CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how t | o complete this form. | 1 Filer IE (Ethics Com |) mission Filers) | 2 Total page 148 | es filed: |
|---|---|--|---------------------------|--|----------------------------------|--|
| CANDIDATE/ 3 OFFICEHOLDER NAME | MS/MRS/MR | FIRST Dexter Lorance-Na LAST | Ivario | MI | OFFICE Date Received | USE ONLY |
| CANDIDATE / 4 OFFICEHOLDER MAILING ADDRESS | ADDRESS /PO BOX: P.O. Box 1398 | McCoy APT/SUITE # CITY Richmond | | E: ZIP CODE 77406 | | IL 15 2025 RCU |
| CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PH | IONE NUMBER | EXTENS | ION | Receipt # | Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR NICKNAME | FIRST Joseph LAST Killebrew | | MI | Date Processed Date Imaged | |
| CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO E 8835 Arch Rock Dr. | OX PLEASE): APT/SUITE # | ¢ CITY Cypress | STATE: TX | ZIP CODE 77433 | |
| CAMPAIGN TREASURER PHONE | AREA CODE (407) 376- | PHONE NUMBER 0352 | EXTENS | ION | | |
| REPORT TYPE | January 15 | 30th day before election | | Runoff Exceeded Modified Reporting limit | appointmen | er campaign treasurer t (officeholder only) (Attach- COH-FR) |
| 0 PERIOD COVERED | 01/01/2025 | | ROUGH | Month | Day Y 06/30/2025 | ear |
| 1 ELECTION | ELECTION DATE Month Day 3/3/2026 | Year Vear Genera | v 🗌 | Runoff 🗌 🤇 | Other | |
| 2 OFFICE | OFFICE HELD (if any) Fort Bend County (| Commissioner Pct. 4 | | 13 OFFICE SOUGH Fort Bend C | IT (if known) ounty Commissio | ner Pct. 4 |
| Additional Pages | SUPPORT THE CANDIDATE / C | COMMITTEE CAMPAIGN T COMMITTEE CAMPAIGN T | TURES MAY HA | VE BEEN MADE WITHOU RED TO REPORT THIS IN | T THE CANDIDATE'S (| OR OFFICEHOLDER'S |
| | | GO TO PAG | GE 2 | | | |
| Forms provided by Texas E | thics Commission | www.ethics.state.t | x.us | | | Revised 1/1/202 |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | Dexter Lorance-Nava | rio McCoy | | | 5 Filer ID | (Eulies of | |
|--|--|---|--|--|--------------------------------|---|--------------------------|
| 17 CONTRIBUTION TOTALS | | | TRIBUTIONS (OTHER THAN F NTRIBUTIONS MADE ELECT | | | | \$0.0 |
| | | AL CONTRIBUTIONS LEDGES, LOANS, OF | GUARANTEES OF LOANS) | | | | \$323,165.0 |
| EXPENDITURE TOTALS | 3 TOTAL UNITEMI | ZED POLITICAL EXPE | INDITURES | | | | \$323.0 |
| | 4 TOTAL POLITICA | AL EXPENDITURES | | | | | \$50,985.7. |
| CONTRIBUTION BALANCE | 5 TOTAL POLITICA OF REPORTING | | MAINTAINED AS OF THE LAS | r day | | | \$855,872.2 |
| OUTSTANDING LOAN TOTALS | | AL AMOUNT OF ALL (HE REPORTING PERI | DUTSTANDING LOANS AS OF | THE | | | \$0.00 |
| Con | ry Public, State of Texas m. Expires 11-13-2028 otary ID 129545946 | | | ature of Candida | ate or Offici | ceholder | |
| (1) Affidavit NOTARY STAMP / SEAL | before me by | oren L. | e either option below | <i>r</i> : | | IS H | |
| (1) Affidavit NOTARY STAMP / SEAL | before me by | oren L. | e either option below | /: th | is the _ | 15+1 | ~ |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 | to certify which, wit | FOR L. mess my hand and MIMI | e either option below MCCOY seal of office. | r:th th | is the _ | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL | to certify which, wit | ITER L. Iness my hand and MIMI Printed name of office | e either option below MCCOY seal of office. ARCE ar administering oath | r:th th | is the _ | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 Dia Care Signature of officer admin | to certify which, wit | FOR L. mess my hand and MIMI | e either option below MCCOY seal of office. ARCE ar administering oath | r:th th | is the _ | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 Dia Care Signature of officer admin | to certify which, wit | ITER L. Iness my hand and MIMI Printed name of office | e either option below MCCOY seal of office. ARCE ar administering oath | th Lite of c | is the _ | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 Dia Care Signature of officer admin (2) Unsworn Declaration My name is | to certify which, wit | ITER L. Iness my hand and MIMI Printed name of office | e either option below MCCOY i seal of office. ARCE or administering oath R | th Lite of c | is the _ | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 Dia Care Signature of officer admin (2) Unsworn Declaration My name is | to certify which, wit | ITER L. Iness my hand and MIMI Printed name of office | e either option below MCCOY i seal of office. ARCE or administering oath R | th Lite of c | is the | 15 H Pub | |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 | to certify which, wit | ITER L. Iness my hand and MIMI Printed name of office O | e either option below MCCOY seal of office. ARCE or administering oath R , and my date | /: th th the of of the of of birth is (state) day of | is the | i5+1 PuB inistering | CIC oath |
| (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed day of July 20 2 Dia Car Signature of officer admin (2) Unsworn Declaration My name is My address is | to certify which, wit istering oath F n (street) | ITER L. Iness my hand and MIMI Printed name of office O | MCCOY seal of office. ARCE or administering oath R , and my date (city) on the | /: th th the of of the of of birth is (state) day of | is the officer admi (zip | 15 H PHB inistering code) 20 (year | CIC oath (country) |

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| | 9 FILER NAME 20 Filer ID (Eth Dexter Lorance-Navario McCoy | | Commission Filers) |
|------|---|--------------|--------------------|
| 21 3 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$323,165.00 |
| 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 CONTRIBU | UTIONS | \$50,985.73 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR | IBUTIONS | \$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 BUSI | NESS OF C/OH | \$0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR | RIBUTIONS | \$0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS F TO FILER | RETURNED | \$132.44 |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete this fo | rm. | 1 Total pages Schedule A1: not available | |
|-------------------------------|---------------------------------------|----------------------|----------|--|------------|
| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Fiter ID (Ethics Commission) | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/18/2025 | Huitt-Zollars, Inc. Texas PAC | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1717 Mckinney Ave Ste 1400 D. | allas, TX 75202-1239 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | is) | 9 Emplo | yer (See Instructions) | 1 |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Delilah Agho-Otoghile | | | | \$500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 11615 Radford Ln Houston, TX | 77099-4640 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | is) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 01/09/2025 | AIA Engineers PAC | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 1 |
| | 153110 PARK Row Houston, TZ | X 77064 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | as) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/02/2025 | AIA Engineers PAC | | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 153110 PARK Row Houston, T | X 77064 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | is) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Nick Alanis | | | | \$7,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | 7 | |
| | 8519 Woods Hollow Trl Richmo | ond, TX 77406-2536 | | | |
| 8 Principal oc Chairman | cupation / Job title (See Instruction | ns) | | yer (See Instructions) Entech Civil Engineers, Inc. | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: not available |
|-------------------------------|---|---|
| 2 FILER NAM Dexter Lorance | tE ce-Navario McCoy | 3 Fiter ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 06/30/2025 | Ovidio Alanis | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 8519 Woods Hollow Tri Richmond, TX 77406-2536 | |
| 8 Principal oc Ex. VP | | oyer (See Instructions) Entech |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/26/2025 | Nina Anderson | \$70.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 4410 Millstone Canyon Ln Sugar Land, TX 77479-3558 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | oyer (See Instructions) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/26/2025 | Stephanie Anderson | \$50.00 |
| S | 6 Contributor address; City; State; Zip Code | |
| | 19 Cowboy Way Richmond, TX 77406-9247 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | oyer (See Instructions) |
| 4 Date | 5 Fuli name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/02/2025 | Cherita Andrews | \$550.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 9023 Covent Garden St Houston, TX 77031-3015 | |
| 8 Principal oc CXO | | oyer (See Instructions) MV Engineering |
| 4 Date | 5 Fuil name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 06/30/2025 | Cherita Andrews | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 9023 Covent Garden St Houston, TX 77031-3015 | |
| 8 Principal oc CXO | | oyer (See Instructions) MV Engineering |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: not available | |
|------------------------------|---|----------|--|------------|
| 2 FILER NAM Dexter Loranc | PE e-Navario McCoy | | 3 Filer ID (Ethics Commission F | ilers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/02/2025 | Ardurra Group PAC | | | \$2,500.00 |
| | 6 Contributor address; City; State; | Zip Code | | φ2,500.00 |
| | 5851 San Felipe St Ste 425 Houston, TX 77057-8018 | | | |
| 8 Principal oc | cupation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/24/2025 | Manuela Arroyos | | | \$50.00 |
| | 6 Contributor address; City; State; | Zip Code | | 000.00 |
| | 5515 Cunningham Ln Rosenberg, TX 77471-2664 | | | |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Employ | yer (See Instructions) | |
| 4 Date | 5 Full name of contributorout-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | ASAP Bail Bonds Ft. Bond | | | \$250.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
|) | 307 S 2nd St Ste B Richmond, TX 77469-5883 | | | |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Employ | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Leslie Bacon | | | \$750.00 |
| | 6 Contributor address; City; State; | Zip Code | 1 | |
| | 4 Chelsea Blvd Apt 303 Houston, TX 77006-6266 | | | |
| 8 Principal occ Attorney | cupation / Job title (See Instructions) | | ver (See Instructions) Forton Rose Fulbright US LLP | |
| 4 Date | 5 Full name of contributor Cout-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/01/2025 | Mohan Ballagere | | | \$1,550.00 |
| | 6 Contributor address; City; State; | Zip Code | | 4-3000100 |
| | 10306 Logan Bridge Ln Sugar Land, TX 77498-4078 | | | |
| | cupation / Job title (See Instructions) | | yer (See Instructions) | |
| Vice Presi | ident | G | eotest Engineering, Inc. | |

