7 Payee address; City; State: Zip Code PO Box 486 Porter, TX 77365-0486	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Catering for park event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/07/2023	5 Payee name Small, Layna	
6 Amount (\$) \$621.00	7 Payee address; City; State: Zip Code PO Box 486 Porter, TX 77365-0486	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Catering for park event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/30/2023	5 Payee name Starbucks	
6 Amount (\$) \$21.65	7 Payee address; City; State: Zip Code 28211 Southwest Fwy Rosenberg, TX 77471-9630	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Coffee for meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/18/2023	5 Payee name The Escape Game	
6 Amount (\$) \$274.36	7 Payee address; City; State: Zip Code 405 Red River St Austin, TX 78701-4663	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Team Retreat
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/10/2023	5 Payee name The Fort Bend Church	
6 Amount (\$) \$2,500.00	7 Payee address; City; State: Zip Code 1900 Eldridge Rd Sugar Land, TX 77478-2506	
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, Capital campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 09/28/2023	5 Payee name Tractor Supply Co.	
6 Amount (\$) \$59.16	7 Payee address; City; State: Zip Code 27127 Southwest Fwy Rosenberg, TX 77471-7158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Event supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2023	5 Payee name USPS	
6 Amount (\$) \$13.20	7 Payee address; City: State: Zip Code 5560 FM 1640 Rd Richmond, TX 77469-5424	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/24/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City: State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 08/24/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City: State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/23/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 11/15/2023	5 Payee name WIX.COM	
6 Amount (\$) \$27.98	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2023	5 Payee name WIX.COM	
6 Amount (\$) \$311.76	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 11/24/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 11/29/2023	5 Payee name WIX.COM	
6 Amount (\$) \$207.84	7 Payee address; City; State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2023	5 Payee name WIX.COM	
6 Amount (\$) \$12.99	7 Payee address; City: State: Zip Code 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 10/31/2023	5 Payee name XI Kappa Lambda Education Foundation	
6 Amount (\$) \$1,500.00	7 Payee address; City: State: Zip Code PO Box 31022 Houston, TX 77231-1022	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 07/05/2023	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 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
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 OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 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 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
4 Date 10/05/2023	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 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorange-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2023	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 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 12/05/2023	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 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Video conferencing software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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