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

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete th | is form. | 1 Total pages Schedule A1: not available | |
|------------------------------|--|-------------------|---------------|--|------------|
| 2 FILER NAM Dexter Lorand | E ee-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state F | PAC | 7 Amount of contribution (\$) | |
| 04/26/2025 | David Balmos | | | | \$2,500.00 |
| | 6 Contributor address; | City; St | ate; Zip Code | | 421000100 |
| | 13623 Waverly Crest Ct Cypress | s, TX 77429-6830 | | | |
| 8 Principal oc Engineer | cupation / Job title (See Instruction | is) | | over (See Instructions) WSB LLC | |
| 4 Date | 5 Full name of contributor | out-of-state P | AC | 7 Amount of contribution (\$) | |
| 04/26/2025 | Raj Basavaraju | | | | \$500.00 |
| | 6 Contributor address; | City; Sta | ate; Zip Code | | 4300.00 |
| | 13518 Fawn Lily Dr Ste 900 Cy | press, TX 77429-5 | 5419 | | |
| | cupation / Job title (See Instruction ation Engineer | is) | | over (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state P | AC | 7 Amount of contribution (\$) | |
| 06/30/2025 | Marcus Baskin | | | | \$100.00 |
| | 6 Contributor address; | City; Sta | ate; Zip Code | | |
| | 9622 Paintbrush Ledge Ln Hous | ton, TX 77089-27 | 06 | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | over (See Instructions) | |
| 1 Date | 5 Full name of contributor | out-of-state P | AC | 7 Amount of contribution (\$) | |
| 06/30/2025 | Michele Beard | | | | \$25.00 |
| | 6 Contributor address; | City; Sta | ate; Zip Code | | |
| | 8711 Saratoga Dr None Sugar La | and, TX 77479-63 | 64 | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | over (See Instructions) | |
| 1 Date | 5 Full name of contributor | out-of-state P | AC | 7 Amount of contribution (\$) | |
| 2/24/2025 | Levi Benton | | | | \$1,000.00 |
| | 6 Contributor address; | City; Sta | ate; Zip Code | | |
| | 3417 Milam St Houston, TX 770 | 02-9531 | | | |
| 8 Principal oc Lawyer | cupation / Job title (See Instruction | s) | | byer (See Instructions) Levi Benton & Associates PLLC | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| Instruction Guide explains how | to complete this fo | rm. | 1 Total pages Schedule A1: not available | |
|--------------------------------------|--|--|---|--|
| E -Navario McCoy | | | 3 Filer ID (Ethics Commission I | -ilers) |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| William Bobrick | - | | | \$25.00 |
| 6 Contributor address; | City; State; | Zip Code | | \$23.00 |
| 2440 Texas Pkwy Ste 240 Misso | | 85 | | |
| upation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| William Bobrick | | | | \$25.00 |
| 6 Contributor address; | City; State; | Zip Code | | 020.00 |
| 2440 Texas Pkwy Ste 240 Misso | uri City, TX 77489-40 | 85 | | |
| upation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Randolph Brown | | | | \$25.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 3134 Fern Brook Ln Rosenberg, | TX 77471-9279 | | | |
| upation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| John Calhoun | | | | \$6,500.00 |
| 6 Contributor address; | City; State; | Zip Code | ± | |
| 126 E Amite St Jackson, MS 392 | 01-2101 | | | |
| upation / Job title (See Instruction | s) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Jeff Cannon | | | | \$5,000.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 4315 Whickham Dr Fulshear, TY | 77441-4058 | | - | |
| | s) | | | |
| | Navario McCoy 5 Full name of contributor William Bobrick 6 Contributor address; 2440 Texas Pkwy Ste 240 Misso upation / Job title (See Instruction 5 Full name of contributor William Bobrick 6 Contributor address; 2440 Texas Pkwy Ste 240 Misso upation / Job title (See Instruction 5 Full name of contributor Randolph Brown 6 Contributor address; 3134 Fem Brook Ln Rosenberg, upation / Job title (See Instruction 5 Full name of contributor gation / Job title (See Instruction 6 Contributor address; 3134 Fem Brook Ln Rosenberg, upation / Job title (See Instruction 5 Full name of contributor John Calhoun 6 Contributor address; 126 E Amite St Jackson, MS 392 upation / Job title (See Instruction 5 Full name of contributor John Calhoun 6 Contributor address; 126 E Amite St Jackson, MS 392 upation / Job title (See Instruction 5 Full name of contributor John Calhoun 6 Contributor address; 126 E Amite St Jackson, MS 392 upation / Job title (See Instruction 5 Full name of contributor Jeff Cannon 6 Contributor address; 4315 Whickham Dr Fulshear, TX | -Navario McCoy 5 Full name of contributorout-of-state PAC William Bobrick 6 Contributor address; City; State; 2440 Texas Pkwy Ste 240 Missouri City, TX 77489-40 upation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC William Bobrick 6 Contributor address; City; State; 2440 Texas Pkwy Ste 240 Missouri City, TX 77489-40 upation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Randolph Brown 6 Contributor address; City; State; 3134 Fem Brook Ln Rosenberg, TX 77471-9279 upation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC John Calboun 6 Contributor address; City; State; 126 E Amite St Jackson, MS 39201-2101 upation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Jeff Cannon 6 Contributor address; City; State; 4315 Whickham Dr Fulshear, TX 77441-4058 upation / Job title (See Instructions) | b Full name of contributor | Instruction Guide explains how to complete this form. Inclavailable Inclavailab |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| Navario McCoy 5 Fuil name of contributor Jeff Cannon | out-of-state PAC | | 3 Filer ID (Ethics Commission | Filers) |
|--|---|---|---|--|
| | out-of-state PAC | | | |
| Jeff Cannon | | | 7 Amount of contribution (\$) | |
| | | | | £4.000.00 |
| 6 Contributor address; | City; State; | Zip Code | | \$4,000.00 |
| 4315 Whickham Dr Fulshear, TX | 77441-4058 | | | |
| apation / Job title (See Instruction: President | s) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Santiago Castaneda | — | | | \$10,000.00 |
| 6 Contributor address; | City; State; | Zip Code | | \$10,000.00 |
| 2426 Mills Creek Dr Kingwood, | TX 77339-3095 | | | |
| pation / Job title (See Instruction | s) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Cobb Fendley PAC | | | | \$5,000.00 |
| 6 Contributor address; | City; State; | Zip Code | | · · |
| 13430 Northwest Fwy Ste 1100 F | Houston, TX 77040-61 | 53 | | |
| pation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Tony Council | | | | \$2,500.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 10902 Cranbrook Rd Houston, T | X 77042-1326 | | | |
| pation / Job title (See Instructions | s) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Torrian Crawford | | | | \$25.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 2944 Royal Ave Simi Valley, CA | 93065-5217 | | | |
| pation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| | 4315 Whickham Dr Fulshear, TX ipation / Job title (See Instruction President 5 Full name of contributor Santiago Castaneda 6 Contributor address; 2426 Mills Creek Dr Kingwood, ipation / Job title (See Instruction) 5 Full name of contributor Cobb Fendley PAC 6 Contributor address; 13430 Northwest Fwy Ste 1100 H ipation / Job title (See Instruction) 5 Full name of contributor Cobb Fendley PAC 6 Contributor address; 13430 Northwest Fwy Ste 1100 H ipation / Job title (See Instruction) 5 Full name of contributor Tony Council 6 Contributor address; 10902 Cranbrook Rd Houston, T. ipation / Job title (See Instruction) 5 Full name of contributor Torrian Crawford 6 Contributor address; 2944 Royal Ave Simi Valley, CA | 4315 Whickham Dr Fulshear, TX 77441-4058 ipation / Job title (See Instructions) President 5 Full name of contributor Gastaiago Castaneda 6 Contributor address; City; State; 2426 Mills Creek Dr Kingwood, TX 77339-3095 rpation / Job title (See Instructions) 5 Fuil name of contributor Gout-of-state PAC 6 Contributor address; City; State; 2426 Mills Creek Dr Kingwood, TX 77339-3095 rpation / Job title (See Instructions) 5 Fuil name of contributor Gout-of-state PAC 6 Contributor address; City; State; 13430 Northwest Fwy Ste 1100 Houston, TX 77040-61 Ipation / Job title (See Instructions) 5 Full name of contributor Gout-of-state PAC Tony Council 6 Contributor address; City; 10902 Cranbrook Rd Houston, TX 77042-1326 rpation / Job title (See Instructions) 5 Fuil name of contributor Gout-of-state PAC Torrian Crawford | 4315 Whickham Dr Fulshear, TX 77441-4058 ipation / Job title (See Instructions) 9 Emplo President | 4315 Whickham Dr Fulshear, TX 77441-4058 ipation / Job title (See Instructions) President 5 Full name of contributor |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| Instruction Guide explains how | to complete this f | form. | 1 Total pages Schedule A1: not available | |
|---------------------------------------|---|---|---|---|
| E e-Navario McCoy | | | 3 Filer ID (Ethics Commission F | ilers) |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Brock Crenek | | | | \$50.00 |
| 6 Contributor address; | City; State; | ; Zip Code | | |
| 797 Marlin St Hitchcock, TX 775 | 63-2611 | | | |
| cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Jill Curtis | | | | \$25.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 3119 Silent Spring Dr Sugar Lan | I, TX 77479-2411 | | | |
| cupation / Job title (See Instruction | 5) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Mary Dawkins | | | | \$50.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 6831 River Bluff Dr Houston, TX | 77085-1313 | | | |
| cupation / Job title (See Instruction | 5) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Maxine Dawkins | | | | \$75.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 6831 River Bluff Dr Houston, TX | 77085-1313 | | | |
| cupation / Job title (See Instruction | 3) | 9 Emplo | yer (See Instructions) | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Maxine Dawkins | | | | \$100.00 |
| 6 Contributor address; | City; State; | ; Zip Code | | |
| 6831 River Bluff Dr Houston, TX | 77085-1313 | | | |
| cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| | E e-Navario McCoy 5 Full name of contributor Brock Crenek 6 Contributor address; 797 Marlin St Hitchcock, TX 775 cupation / Job title (See Instructions 5 Full name of contributor Jill Curtis 6 Contributor address; 3119 Silent Spring Dr Sugar Land cupation / Job title (See Instructions 5 Full name of contributor Mary Dawkins 6 Contributor address; 6831 River Bluff Dr Houston, TX cupation / Job title (See Instructions 5 Full name of contributor Mary Dawkins 6 Contributor address; 6831 River Bluff Dr Houston, TX cupation / Job title (See Instructions 5 Full name of contributor Maxine Dawkins 6 Contributor address; 6831 River Bluff Dr Houston, TX cupation / Job title (See Instructions | E e-Navario McCoy 5 Full name of contributorout-of-state PAC Brock Crenek 6 Contributor address; City; State 797 Marlin St Hitchcock, TX 77563-2611 cupation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Jill Curtis 6 Contributor address; City; State 3119 Silent Spring Dr Sugar Land, TX 77479-2411 cupation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Mary Dawkins 6 Contributor address; City; State 6831 River Bluff Dr Houston, TX 77085-1313 cupation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Maxine Dawkins 6 Contributor address; City; State 6831 River Bluff Dr Houston, TX 77085-1313 cupation / Job title (See Instructions) 5 Full name of contributorout-of-state PAC Maxine Dawkins 6 Contributor address; City; State 6831 River Bluff Dr Houston, TX 77085-1313 cupation / Job title (See Instructions) | e-Navario McCoy 5 Full name of contributor | Instruction Guide explains how to complete this form. Inot available E E Avario McCoy S Full name of contributor aut-of-state PAC F F Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code F Contributor address; City: State; Zip Code Contributor address; City: State; |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Maxine Dawkins | | | \$50.00 | |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 6831 River Bluff Dr Houston, T. | X 77085-1313 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | _ |
| 04/27/2025 | Janet Dawson | _ | | \$50.00 | |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 431 Mistflower Dr Richmond, T | X 77469-1587 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | - |
|)6/30/2025 | Susan DuQuesnay Bankston | | | \$100.00 | |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 509 S 5th St Richmond, TX 774 | 59-3502 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Empio | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 3/18/2025 | David Eastwood | | | \$500.00 | |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 17407 Highway 59 N Humble, T | X 77396-3008 | | | |
| 8 Principal occ Engineer | supation / Job title (See Instruction | s) | | yer (See Instructions) eotech Engineering & Testing | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | EHRA Engineering PAC | | | \$5,000.00 | |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 10011 Meadowglen Ln Houston | TX 77042-3760 | | | |
| 3 Principal occ | upation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |

SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | IE ce-Navario McCoy | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PA | c | 7 Amount of contribution (\$) | |
| 04/15/2025 | John English | | | \$1,000.00 |
| | 6 Contributor address; City; Stat | e; Zip Code | | \$1,000.00 |
| | 7676 Hillmont St Houston, TX 77040-6400 | | | |
| | cupation / Job title (See Instructions) r & Land Survey | | yer (See Instructions) EEKHA Engineerign Inc | |
| Date | 5 Full name of contributor Out-of-state PAG | C | 7 Amount of contribution (\$) | |
| 06/30/2025 | Lois Essells | | | \$25.00 |
| | 6 Contributor address; City; State | e; Zip Code | | \$22.00 |
| | 902 Chateau Pl Richmond, TX 77469-5108 | | | |
| 3 Principal oc | cupation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |
| 1 Date | 5 Full name of contributor Out-of-state PAG | c | 7 Amount of contribution (\$) | - <u>-</u> |
| 6/30/2025 | Jess Geevarghese | | | \$50.00 |
| | 6 Contributor address; City; State | e; Zip Code | | • |
| | 414 Kyle St Sugar Land, TX 77478-3215 | | | |
| 8 Principal oc | cupation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |
| 1 Date | 5 Full name of contributor Out-of-state PAG | 2 | 7 Amount of contribution (\$) | |
| 4/26/2025 | Mark Gehringer | | | \$2,500.00 |
| | 6 Contributor address; City; State | e; Zip Code | | 44,00000 |
| | 5714 Ashley Spring Ct Katy, TX 77494-2213 | | | |
| Principal oco President | cupation / Job title (See Instructions) | | yer (See Instructions) G. Miller | |
| Date | 5 Full name of contributor Out-of-state PAG | | 7 Amount of contribution (\$) | |
| 3/05/2025 | Costas Georghiou | | | \$2,500.00 |
| | 6 Contributor address; City; State | e; Zip Code | | |
| | 12335 Meadow Lake Dr Houston, TX 77077-5935 | | | |
| B Principal oco Engineer | cupation / Job title (See Instructions) | | yer (See Instructions) GAL | |

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SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Lance C. Gilliam | | | | \$250.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 3115 Reba Dr Houston, TX 770 | 9-6209 | | | |
| 8 Principal oc Real Estat | cupation / Job title (See Instruction | s) | | yer (See Instructions) Concentric Community Advisors | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Lance C. Gilliam | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | <i>\$</i> |
| | 3115 Reba Dr Houston, TX 770 | 9-6209 | | | |
| 8 Principal oc Real Estat | cupation / Job title (See Instruction | s) | | yer (See Instructions) Concentric Community Advisors | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Leslie Gracia | | | | \$60.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 5610 Maxon Ct Rosenberg, TX 7 | 77471-1894 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Gienn Graham | | | | \$1,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 15706 Blanco Trails Ln Cypress. | TX 77429-4618 | | | |
| B Principal oc Engineer | cupation / Job title (See Instruction | s) | | yer (See Instructions) CI | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/15/2025 | Greater Houston Builders Assoc | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 9511 W Sam Houston Pkwy N F | Iouston, TX 77064-539 | 98 | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |

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SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | E se-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Suzanne Haboush | | | | \$50.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 23310 Roberts Cemetery Rd Ho | ckley, TX 77447-9586 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | over (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Shah Haleem | | | | \$100.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 4100.00 |
| | 7514 San Clemente Point Ct Kat | y, TX 77494-2502 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Halff Associates-State PAC | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1201 N Bowser Rd Richardson, | TX 75081-2220 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | David Hamilton | | | | \$500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 12315 Woodthorpe Ln Houston, | TX 77024-4108 | | | |
| | cupation / Job title (See Instruction Vice President | s) | | yer (See Instructions) Binkley & Barfield | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Lewis Harrison | | | | \$500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 24514 Carlton Springs Ln Katy, | TX 77494-3188 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |

SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | e-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 03/02/2025 | Kevin Hattery | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 3819 Villanova St Houston, TX 77005-3639 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | byer (See Instructions) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | 7 Amount of contribution (\$) |
| 04/14/2025 | Mark Heidaker | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 19855 Southwest Fwy Ste 200 Sugar Land, TX 77479-6536 | |
| 8 Principal oc Developer | | over (See Instructions) Property Acquisition Services Inc |
| 4 Date | 5 Full name of contributor Out-of-state PAC | 7 Amount of contribution (\$) |
| 03/18/2025 | Vickie Henkel | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | 44,500.00 |
| | 8630 Wyndham Village Dr Jersey Village, TX 77040-1142 | |
| 8 Principal oco Principal | | over (See Instructions) Bowman Consulting Group |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 06/30/2025 | Rod L. Hill | \$6,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 126 E Amite St Jackson, MS 39201-2101 | |
| | | over (See Instructions) MS Engineers |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/21/2025 | Jubair Hossain | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 15627 Sand Bluestem Dr Cypress, TX 77433-1883 | |
| 8 Principal occ President | | yer (See Instructions) HTS Inc Consultants |

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4

SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | 7 Amount of contribution (\$) |
| 04/02/2025 | HR Green Texas PAC | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Co | |
| | 11011 Richmond Ave Ste 200 Houston, TX 77042-6601 | |
| 8 Principal occ | cupation / Job title (See Instructions) 9 En | mployer (See Instructions) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/23/2025 | HR Green Texas PAC | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Co | |
| | 11011 Richmond Ave Ste 200 Houston, TX 77042-6601 | |
| 8 Principal occ | cupation / Job title (See Instructions) 9 Er | mployer (See Instructions) |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 04/09/2025 | Shou Hu | \$1,500.00 |
| | 6 Contributor address; City; State; Zip Contributor | |
| | 105 Pamellia Dr Bellaire, TX 77401-3711 | |
| | cupation / Job title (See Instructions) 9 Er ical Engineer | nployer (See Instructions) Aviles Engineering Corporation |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/03/2025 | John Huil | \$525.00 |
| | 6 Contributor address; City; State; Zip Contributor | de |
| | 7811 Dashwood Dr Houston, TX 77036-4939 | |
| B Principal occ Aviation/F | | nployer (See Instructions) John Hull |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 02/03/2025 | IEA PAC | \$1,500.00 |
| | 6 Contributor address; City; State; Zip Con | |
| | 18383 Preston Rd Ste 500 Dallas, TX 75252-5490 | |
| | | |

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SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer iD (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
|)4/02/2025 | IEA PAC | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 42,5 5 5 6 6 6 |
| | 18383 Preston Rd Ste 500 Dallas, T | X 75252-5490 | | | |
| 8 Principal occ | cupation / Job title (See Instructions) | | 9 Emplo | yer (See Instructions) | |
| Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 3/30/2025 | Bryan Jackson | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | , |
| | 21210 Kingsland Blvd Ste 1000 Kat | y, TX 77450-5898 | | | |
| B Principal oco Executive | cupation / Job title (See Instructions) | | | yer (See Instructions) Jackson Enterprises LLC | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
|)4/14/2025 | Harish JaJoo | | | | \$10,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| ' f = | 62 Bradford Cir Sugar Land, TX 774 | 179-2976 | | | |
| 8 Principal occ Engineer | cupation / Job title (See Instructions) | | | yer (See Instructions) IJ Consulting | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
|)5/08/2025 | Larry Janak | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 19215 Cohen Green Ln Lan Houstor | n, TX 77094-4127 | | | |
| | cupation / Job title (See Instructions) Vice President | | | yer (See Instructions) DCUS, Inc. | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
|)4/24/2025 | Abrahim Javed | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 2295 Avalon St Beaumont, TX 7770 | 07-4703 | | | |
| - | cupation / Job title (See Instructions) er & COO | | | yer (See Instructions) SharityStack | |

SCHEDULE A1

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| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Tahir Javed | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$ 1,500.00 |
| | 2295 Avalon St Beaumont, TX 7 | 7707-4703 | | | |
| 8 Principal occ President | cupation / Job title (See Instruction | s) | | yer (See Instructions) ticeland Healthcare | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Telfryn John | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 15430 Woodland Orchard Ln Cy | press, TX 77433-5802 | | | |
| 8 Principal oco President | cupation / Job title (See Instruction | s) | | yer (See Instructions) leoscience | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 05/06/2025 | Gabriel Johnson | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 9407 Reston Grove Ln Houston, | TX 77095-2258 | | | |
| 8 Principal occ President | cupation / Job title (See Instruction | s) | | yer (See Instructions) IG Technical Services LLC | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Claire A Jones | | | | \$60.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 715 Weeks Rd Rosenberg, TX 7 | 7471-9837 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Edna Jones-Webb | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 8714 Petersburg Ln Houston, TX | 77083-7212 | | | |
| | cupation / Job title (See Instruction | -1 | In Frants | yer (See Instructions) | - |

SCHEDULE A1

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| Priler NAM Dexter Lorance | IE ce-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 4/23/2025 | Nathan Junius | \$2,500.00 |
| | 6 Contributor address; City; State; Zip C | |
| | 4 Thrush St New Orleans, LA 70124-4117 | |
| Principal oc Civil Eng | | Employer (See Instructions) Linfield Hunter & Junius Inc. |
| Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 2/23/2025 | Velia Kavalewitz | \$25.00 |
| | 6 Contributor address; City; State; Zip C | |
| | 514 Saguaro Way Richmond, TX 77469-2116 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 | Employer (See Instructions) |
| Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 6/30/2025 | Velia Kavalewitz | \$50.00 |
| | 6 Contributor address; City; State; Zip C | |
| | 514 Saguaro Way Richmond, TX 77469-2116 | |
| Principal oc | cupation / Job title (See Instructions) 9 | Employer (See Instructions) |
| Date | 5 Fuil name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 4/26/2025 | KCI Texas PAC | \$3,000.00 |
| | 6 Contributor address; City; State; Zip C | |
| | 11550 W Interstate 10 Ste 395 San Antonio, TX 78230-1037 | |
| Principal oc | cupation / Job title (See Instructions) 9 | Employer (See Instructions) |
| Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 2/24/2025 | Keep Al Green in Congress | \$1,000.00 |
| | 6 Contributor address; City; State; Zip C | |
| | 3003 S Loop W Ste 321 Houston, TX 77054-1373 | |
| Principal oc | cupation / Job title (See Instructions) 9 | Employer (See Instructions) |

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
|)5/23/2025 | Jason Kelly | | | | \$3,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 40,000100 |
| | 29734 Egret View Ln Richmond, | TX 77406-3045 | | | |
| 8 Principal oco Engineer | cupation / Job title (See Instructions | s) | | yer (See Instructions) JA | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/02/2025 | Paul Kwan | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 13423 Amber Queen Ln Houston | , TX 77041-5550 | | | |
| 8 Principal oco Engineer | cupation / Job title (See Instructions | s) | | yer (See Instructions) andtech Consultants, Inc | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/22/2025 | Kathleen Laura | | | | \$50.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 3326 Grand Cane Ln Rosenberg, | TX 77471-4879 | | | |
| 8 Principal occ | cupation / Job title (See Instructions | 3) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/15/2025 | Chaochiung Lee | | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 6001 Savoy Dr Ste 100 Houston, | TX 77036-3322 | | | |
| 8 Principal oco Architect | cupation / Job title (See Instruction | 5) | | yer (See Instructions) TOA Architects | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Chung Lee | | | | \$85.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 23430 Fairbranch Dr Katy, TX 7 | 7494-7507 | | | |
| 8 Principal oc | cupation / Job title (See Instructions | (9 | 9 Emplo | yer (See Instructions) | - |

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|---|---|-------------------------|----------|--|------------|
| 2 FILER NAM | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission Fi | lers) |
| 4 Date | 5 Full name of contributor | ut-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Avi Levy | | | | \$25.00 |
| | 6 Contributor address; City | y; State; | Zip Code | | |
| | 4016 Rutland St Houston, TX 77018-663 | 1 | | | |
| 8 Principal occ | supation / Job title (See Instructions) | | 9 Empio | ever (See Instructions) | |
| 4 Date | 5 Full name of contributor | It-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Linebarger Goggin Blair & Sampson, LL | P. | | | \$1,500.00 |
| | 6 Contributor address; City | y; State; | Zip Code | | |
| | PO Box 17428 Austin, TX 78760-7428 | | | | |
| 8 Principal occ | upation / Job title (See Instructions) | | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | t-of-state PAC | | 7 Amount of contribution (\$) | |
| 02/25/2025 | Victor Lofinmakin | | | | \$500.00 |
| | 6 Contributor address; City | ; State; | Zip Code | | |
| | 3819 Preston Cove Ct Katy, TX 77494-3 | 780 | | | |
| 8 Principal occ | supation / Job title (See Instructions) | | 9 Emplo | yer (See Instructions) | |
| | | | | | |
| 4 Date | 5 Full name of contributor | It-of-state PAC | | 7 Amount of contribution (\$) | |
| | 5 Full name of contributor | it-of-state PAC | | 7 Amount of contribution (\$) | \$1,500.00 |
| | | | Zip Code | 7 Amount of contribution (\$) | \$1,500.00 |
| | Lee Lupher | y; State; | Zip Code | 7 Amount of contribution (\$) | \$1,500.00 |
| 04/24/2025 | Lee Lupher 6 Contributor address; City 16906 E Caramel Apple Tri Cypress, TX cupation / Job title (See Instructions) | y; State; | 9 Emplo | 7 Amount of contribution (\$) over (See Instructions) .UPHER LLC / SOLAR SURVEYING | |
| 04/24/2025 8 Principal occ Land Surv | Lee Lupher 6 Contributor address; City 16906 E Caramel Apple Tri Cypress, TX cupation / Job title (See Instructions) eyor | y; State; | 9 Emplo | ever (See Instructions) | |
| 04/24/2025 8 Principal occ | Lee Lupher 6 Contributor address; City 16906 E Caramel Apple Tri Cypress, TX cupation / Job title (See Instructions) eyor | y: State; 77433-4166 | 9 Emplo | over (See Instructions) | |
| 04/24/2025 8 Principal occ Land Surv 4 Date | Lee Lupher 6 Contributor address; City 16906 E Caramel Apple Trl Cypress, TX supation / Job title (See Instructions) eyor 5 Full name of contributor | r; State; 77433-4166 | 9 Emplo | over (See Instructions) | G |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete this fo | rm. | 1 Total pages Schedule A1: not available | |
|-------------------------------|---|---------------------|----------|--|-------------|
| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Kathleen Malcolmson | | | | \$50.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$50.00 |
| | 19558 Cedar Cove Ct Richmond | , TX 77407-1573 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | as) | 9 Empio | yer (See Instructions) | |
| 4 Date | 5 Fuli name of contributor | Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/18/2025 | Kevin Matocha | _ | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$5,000.00 |
| | 5725 Bayou Glen Rd Houston, T | X 77057-1401 | | | |
| | cupation / Job title (See Instruction | is) | | yer (See Instructions) | |
| Real Estat | te Development | | S | tonehenge Companies LLC | _ |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/24/2025 | Frank Mbachu | | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 4419 April Meadow Way Sugar | Land, TX 77479-3119 | | | |
| 8 Principal oco Civil Engi | cupation / Job title (See Instruction ineer | s) | | yer (See Instructions) CM Engineers | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/26/2025 | Gary McGuire | | | | \$50.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 13201 Northwest Fwy Houston, | TX 77040-6008 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | is) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | Cout-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/24/2025 | Malla Mekala | _ | | | \$15,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 3310 Oak Tree Ct Sugar Land, T | X 77479-2494 | | | |
| | cupation / Job title (See Instruction and Co-Founder | is) | 1 | yer (See Instructions) nfodat International | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to | o complete this for | rm. | 1 Total pages Schedule A1: not available | |
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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date 06/30/2025 | 5 Full name of contributor Coretta Middleton | out-of-state PAC | | 7 Amount of contribution (\$) | \$50.00 |
| | 6 Contributor address; 9315 Gauguin Ln Missouri City, T | City; State; X 77459-6919 | Zip Code | | |
| 8 Principal occ | cupation / Job title (See Instructions) |) | 9 Employ | yer (See Instructions) | |
| 4 Date 06/30/2025 | 5 Full name of contributor Dimitri Millas 6 Contributor address; 4408 Greeley St Houston, TX 7700 | City; State; | Zip Code | 7 Amount of contribution (\$) | \$1,750.00 |
| 8 Principal occ Attorney | supation / Job title (See Instructions) |) | | ver (See Instructions) orton Rose Fulbright | |
| 4 Date 03/19/2025 | 5 Full name of contributor Erik Miller 6 Contributor address; 5454 Jackwood St Houston, TX 77 | City; State; | Zip Code | 7 Amount of contribution (\$) | \$1,500.00 |
| 8 Principal occ Engineer | upation / Job title (See Instructions) |) | | yer (See instructions) ander Engineering Corp | |
| 4 Date 04/26/2025 | 5 Full name of contributor Jack Miller 6 Contributor address; 1146 Gardencrest Ln Ste 200 House | City; State; | Zip Code | 7 Amount of contribution (\$) | \$2,500.00 |
| 8 Principal occ Engineer | upation / Job tille (See Instructions) | | | yer (See Instructions) .G. Miller Engineers, Inc. | |
| 4 Date 03/17/2025 | 5 Full name of contributor Rahmet Mohamed 6 Contributor address; 2219 Hermina Radler Dr Richmon | City; State; d, TX 77469-5180 | Zip Code | 7 Amount of contribution (\$) | \$5,000.00 |
| 8 Principal occ Director | upation / Job title (See Instructions) |) | | ver (See Instructions) nited Engineers Inc. | |

SCHEDULE A1

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| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/18/2025 | Michael Morgan | | | | \$100.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$100.00 |
| | 1966 S La Salle Ave Los Angeles | s, CA 90018-1623 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Bonnie Moss | | | | \$1,025.00 |
| | 6 Contributor address; | City; State; | Zip Code | | ψ1,020.00 |
| | 1505 Highway 6 S Houston, TX | 77077-1700 | | | |
| Business | cupation / Job title (See Instruction: Owner | 5) | | yer (See Instructions) (BCO Engineering LLC | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Bonnie Moss | | | | \$1,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1505 Highway 6 S Houston, TX | 77077-1700 | | | |
| 8 Principal oco Business (| cupation / Job title (See Instructions Owner | 5) | | yer (See Instructions) IBCO Engineering LLC | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/18/2025 | Lindsay Munoz | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1045 Rosepoint St Houston, TX | 7018-5224 | | | |
| 8 Principal occupation / Job title (See Instructions) Consulting | | | yer (See Instructions) Vhitmire & Munoz LLC | | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 4/25/2025 | Nguyen Thao Nguyen | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 5726 Fuishear Plantation Dr Fuls | hear, TX 77441-2073 | | | |
| 8 Principal oc | cupation / Job title (See Instructions | 5) | 9 Emplo | yer (See Instructions) | |

SCHEDULE A1

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| The | Instruction Guide explains how t | o complete this fo | ırm. | 1 Total pages Schedule A1: not available | |
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| 2 FILER NAME Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Charles Othon | | | | \$13,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 515,500.00 |
| | 5906 Laguna Falls Ct Houston, T. | X 77041-6058 | | | |
| 8 Principal occ President | upation / Job title (See Instructions | ;) | | over (See Instructions) Dthon Inc. | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Pape-Dawson Engineers PAC | | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$9,000.00 |
| | 2000 NW Loop 410 San Antonio, | TX 78213-2251 | | | |
| 8 Principal occ | upation / Job title (See Instructions |) | 9 Emplo | over (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Aaron Patterson | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | • ., |
| | 4823 S Kenwood Ave Chicago, II | 60615-2015 | | | |
| 8 Principal occ Civil Engin | upation / Job title (See Instructions |) | | yer (See Instructions) nfrastructure Engineering | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/03/2025 | Hilda Pena | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 471 Emory Peak Dr Richmond, T. | X 77469-2155 | | | |
| 8 Principal occ | upation / Job title (See Instructions |) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/01/2025 | Sheltric Peterson | | | | \$50.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1807 Eli Fenn Dr Richmond, TX | 77469-3374 | | | |
| 8 Principal occ | upation / Job title (See Instructions |) | 9 Emplo | yer (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.

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26

SCHEDULE A1

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| The | Instruction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: not available | |
|-------------------------------|---|----------|---|-------------|
| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Fuli name of contributor Ocut-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Satya Pilla | | - | \$10,000.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 4103 Oak Blossom Ct Houston, TX 77059-3265 | | | |
| 8 Principal occ Principal | cupation / Job title (See Instructions) | | yer (See Instructions) GET Services, LLC | |
| 4 Date | 5 Full name of contributorout-of-state PAC | | 7 Amount of contribution (\$) | |
| 03/18/2025 | Quiddity PAC | | | \$1,500.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 6330 West Loop S Ste 150 Bellaire, TX 77401-2920 | | | |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Patrick Quincy | | | \$100.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| . ~ | 1111 Mysterium Ln Rosenberg, TX 77469-2059 | | | |
| 8 Principal occ | supation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributorout-of-state PAC | | 7 Amount of contribution (\$) | |
| 05/12/2025 | Raba-Kistner PAC | | | \$2,500.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | PO Box 690287 San Antonio, TX 78269-0287 | | | |
| 8 Principal occ | supation / Job title (See Instructions) | 9 Employ | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Paul Raffoul | | | \$50.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 20643 Garden Ridge Cyn Richmond, TX 77407-4135 | | | |
| 8 Principal occ | cupation / Job title (See Instructions) | 9 Emplo | yer (See Instructions) | |

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SCHEDULE A1

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| Instruction Guide explains how | to complete this form | n. | 1 Total pages Schedule A1: not available | |
|--|--|--|---|---|
| | | | 3 Filer ID (Ethics Commission I | Filers) |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Sanjay Ramabhadran | | | | \$2,500.00 |
| 6 Contributor address; | City; State; | Zip Code | | 42,000.00 |
| 13718 Bayou Parkway Ct Housto | on, TX 77077-1129 | | | |
| cupation / Job title (See Instruction | s) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Randy Randermann | | | | \$1,500.00 |
| 6 Contributor address; | City; State; | Zip Code | | 41,500.00 |
| 903 Windsor Woods Ln Katy, TX | K 77494-5000 | | | |
| supation / Job title (See Instruction | 5) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| Vijaya Rapolu | | | | \$2,500.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 27822 Acacia Glen Ln Katy, TX | 77494-3234 | | | |
| supation / Job title (See Instructions | 5) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| James Rice | | | | \$500.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 7204 Town Center Blvd Apt 1232 | 2 Rosenberg, TX 77471- | 6213 | | |
| cupation / Job title (See Instructions | 3) | | | |
| 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | - 114 |
| Kevin Riles | | | | \$250.00 |
| 6 Contributor address; | City; State; | Zip Code | | |
| 4501 Cartwright Rd Ste 204 Miss | ouri City, TX 77459-35. | 38 | | |
| upation / Job title (See Instructions | (2 | 9 Employ | (or (See Instructions) | |
| | E e-Navario McCoy 5 Full name of contributor Sanjay Ramabhadran 6 Contributor address; 13718 Bayou Parkway Ct Housto cupation / Job title (See Instructions 5 Full name of contributor Randy Randermann 6 Contributor address; 903 Windsor Woods Ln Katy, T2 cupation / Job title (See Instructions 5 Full name of contributor Vijaya Rapolu 6 Contributor address; 27822 Acacia Glen Ln Katy, TX cupation / Job title (See Instructions 5 Full name of contributor Vijaya Rapolu 6 Contributor address; 27822 Acacia Glen Ln Katy, TX cupation / Job title (See Instructions 5 Full name of contributor James Rice 6 Contributor address; 7204 Town Center Blvd Apt 1232 cupation / Job title (See Instructions 5 Full name of contributor Kevin Riles 6 Contributor address; 4501 Cartwright Rd Ste 204 Miss | E e-Navario McCoy 5 Full name of contributor | e-Navario McCoy 5 Full name of contributor | Instruction Guide explains how to complete this form. not available E 3 Filer ID (Ethics Commission f e-Navario McCoy 7 Amount of contribution (\$) Sanjay Ramabhadran 7 7 6 Contributor address: City; State: Zip Code 7 13718 Bayou Parkway Ct Houston, TX 77077-1129 9 Employer (See Instructions) VERSA Infrastructure 5 Full name of contributor out-of-state PAC 7 Amount of contribution (\$) Randy Randemann 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 903 Windsor Woods Ln Katy, TX 77494-5000 9 Employer (See Instructions) Brown & Gay 5 Full name of contributor out-of-state PAC 7 Amount of contribution (\$) vijaya Rapolu 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) Vijaya Rapolu 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) James Rice 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) James Rice |

SCHEDULE A1

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| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/09/2025 | Jamie Robbins | | | | A2 500 00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$2,500.00 |
| | 565 E Hillsboro Blvd Deerfield E | | | | |
| 8 Principal oco Emergenc | cupation / Job title (See Instruction y OPS | s) | | yer (See Instructions) shBritt | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Nicole Roberts | _ | | | \$35.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 355.00 |
| | 4522 Eagle Mountain Ct Richmo | nd, TX 77406-7930 | | | |
| 3 Principal occ | cupation / Job title (See Instruction | 3) | 9 Emplo | yer (See Instructions) | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 1/06/2025 | Mahendra Rodrigo | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 4-,000000 |
| | 2505 S Park Ave Ste A Pearland, | TX 77581-4265 | | | |
| Principal occ Engineer | cupation / Job title (See Instructions | 3) | | yer (See Instructions) C Engineering, Inc. | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 4/23/2025 | Ali Roshanfekr | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 15915 Katy Fwy Ste 260 Houston | t, TX 77094-1713 | | | |
| Principal occ Engineer | supation / Job title (See Instructions | 3) | | yer (See Instructions) ascade Civil Services | |
| Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 4/02/2025 | Constance Rossiter | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1123 Catalpa Dr Richmond, TX 7 | 7469-2008 | | | |
| | supation / Job title (See Instructions | | | yer (See Instructions) | |

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | 3 | Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC | 7 | Amount of contribution (\$) | |
| 06/30/2025 | Judy Rowland | | | \$10.00 |
| | 6 Contributor address; City; State; | Zip Code | | \$10.00 |
| | 1825 Laurel Oaks Dr Richmond, TX 77469-4836 | | | |
| 8 Principal oc | cupation / Job title (See Instructions) | 9 Employer | (See Instructions) | |
| 4 Date | 5 Full name of contributor Out-of-state PAC | 7 | Amount of contribution (\$) | |
| 03/18/2025 | Lina Sabouni | | | \$10,000.00 |
| | 6 Contributor address; City; State; | Zip Code | | 410,000.00 |
| | 23 Palm Blvd Missouri City, TX 77459-4499 | | | |
| 8 Principal oce Principal i | cupation / Job title (See Instructions) in Charge | | (See Instructions) arch Architects | |
| 4 Date | 5 Full name of contributor | 7 | Amount of contribution (\$) | |
| 04/16/2025 | Wait Sass | | | \$1,500.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 2707 Autumn Lake Dr Katy, TX 77450-5781 | | | |
| 8 Principal occ Principal | cupation / Job title (See Instructions) | | (See Instructions) ser Engineering & Surveying | |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 | Amount of contribution (\$) | |
| 04/02/2025 | Andrew Schatte | | | \$5,000.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 5330 Montrose Blvd Houston, TX 77005-1831 | | | |
| 8 Principal occ CEO | cupation / Job title (See Instructions) | | (See Instructions) rica's Holding, Ltd. | |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 | Amount of contribution (\$) | |
| 06/30/2025 | Juanita Shihadeh | | | \$5,000.00 |
| | 6 Contributor address; City; State; | Zip Code | | |
| | 11907 Arcadia Bend Ln Houston, TX 77041-6219 | | | |
| B Principal occ Owner | cupation / Job title (See Instructions) | | (See Instructions) Engineering | |

SCHEDULE A1

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| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/24/2025 | Robert Siegfried | | | | \$10,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 410,000.00 |
| | 10238 Wildwood Park Ln # 100 H | louston, TX 77070-34 | 457 | | |
| 8 Principal occ Engineer | cupation / Job title (See Instructions |) | | yer (See Instructions) iegfried Engineering & Construction | n LLC |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/14/2025 | Daniel Signorelli | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | , |
| | 1401 Woodlands Pkwy The Wood | llands, TX 77380-112 | 2 | | |
| 8 Principal occ CEO | cupation / Job title (See Instructions |) | | yer (See Instructions) he Signorelli Company | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 05/08/2025 | Bobby Singh | | | | \$10,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | ,. |
| | 10448 Westoffice Dr Houston, TX | 77042-5309 | | | |
| 8 Principal occ Consultant | cupation / Job title (See Instructions t |) | | yer (See Instructions) sani Consultants LP | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 05/28/2025 | Brian Smith | | | | \$1,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 5311 Blythewood St Houston, TX | 77021-1602 | | | |
| | cupation / Job title (See Instructions |) | | yer (See Instructions) | inc |
| | 5 Full name of contributor | | В | 7 Amount of contribution (\$) | |
| 4 Date | | out-of-state PAC | | | |
| 04/26/2025 | Bridgette Smith | City Dtata | 7in Cada | | \$80.00 |
| | 6 Contributor address; 22126 Emerald Run Ln Richmond | City; State; | Zip Code | | |
| | 1 /// // hemerald kan i h kichmond | CX / MANLASS | | * | |

SCHEDULE A1

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| 2 FILER NAM Dexter Loranc | E se-Navario McCoy | | | 3 Filer ID (Ethics Commission F | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Dedre Smith | | | | \$45.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 1020 Brand Ln Stafford, TX 774 | 77-5757 | | | |
| 8 Principal oc | cupation / Job title (See Instruction | is) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Keisha Smith | | | | \$75.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 9315 Hodges Bend Dr Houston, | TX 77083-6563 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Lenora Sorola-Pohlman | | | | \$25.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | | • | | | |
| | 2314 Tannehill Dr Houston, TX | and the second se | | | |
| 8 Principal oc | 2314 Tannehill Dr Houston, TX cupation / Job title (See Instruction | 77008-3049 | 9 Emplo | yer (See Instructions) | |
| | | 77008-3049 | 9 Emplo | yer (See Instructions) 7 Amount of contribution (\$) | |
| 4 Date | cupation / Job title (See Instruction | 77008-3049 s) | 9 Emplo | | \$1,500.00 |
| 4 Date | cupation / Job title (See Instruction 5 Full name of contributor | 77008-3049 s) | 9 Emplo Zip Code | | \$1,500.00 |
| 4 Date | 5 Full name of contributor Jerry Sowelis | 77008-3049 s) | | | \$1,500.00 |
| 4 Date 04/23/2025 | 5 Full name of contributor Jerry Sowells 6 Contributor address; | 77008-3049 s) Dout-of-state PAC City; State; press, TX 77433-7056 | Zip Code 9 Emplo | | \$1,500.00 |
| 4 Date 04/23/2025 8 Principal occ Engineer | cupation / Job title (See Instruction 5 Full name of contributor Jerry Sowells 6 Contributor address; 18022 Blue Ridge Shores Dr Cyp | 77008-3049 s) Dout-of-state PAC City; State; press, TX 77433-7056 | Zip Code 9 Emplo | 7 Amount of contribution (\$) yer (See Instructions) | \$1,500.00 |
| 4 Date 04/23/2025 8 Principal occ Engineer 4 Date | cupation / Job title (See Instruction 5 Full name of contributor Jerry Sowells 6 Contributor address; 18022 Blue Ridge Shores Dr Cyp cupation / Job title (See Instruction | 77008-3049 s) i out-of-state PAC City; State; press, TX 77433-7056 s) | Zip Code 9 Emplo | 7 Amount of contribution (\$) yer (See Instructions) EC | \$1,500.00 |
| 4 Date 04/23/2025 8 Principal occ | cupation / Job title (See Instruction 5 Full name of contributor Jerry Sowells 6 Contributor address; 18022 Blue Ridge Shores Dr Cyp cupation / Job title (See Instruction 5 Full name of contributor | 77008-3049 s) i out-of-state PAC City; State; press, TX 77433-7056 s) | Zip Code 9 Emplo | 7 Amount of contribution (\$) yer (See Instructions) EC | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: not available | |
|-------------------------------|---|-----------------------------------|----------|---|------------|
| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission I | Filers) |
| 4 Date 04/22/2025 | 5 Fuli name of contributor Matthew Stoops | out-of-state PAC | | 7 Amount of contribution (\$) | |
| | 6 Contributor address; | City; State; | Zip Code | ÷ | \$3,000.00 |
| 8 Principal oc Planner | 1310 Dominion Dr Katy, TX 774 cupation / Job title (See Instructions | | | yer (See Instructions) JA Engineering | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/18/2025 | Avery Taylor 6 Contributor address; 1307 Juliet Ct Richmond, TX 774 | City; State; | Zip Code | | \$50.00 |
| 8 Principal oc | cupation / Job title (See Instructions | | 9 Emplo | yer (See Instructions) | |
| 4 Date 04/26/2025 | 5 Full name of contributor Avery Taylor 6 Contributor address; 1307 Juliet Ct Richmond, TX 774 | City; State; | Zip Code | 7 Amount of contribution (\$) | \$25.00 |
| B Principal oco | cupation / Job title (See Instructions | | 9 Employ | yer (See Instructions) | |
| 4 Date 04/26/2025 | 5 Full name of contributor Teague Nall and Perkins (TNP) P 6 Contributor address; 5237 N Riverside Dr Ste 100 Ford | City; State; | Zip Code | 7 Amount of contribution (\$) | \$2,500.00 |
| 8 Principal oc | cupation / Job title (See Instructions | 5) | 9 Employ | yer (See Instructions) | |
| 4 Date 04/23/2025 | 5 Full name of contributor Haddis Tewolde 6 Contributor address; 2415 Calling Bird Ct Missouri Ci | City; State; ty, TX 77459-1955 | Zip Cođe | 7 Amount of contribution (\$) | \$1,500.00 |
| 8 Principal oce Engineer | cupation / Job title (See Instructions | 5) | | yer (See Instructions) II-Terra | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: not available |
|-------------------------------|---|--|
| 2 FILER NAM Dexter Lorance | IE De-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 06/26/2025 | TREPAC/Texas Association of Realtors Political Action Committee | \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code | 40,000.00 |
| | PO Box 2246 Austin, TX 78768-2246 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | oyer (See Instructions) |
| 4 Date | 5 Full name of contributor Jout-of-state PAC C00457853 | 7 Amount of contribution (\$) |
| 03/18/2025 | TSVC, Inc. Political Action Committee (Terracon PAC) | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | -2,000.00 |
| | 10841 S Ridgeview Rd Olathe, KS 66061-6456 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | oyer (See Instructions) |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 02/21/2025 | Asim Tufail | \$1,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 5447 Larkin St Houston, TX 77007-1803 | |
| 8 Principal oc Engineer | | oyer (See Instructions) Blackline Engineering |
| 4 Date | 5 Full name of contributorout-of-state PAC | 7 Amount of contribution (\$) |
| 04/23/2025 | Asim Tufail | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 5447 Larkin St Houston, TX 77007-1803 | |
| 8 Principal oc Engineer | | oyer (See Instructions) Blackline Engineering |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 02/22/2025 | Llarance Turner | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | |
| | 1311 Lodge Ct Missouri City, TX 77489-1615 | |
| 8 Principal oc Surveyor/ | | over (See Instructions) Kaluza Inc |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | o complet | e this for | tm. | 1 Total pages Schedule A1: not available | |
|------------------------------|--|-------------|------------|----------|---|------------|
| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Full name of contributor | out-of-s | tate PAC | | 7 Amount of contribution (\$) | |
| 05/19/2025 | Ahmed Valdez | | | | | \$2,500.00 |
| | 6 Contributor address; | City; | State; | Zip Code | | . , |
| | 15310 Skyhill Dr Cypress, TX 77 | 433-4073 | | | | |
| 8 Principal oco Engineer | cupation / Job title (See Instructions | \$) | | | yer (See Instructions) Ahmed Valdez | |
| 4 Date | 5 Full name of contributor | aut-of-s | tate PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Alia Vinson | | | | | \$500.00 |
| | 6 Contributor address; | City; | State; | Zip Code | | |
| | 2603 Hopkins St Houston, TX 77 | 006-2919 | | | | |
| 8 Principal oc | cupation / Job title (See Instructions | \$) | | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-s | tate PAC | | 7 Amount of contribution (\$) | |
| 04/26/2025 | Melanie Walter | | | | | \$125.00 |
| | 6 Contributor address; | City; | State; | Zip Code | | |
| | 1250 County Road 58 Rosharon, | TX 77583-2 | 818 | | | |
| 8 Principal oc | cupation / Job title (See Instructions | 5) | | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-s | tate PAC | | 7 Amount of contribution (\$) | |
| 04/25/2025 | Eric Weary | | | | | \$25.00 |
| | 6 Contributor address; | City; | State; | Zip Code | | |
| | 8518 Lone Maple Dr Houston, T | X 77083-532 | 27 | | | |
| 8 Principal oc | cupation / Job title (See Instructions | 3) | | 9 Emplo | yer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-s | state PAC | | 7 Amount of contribution (\$) | |
| 04/03/2025 | Matthew Webster | | | | | \$100.00 |
| | 6 Contributor address; | City; | State; | Zip Code | | |
| | 21114 Idle Wind Dr Richmond, 7 | X 77406-7 | 161 | | | |
| 8 Principal oc | cupation / Job title (See Instructions | s) | | 9 Emplo | over (See Instructions) | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: not available |
|-------------------------------|---------------------------------------|---------------------|----------|--|
| 2 FILER NAM Dexter Lorance | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) |
| 06/30/2025 | Carol Wetterauer | | | \$10.00 |
| | 6 Contributor address; | City; State; | Zip Code | 510.00 |
| | 3010 Fair Dawn Ct Katy, TX 77 | 450-8638 | | |
| 8 Principal oc | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) |
| 4/26/2025 | Joseph Williams | | | \$35.00 |
| | 6 Contributor address; | City; State; | Zip Code | 355.00 |
| | 9302 Longstaff Dr Houston, TX | 77031-2712 | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | yer (See Instructions) |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) |
| 4/25/2025 | Gerald Wilson | _ | | \$1,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | |
| | 4611 Biggam Dr Fresno, TX 775 | 45-2172 | | |
| B Principal oco Owner | cupation / Job title (See Instruction | s) | | yer (See Instructions) Vilson Engineering & Construction Services |
| Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) |
| 6/30/2025 | Gerald Womack | | | \$1,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | |
| | 4412 Almeda Rd Houston, TX 7 | 7004-4902 | | |
| | cupation / Job title (See Instruction | s) | | yer (See Instructions) |
| Owner/Pre | | | V | Vomack Development & Investment Realtors |
| Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) |
| 5/16/2025 | Woolpert, Inc. PAC | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | |
| | 4454 Idea Center Blvd Beavercre | eek, OH 45430-1500 | | |
| Principal occ | cupation / Job title (See Instruction | s) | 9 Employ | yer (See Instructions) |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: not available | |
|------------------------------|---------------------------------------|---------------------|----------|---|------------|
| 2 FILER NAM Dexter Loranc | E e-Navario McCoy | | | 3 Filer ID (Ethics Commission) | Filers) |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Robin Wrice | | | | \$100.00 |
| | 6 Contributor address; | City; State; | Zip Code | | \$100.00 |
| | 1239 Vine House Dr Richmond, | TX 77406-3094 | | | |
| 8 Principal oct | cupation / Job title (See Instruction | s) | 9 Emplo | oyer (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 06/30/2025 | Alison Young | | | | \$250.00 |
| | 6 Contributor address; | City; State; | Zip Code | | 0000.00 |
| | 43 Heights Creek Dr Missouri C | ity, TX 77459-2166 | | | |
| 8 Principal occ | cupation / Job title (See Instruction | s) | 9 Emplo | over (See Instructions) | |
| 4 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 2/28/2025 | Anwar Zahid | | | | \$5,000.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 19 Lake Como Dr Missouri City | TX 77459-1484 | | | |
| B Principal oco Engineer | cupation / Job title (See Instruction | s) | | ever (See Instructions) | |
| 1 Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 04/07/2025 | Giti Zarinkelk | | | | \$1,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 18 Berry Blossom Dr Spring, TX | 77380-3388 | | | |
| B Principal oco | cupation / Job title (See Instruction | s) | | yer (See Instructions) Arinkelk Engineering Services | |
| I Date | 5 Full name of contributor | out-of-state PAC | | 7 Amount of contribution (\$) | |
| 6/26/2025 | Matt Zeis | | | | \$2,500.00 |
| | 6 Contributor address; | City; State; | Zip Code | | |
| | 4418 Elser St Houston, TX 7700 | 9-2828 | | | |
| 8 Principal occ Partner | cupation / Job title (See Instruction | s) | | yer (See Instructions) Concentric Community Advisors | |
MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: not available | |
|-------------------------------|---|---|--|
| 2 FILER NAM Dexter Lorance | E ve-Navario McCoy | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/26/2025 | 5 Full name of contributor | 7 Amount of contribution (\$) \$25.00 | |
| 8 Principal oc | cupation / Job title (See Instructions) 9 Emplo | over (See Instructions) | |

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

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 02/21/2025 ActBlue 6 Amount (\$) 7 Payee address; City; State: Zip Code \$59.25 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Fees Service Fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/22/2025 ActBlue City: State: Zip Code 6 Amount (\$) 7 Payee address; \$98.75 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Fees Service Fee OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

| POLITICAL EXF | AL SCHEDULE F1 | |
|---|--|---|
| If the requested information is | s not applicable, DO NOT include this page in the r | eport. |
| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Rental Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to con | Transportation Equipment & Related Expense Travel In District ct Labor Travel Out of District Other (enter a category not listed above) |
| Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/23/2025 | 5 Payee name ActBlue | |
| 3 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/24/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2024

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEG | ORIES 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 The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. | | | | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Et | hics Commission Filers) | |
| 4 Date 02/25/2025 | 5 Payee name ActBlue | | 4, 44444 A 42 | |
| 6 Amount (\$) \$19.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this services Fees (C) Check if travel outside of Texas. Complete Sched | Service Fee | TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| 4 Date 02/28/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$197.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this se Fees | chedule) (b) Description Service Fee | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedu | de T. Check if Austin, | TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reit Fees Office Overhead/Rent Food/Beverage Expense Poiling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contr The Instruction Guide explains how to c | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/02/2025 | 5 Payee name ActBlue | n an |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 03/05/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contu The Instruction Guide explains how to c | tal Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/17/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$197.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 03/18/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees |) (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDI | FURE CATEGORIES | FOR BOX | 8(a) | |
|---|--|---|---------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed abo form. | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 Fil | er ID (Ethics Commission Filers) | |
| 4 Date 03/18/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$3.95 | 7 Payee address; 366 Summer St Somerville, M. | City; A 02144-3132 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees (C) Check if travel outside of Texa | | (b) Descri Service Fee | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | | |
| 4 Date 03/18/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, M. | City; A 02144-3132 | State; | Zip Code | |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | | |
| EXPENDITURE | (C) Check if travel outside of Texa | s. Complete Schedule T. | Chec | ck if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht Office held | |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITUR | E CATEGORIES FOR BO | X 8(a) |
|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Off Food/Beverage Expense Pot y Gift/Awards/Memorials Expense Pri/ Legal Services Sal | an/Repayment/Reimbursemen ice Overhead/Rental ling Expense nting Expense aries/Wages/Contract Labor xplains how to complete th | Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 | Filer ID (Ethics Commission Filers) |
| 4 Date 03/18/2025 | 5 Payee name ActBlue | n an | |
| 6 Amount (\$) \$197.50 | 7 Payee address;366 Summer St Somerville, MA 02 | City; State 1144-3132 | e: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the Fees (C) Check if travel outside of Texas. Co | Service F | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sol | |
| 4 Date 03/19/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, MA 02 | City; State | e: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the Fees | e top of this schedule) (b) Des Service F | - |
| | (C) Check if travel outside of Texas. Co | mplete Schedule T. | heck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sou | ught Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|------------------------------|---|--|
| Advertising Expense Event Expense Loan/Repayment Accounting/Banking Fees Office Overhead/ Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officehoider/Political Legal Services Salaries/Wages/d Credit Card Payment The Instruction Guide explains how | | | ental Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed abo | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 03/24/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | |
| 9 Complete ONLY if direct | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Office sough | k if Austin, TX, officeholder living expense It Office held |
| expenditure to benefit C/OH 4 Date 03/30/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| CAFENDITORE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ot Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense V Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Control | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/01/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (C) Check if Iravel outside of Texas, Complete Schedule T. | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 04/02/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedula) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX 8(a) | |
|---|---|------------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense | Salaries/Wages/Contra | al Tra Exp Tra act Labor Tra Oth | licitation/Fundraising Expense insportation Equipment & Related pense ivel In District ivel Out of District ner (enter a category not listed above) n. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 1 | 3 Filer IE | (Ethics Commission Filers) |
| 4 Date 04/02/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$21.73 | 7 Payee address; 366 Summer St Somerville, MA | City; . 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees | | (b) Description Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Office sought | ustin, TX, officeholder living expense Office held |
| 4 Date 04/03/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$0.99 | 7 Payee address; 366 Summer St Somerville, MA | City; 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Description Service Fee | n |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Check if A Office sought | ustin, TX, officeholder living expense Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDI | URE CATEGORIES | FOR BOX | 8(a) |
|---|--|---|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Loan/Repayment/Rein Office Overhead/Rents Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 Fil | ler ID (Ethics Commission Filers) |
| 4 Date 04/03/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$3.95 | 7 Payee address;366 Summer St Somerville, MA | City; 4 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texa: Candidate / Officeholder name | s. Complete Schedule T. | Office sough | ck if Austin, TX, officeholder living expense ht Office held |
| 4 Date 04/03/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$20.74 | 7 Payee address; 366 Summer St Somerville, M/ | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | |
| EXPENDITURE | (C) Check if travel outside of Texas | s. Complete Schedule T. | Chec | ck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense U Gift/Awards/Memorials Expense Sataries/Wages/Contr The Instruction Guide explains how to compare the set of t | al Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/05/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$19.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 0. Ormalate ONLY if direct | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense Office sought Office held |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/07/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$59.25 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officehoider/Political Committee Credit Card Payment | Event Expense Loan/Repaymen Fees Office Overhead, Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/ The Instruction Guide explains how | Expense Travel in District Contract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/09/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$59.25 | 7 Payee address; City: 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schu Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/09/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schu Fees | edule) (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule | T. Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGOR | IES FOR BOX 8(a) |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense by Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to | ental Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/15/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Ztp Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this sched) Fees | ule) (b) Description Service Fee |
| | (C) Check if travel outside of Texas. Complete Schedule T. | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 04/15/2025 | ActBlue | |
| 6 Amount (\$) \$197.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedu Fees | ale) (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX 8(a) |) |
|---|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense by Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | al Tra Ex Tra act Labor Tra Ott | licitation/Fundraising Expense ansportation Equipment & Related pense avel In District avel Out of District her (enter a category not listed above) n. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 Filer II | D (Ethics Commission Filers) |
| 4 Date 04/16/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees (c) Check if travel outside of Texas | | (b) Descriptio Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | Ustin, TX, officeholder living expense Office held |
| 4 Date 04/17/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$19.75 | 7 Payee address; 366 Summer St Somerville, MA | City; 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Fees | It the top of this schedule) | (b) Description Service Fee | n |
| EXPENDITURE | (C) Check if travel outside of Texas | Complete Schedule T. | Check if A | ustin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CA | TEGORIES FOR BOX | 8(a) |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Expense Printing E | kpense /ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 04/18/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3 | State: 32 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (Sea categories listed at the top of Fees | Service Fee | - |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete S Candidate / Officeholder name | Office sough | |
| 4 Date 04/21/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City: 366 Summer St Somerville, MA 02144-3 | State: 32 | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of Fees | ihis schedule) (b) Descri Service Fee | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete S | chedule T. Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sough | ht Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Re Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to o | tal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/22/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Fees (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description Service Fee Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/22/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$118.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| BURPOSE OF | (a) Category (See categories listed at the top of this schedule Fees |) (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 3(a) |
|---|---|--|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reimt Office Overhead/Rentat Polling Expense Printing Expense Salaries/Wages/Contrac e explains how to cor | ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 4 | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 04/23/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$39.50 | 7 Payee address; 366 Summer St Somerville, MA | City; . 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees (C) Check if travel outside of Texas | | (b) Descri | otion k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | |
| 4 Date 04/23/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, MA | City; . 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Descrip Service Fee | otion |
| EXPENDITURE | (C) Chack if travel outside of Texas | Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense U Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to car | al Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/23/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$59.25 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas, Complete Schedule T. | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 04/23/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|---|---|---------------------------|--|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | ai act Labor | Transportation Expense Travel In Distri Travel Out of I Other (enter a | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics C | commission Filers) |
| 4 Date 04/23/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$98.75 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | s. Complete Schedule 1. | Office sough | | Office held |
| 4 Date 04/24/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$0.99 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption | |
| EXPENDITURE | (C) Check if travel outside of Texas | s. Complete Schedule T. | Chec | k if Austin, TX, offic | ceholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|--|---|---|---------------------------|--|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The instruction Guid | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | ai act Labor | Transportation Expense Travel In Distri Travel Out of I Other (enter a | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 File | er ID (Ethics C | commission Filers) |
| 4 Date 04/24/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees (c) Check if travel outside of Texa: | | (b) Descri Service Fee | | ceholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | | Office held |
| 4 Date 04/24/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$395.00 | 7 Payee address; 366 Summer St Somerville, M/ | City; A 02144-3132 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption | |
| EXPENDITORE | (C) Check if travel outside of Texas | s. Complete Schedule T. | Chec | k if Austin, TX, offic | ceholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ut . | Office held |

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDI | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|--|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$0.99 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | |
| 9 Complete ONLY if direct | (C) Check if travel outside of Texat Candidate / Officeholder name | s. Complete Schedule T. | Office sough | tk if Austin, TX, officeholder living expense |
| expenditure to benefit C/OH | | | | |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$0.99 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| EXPENDITURE | (C) Check if travel outside of Texas | s. Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPEND | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|---|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense by Gift/Awards/Memorials Expense Legal Services The Instruction Gui | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y . | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, M. | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees (C) Check if travel outside of Texa | | (b) Descri Service Fee | ption k if Austin, TX, officeholder living expanse |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, M. | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| EXPENDITURE | (C) Check if travel outside of Texa | s. Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITU | JRE CATEGORIES F | OR BOX | 3(a) |
|---|---|---------------------------|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F | Salaries/Wages/Contrac | t Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$2.37 | 7 Payee address;366 Summer St Somerville, MA | City; 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at Fees | | (b) Descrip Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Candidate / Officeholder name | | Check Office sough | t Office held |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$2.97 | 7 Payee address; 366 Summer St Somerville, MA | City; 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at Fees | the top of this schedule) | (b) Descrip Service Fee | otion |
| EAFEINDITURE | (C) Check if travel culside of Texas. | Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | C | Office sough | t Office heid |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | |
|---|--|---|-------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense U Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Court The Instruction Guide explains how to | Intal Transporta Expense Travel in D Intract Labor Travel Out Other (ento | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethic | cs Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedu Fees (C) Check if travel outside of Texas. Complete Schedule T. | Service Fee | , officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$40.49 | 7 Payee address; City: 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedu Fees | (b) Description Service Fee | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | | , officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|--|---|---|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rents Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name ActBlue | | | ,, |
| 6 Amount (\$) \$59.25 | 7 Payee address; 366 Summer St Somerville, M/ | City; A 02144-3132 | State: | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | Service Fee | |
| Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texa Candidate / Officeholder name | s. Complete Schedule 1. | Office sough | ck if Austin, TX, officeholder living expense |
| Date 04/25/2025 | 5 Payee name ActBlue | | | |
| S Amount (\$) \$98.75 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| B PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | - Harrison |
| EXPENDITURE | (C) Check if travel outside of Texa | s. Complete Schedule T. | Chec | ok if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht Office held |

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SCHEDULE F1

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| | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rentai Transportation Equipment & Related Food/Beverage Expense Polling Expense Expense y Gift/Awards/Memorials Expense Printing Expense Travel In District Legal Services Salaries/Wages/Contract Labor Travel Out of District The Instruction Guide explains how to complete this form. Form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue |
| 6 Amount (\$) \$0.99 | 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) (b) Description Fees Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held |
| 4 Date 04/26/2025 | 5 Payee name ActBlue |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; State: Zip Code 366 Summer St Somerville, MA 02144-3132 |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) (b) Description Fees Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense U Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$1.39 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travet outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder tiving expense Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|---|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | | | · · · · · · · · · · · · · · · · · · · |
| 6 Amount (\$) \$1.39 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descr Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | a Complete Schedule 1. | Office sough | t f Austin, TX, officeholder living expense |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$1.78 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Cher | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) | |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Rents Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra | al Transportation Equipment & Relate Expense Travel In District act Labor Travel Out of District Other (enter a category not listed a | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas. Complete Schedule T. | Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held | |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$2.37 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | |

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1

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expanse Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Vg Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$2.77 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas, Complete Schedule T. | (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$3.16 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense U Gift/Awards/Memorials Expense Salaries/Wages/Contr The Instruction Guide explains how to c | tal Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$3.36 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| POLITICAL EXF | PENDITURES FROM POLITIC | AL | SCHEDULE F1 |
|---|--|------------------------|--|
| If the requested information is | s not applicable, DO NOT include this page in the | report. | |
| | EXPENDITURE CATEGORIES | FOR BOX | X 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | i ct Labor | Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 F | iler ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name ActBlue | | |
| 3 Amount (\$) \$4.94 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State | : Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Desc Service Fe | |
| Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office soug | eck if Austin, TX, officeholder tiving expense ght Office held |
| Date 04/26/2025 | 5 Payee name ActBlue | _ | |
| Amount (\$) \$9.88 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Desc Service Fe | e |
| Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sou | eck if Austin, TX, officeholder living expense |

| CONTRIBUTION | PENDITURES FROM POLITIC | AL | SCHEDULE F1 | | | |
|---|--|-------------------------|---|--|--|--|
| f the requested information is not applicable, DO NOT include this page in the report. | | | | | | |
| | EXPENDITURE CATEGORIES | FOR BOX | (8(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense FeesOffice Overhead/Renta Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) s form. | | | |
| Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 F. | ller ID (Ethics Commission Filers) | | | |
| Date 04/27/2025 | 5 Payee name ActBlue | | | | | |
| 5 Amount (\$) \$1.98 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code | | | |
| PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Desc Service Fe | | | | |
| EXPENDITURE | (C) Check if travel outside of Texas, Complete Schedule T. | Che | eck if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | pht Office held | | | |
| Date 05/11/2025 | 5 Payee name ActBlue | | 76. WA1 | | | |
| Amount (\$) \$493.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code | | | |
| PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Desc Service Fee | | | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Che | ck if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | pht Office held | | | |
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officehoider/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense g Gift/Awards/Memorials Expense Salaries/Wages/Contr The Instruction Guide explains how to compare the second seco | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/18/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/01/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City: 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|--|---|---------------------------|---|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Rein Office Overhead/Rents Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | at act Labor | Transportation Expense Travel In Distric Travel Out of D Other (enter a c | |
| Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 File | er ID (Ethics Co | ommission Filers) |
| 4 Date 06/29/2025 | 5 Payee name ActBlue | | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees | | (b) Descri Service Fee | | |
| Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Office sough | | Office held |
| Date 06/29/2025 | 5 Payee name ActBlue | | | | |
| Amount (\$) \$98.75 | 7 Payee address; 366 Summer St Somerville, MA | City; . 02144-3132 | State: | | Zip Code |
| PURPOSE OF | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Descri Service Fee | ption | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, office | cholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt | Office held |

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Loan/Repayment/Reimbursement 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/Officehoider/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 06/30/2025 ActBlue 6 Amount (\$) 7 Payee address; City; State: Zip Code \$0.40 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Fees Service Fee OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 06/30/2025 ActBlue 7 Payee address: City: Zip Code 6 Amount (\$) State: \$0.40 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Fees Service Fee OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renn Food/Beverage Expense Polling Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to c | al Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| 9 Complete ONLY if direct | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| expenditure to benefit C/OH | | |

SCHEDULE F1

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| | EXPENDITURE C | ATEGORIES FOR BOX 8(| (a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Office O Food/Beverage Expense Polling B y Gift/Awards/Memorials Expense Printing | verhead/Rental Expense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm. |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of Fees | Service Fee | |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of Fees | of this schedule) (b) Descript Service Fee | lion |
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SCHEDULE F1

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to c | tal Transportation Equipment & Related Expense Travel In District Travel Qut of District Other (enter a category not listed above) |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Fees | Service Fee |
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| 6 Amount (\$) \$0.99 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Fees |) (b) Description Service Fee |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FORBOX | 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Renta Potling Expense Printing Expense Salaries/Wages/Contra de explains how to co | ai act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above) form. |
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| 6 Amount (\$) \$1.98 | 7 Payee address;366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descrip Service Fee | ption |
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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | |
| | (C) Check if travel outside of Texas | . Complete Schedule T. | | k if Austin, TX, officeholder living expense |
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| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rents Poiling Expense Printing Expense Salaries/Wages/Contra le explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$1.98 | 7 Payee address; 366 Summer St Somerville, MA | City; | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Fees | | (b) Descri Service Fee | ption |
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| 4 Date | 5 Payee name | | | |
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| 8 PURPOSE OF | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| EXPENDITURE | (C) Check if travel outside of Texas | Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |

SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|---|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 F# | er ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$3.95 | 7 Payee address; 366 Summer St Somerville, MA | City; A 02144-3132 | State: | Zip Code |
| B PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri Service Fee | |
| Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | 3. Complete Schedule 1. | Office sough | ik if Austin, TX, officeholder living expense |
| Date 06/30/2025 | 5 Payee name ActBlue | | | |
| Amount (\$) \$3.95 | 7 Payee address; 366 Summer St Somerville, MA | City; 02144-3132 | State: | Zip Code |
| PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri Service Fee | ption |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

SCHEDULE F1

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| | EXPENDITURE CA | ATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I Legal Services Salaries/ | verhead/Rental Tra Expense Exp Expense Tra Wages/Contract Labor Tra | icitation/Fundraising Expense nsportation Equipment & Related bense vel In District vel Out of District er (enter a category not listed above) 1. |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; 366 Summer St Somerville, MA 02144- | State: 3132 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of Fees | Service Fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Candidate / Officeholder name | Office sought | Ustin, TX, officeholder living expense |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3 | State: 3132 | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of Fees | f this schedule) (b) Description Service Fee | 1 |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete | Schedule T. Check if Au | ustin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense by Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to control of the second sec | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | Annu Annu Annu Annu Annu Annu Annu Annu |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$9.88 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8 | (a) |
|---|--|-----------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Iv Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to c | tal ract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer | r ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$9.88 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | | 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 06/30/2025 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$19.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Descript Service Fee | lion |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
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SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Potling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to c | tel Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$19.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$29.63 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office heid |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rein Food/Beverage Expense Polling Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to c | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Ztp Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$39.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reimi Fees Office Overhead/Rental Food/Beverage Expense Poliing Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra- | i Transportation Equipment & Related Expense Travel In District ct Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$69.13 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas. Complete Schedule T. | (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |

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SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to compare the service Salaries/Wages/Contra | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
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| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
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| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 06/30/2025 | ActBlue | |
| 6 Amount (\$) \$98.75 | 7 Payee address: City: 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$197.50 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXFENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check If Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$256.75 | 7 Payee address: City: 366 Summer St Somerville, MA 02144-3132 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rein Food/Beverage Expense Volting Expense Volting Expense Salaries/Wages/Contr The Instruction Guide explains how to c | tal Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$256.75 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | Service Fee | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held | | |
| 4 Date 06/30/2025 | 5 Payee name ActBlue | | | |
| 6 Amount (\$) \$533.25 | 7 Payee address; City; 366 Summer St Somerville, MA 02144-3132 | State: Zip Code | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Service Fee | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | |

SCHEDULE F1

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Loan/Repayment/Re Pood/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to o | htal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/05/2025 | 5 Payee name African American Memorial | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; Requested Kendleton, TX 77451 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee | Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/25/2025 | 5 Payee name Allied Signs | |
| 6 Amount (\$) - \$576.00 | 7 Payee address; City: 6820 Harwin Dr Houston, TX 77036-2210 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Printing Expense | e) (b) Description Printing |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Sy Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to car | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name Allied Signs | |
| 6 Amount (\$) \$232.00 | 7 Payee address; City; 6820 Harwin Dr Houston, TX 77036-2210 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description Printing |
| EX ENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/21/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$82.80 | 7 Payee address; City; 410 Terry Ave N Seattle, WA 98109-5210 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Office supplies |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense V Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/23/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$269.24 | 7 Payee address; City; 410 Terry Ave N Seattle, WA 98109-5210 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description Crawfish boil décor |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 06/20/2025 | American Caribbean Chamber of Commerce | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; 6201 Bonhomme Rd Ste 614N Houston, TX 77036-43 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) | | | |
|---|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense V Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 03/28/2025 | 5 Payee name Angie Wierzbicki Campaign | | | | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; 2311 Creek Meadows Dr Missouri City, TX 77459-26 | State: Zip Code | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation | | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | | |
| 4 Date | 5 Payee name | | | | |
| 01/21/2025 | Mimi Arce | | | | |
| 6 Amount (\$) \$25.20 | 7 Payee address; City: 2606 Old River Ln Richmond, TX 77406-2768 | State: Zip Code | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description Reimbursement, Food drive | | | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | | |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehotder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to contract | Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/02/2025 | 5 Payee name Atrium | |
| 6 Amount (\$) \$156.47 | 7 Payee address; City; 675 Ponce De Leon Ave NE # 158 Atlanta, GA 30308 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Meal while at conference |
| EXPENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/30/2025 | 5 Payee name Aviva Wholesale & Retail Houston | |
| 6 Amount (\$) * \$107.01 | 7 Payee address; City; 10355 Harwin Dr Houston, TX 77036-1501 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description Printing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texes. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |

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| | EXPENDIT | URE CATEGORIES | FOR BOX 8 | (a) |
|---|--|--|------------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense by Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra | i ct Labor | Solicitation/Fundraising Expanse Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) prm. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Files | r ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name Balloon Euphoria | | | |
| 6 Amount (\$) \$460.06 | 7 Payee address; Requested Houston, TX 77047 | City; | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Event Expense | at the top of this schedule) | (b) Descrip Crawfish boil | décor |
| | (C) Check if travel outside of Texas | | | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | Office held |
| 4 Date | 5 Payee name | | | |
| 04/26/2025 | Jasmine Beale | | | |
| 6 Amount (\$) \$58.00 | 7 Payee address; 16218 Waiting Spring Cir Hous | City; ston, TX 77095-4548 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Salaries/Wages/Contract Labor | at the top of this schedule) | (b) Descrip Event Staff | tion |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to control | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/30/2025 | 5 Payee name Boys and Girls Club of Greater Houston | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 815 Crosby St Houston, TX 77019-3054 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| EX ENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 02/13/2025 | 5 Payee name BreakingBounds, LLC | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; 225 Matlage Way Unit 1325 Sugar Land, TX 77487-0 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Executive coaching |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel in District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/18/2025 | 5 Payee name James Cardona | <u> </u> |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; 5216 Leeland St Houston, TX 77023-2022 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting Expense | (b) Description Consulting fee |
| EXTERMINE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/01/2025 | 5 Payee name James Cardona | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 5216 Leeland St Houston, TX 77023-2022 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this achedule) Consulting Expense | (b) Description Consulting fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Chack 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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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/01/2025 | 5 Payee name James Cardona | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; 5216 Leeland St Houston, TX 77023-2022 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting Expense (C) Check if travel outside of Texas, Complete Schedule T. | (b) Description Consulting fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 02/03/2025 | 5 Payee name Central Fort Bend Chamber | |
| 6 Amount (\$) \$375.00 | 7 Payee address; City; 4120 Avenue H Rosenberg, TX 77471-2833 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description Membership renewal |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/27/2025 | 5 Payee name Cinnamons Bakery | |
| 6 Amount (\$) \$13.60 | 7 Payee address; City; 13881 Southwest Fwy Sugar Land, TX 77478-3533 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Breakfast for team retreat |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 04/18/2025 | City of Rosenberg | |
| 6 Amount (\$) \$979.08 | 7 Payee address; City; 2220 4th St Rosenberg, TX 77471-5126 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description Event security |
| EXPENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDITURE CATEGORIE | ES FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Re Fees Office Overhead/Ren Food/Beverage Expense Polling Expense g Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to | ntal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/24/2025 | 5 Payee name City of Rosenberg | |
| 6 Amount (\$) \$311.85 | 7 Payee address; City; 2220 4th St Rosenberg, TX 77471-5126 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Event Expense | Event permits |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 02/26/2025 | 5 Payee name Costco | |
| 6 Amount (\$) \$40.68 | 7 Payee address; City; 17520 Southwest Fwy Sugar Land, TX 77479-2359 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Event Expense | (b) Description Drinks for event at FBC Juvenile Juctice Cent |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expanse |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Re Fees Office Overhead/Ren Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to | atal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name Costco | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; 17520 Southwest Fwy Sugar Land, TX 77479-2359 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Event Expense | Event supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 06/09/2025 | 5 Payee name Domino's Pizza | |
| 6 Amount (\$) \$131.20 | 7 Payee address; City; 14520 Memorial Dr Ste J Houston, TX 77079-5427 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Food/Beverage Expense | (b) Description Food donation to the William B. Travis HS reunion committee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/25/2025 | 5 Payee name Earl Carl Institute for Legal and Social Policy, Inc | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; 3100 Cieburne St Houston, TX 77004-4501 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 05/06/2025 | 5 Payee name Rita Earlz | |
| 6 Amount (\$) \$58.00 | 7 Payee address; City; 9114 Lakes At 610 Dr Houston, TX 77054-2403 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description Event staff |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FOR BOX 8 | B(a) | |
|--|--|---|-----------------------------|---|------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | al act Labor | Solicitation/Fundraisi Transportation Equip Expense Travel In District Travel Out of District Other (enter a catego form. | ment & Related |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 File | er ID (Ethics Comm | ission Filers) |
| 4 Date 03/17/2025 | 5 Payee name Eventsured | | | | |
| 6 Amount (\$) \$119.95 | 7 Payee address; 24 S Newtown Street Rd Newto | City; wn Square, PA 19073 | State: | Zip | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Event Expense | at the top of this schedule) | (b) Descrip Event Insura | | |
| EXPENDITORE | (C) Check if travel outside of Texas | . Complete Schedule T. | Check | k if Austin, TX, officeholde | r living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t | Office held |
| 4 Date | 5 Payee name | | | | |
| 01/27/2025 | Family Style Design Co. | | | | |
| 6 Amount (\$) \$399.63 | 7 Payee address; 611 Jackson St Set A1 Richmor | City; id, TX 77469-3400 | State: | Zip | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed in Contributions/Donations Made By Candidate/Officeholder/Political Comm | | (b) Descrip Sponsorship, | otion Community Bike Ride | |
| | (C) Check if travel outside of Texas | Complete Schedule T. | | k if Austin, TX, officeholde | r living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t | Office held |

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SCHEDULE F1

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| | EXPENDITURE CAT | EGORIES FOR BOX 8(a) | |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp | head/Rental Tran ense Expe pense Trav ages/Contract Labor Trav Othe | el In District el Out of District r (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | | (Ethics Commission Filers) |
| 4 Date 02/24/2025 | 5 Payee name Frost Bank | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-161. | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of th Fees | is schedule) (b) Description wire transfer fee | |
| | (C) Check if travel outside of Texas. Complete So | hedule T. Check if Aus | stin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 4 Date 03/03/2025 | 5 Payee name Frost Bank | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-161 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of the Fees | is schedule) (b) Description wire transfer fee | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Sc | hedule T. Check if Aus | stin, 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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SCHEDULE F1

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| | EXPENDITU | JRE CATEGORIES | FOR BOX 8 | 3(a) |
|---|---|---------------------------|------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F | Salaries/Wages/Contra | l ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 03/10/2025 | 5 Payee name Frost Bank | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX 7 | City; 78296-1613 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at Pees (C) Check if travel outside of Texas. | | (b) Descrip wire transfer | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | |
| 4 Date 03/24/2025 | 5 Payee name Frost Bank | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; · PO Box 1613 San Antonio, TX 7 | City; 78296-1613 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at Fees | the top of this schedule) | (b) Descrip wire transfer | |
| EXPENDITURE | (C) Check if travel outside of Texas. | Complete Schedule T. | Chec! | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |

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SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FORBOX | 8(a) | |
|---|---|--|-----------------------------|---|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Transportation Expense Travel In Distric Travel Out of D Other (enter a c | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics C | ommission Filers) |
| 4 Date 03/31/2025 | 5 Payee name Frost Bank | | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | | (b) Descri wire transfe | r fee | |
| | (C) Check if travel outside of Texas | a. Complete Schedule T. | | | eholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht | Office held |
| 4 Date 04/07/2025 | 5 Payee name Frost Bank | | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descri wire transfer | | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, offic | eholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | | Office held |

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SCHEDULE F1

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Fees Loan/Repayment/Re Office Overhead/Ren Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Com The Instruction Guide explains how to a | tal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/14/2025 | 5 Payee name Frost Bank | ······································ |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-1613 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Fees | (b) Description wire transfer fee |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/21/2025 | 5 Payee name Frost Bank | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-1613 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Fees | (b) Description wire transfer fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rentz Food/Beverage Expense Office Overhead/Rentz Polling Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/23/2025 | 5 Payee name Frost Bank | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-1613 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas, Complete Schedule T. | wire transfer fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/28/2025 | 5 Payee name Frost Bank | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; PO Box 1613 San Antonio, TX 78296-1613 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description wire transfer fee |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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SCHEDULE F1

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|---|---|-----------------------------|---|---------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | ai act Labor | Solicitation/Fundraising Exper Transportation Equipment & P Expense Travel In District Travel Out of District Other (enter a category not its form. | Related |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 Fil | er ID (Ethics Commission Fi | ilers) |
| 4 Date 05/12/2025 | 5 Payee name Frost Bank | | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed : Fees | | (b) Descri wire transfe | r fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Office sough | ck if Austin, TX, officeholder living exp ht Office he | |
| 4 Date 05/19/2025 | 5 Payee name Frost Bank | | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | Zip Code | |
| 8 PURPOSE OF | (a) Category (See categories listed a Fees | at the top of this schedule) | (b) Descri wire transfer | | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | ck if Austin, TX, officeholder living exp | ense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht Office he | ld |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX 8 | i(a) |
|---|---|---|------------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Reim Office Overhead/Rentz Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 File | r ID (Ethics Commission Filers) |
| 4 Date 06/02/2025 | 5 Payee name Frost Bank | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descrip wire transfer | |
| | (C) Check if travel outside of Texas | s. Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | | | |
| 06/30/2025 | Frost Bank | | | |
| 6 Amount (\$) \$15.00 | 7 Payee address; PO Box 1613 San Antonio, TX | City; 78296-1613 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Fees | at the top of this schedule) | (b) Descrip wire transfer | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|---|--|---|-----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rents Food/Beverage Expense Office Overhead/Rents Polling Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportati Expense Travel In Dis act Labor Travel Out o Other (enter | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/03/2025 | 5 Payee name Gringo's Mexican Kitchen | | |
| 6 Amount (\$) \$77.86 | 7 Payee address; City; 19940 Southwest Fwy Sugar Land, TX 77479-6505 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Meeting | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | |
| 06/25/2025 | H-E-B | | |
| 6 Amount (\$) \$87.96 | 7 Payee address; City; 19988 Southwest Fwy Sugar Land, TX 77479-6505 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Supplies | |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, o | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

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| | EXPENDIT | URE CATEGORIES FO | R BOX 8(a) | |
|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reimburs Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract L e explains how to compl | Transportation Expense Travel In Distr abor Travel Out of I Other (enter a | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | , | 3 Filer ID (Ethics C | Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name H-E-B | | | |
| 6 Amount (\$) \$39.99 | 7 Payee address; 19988 Southwest Fwy Sugar La | City; nd, TX 77479-6505 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Office Overhead/Rental Expense | |) Description offee for visit to conservance | у |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Candidate / Officeholder name | | Check if Austin, TX, offi ice sought | Ceholder living expense Office heid |
| 4 Date 06/30/2025 | 5 Payee name H-E-B | | | |
| 6 Amount (\$) \$53.18 | 7 Payee address; 19988 Southwest Fwy Sugar La | City: nd, TX 77479-6505 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Office Overhead/Rental Expense | |) Description stries for visit to conservan | cy |
| EXPENDITURE | (C) Check if travel outside of Texas. | Complete Schedule T. | Check if Austin, TX, offi | ceholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Offi | ce sought | Office held |

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|---|--|-----------------------------|---|---------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra | it ict Labor | Transportatio Expense Travel In Dist Travel Out of Other (enter a | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | - | | Commission Filers) |
| not available | Dexter Lorance-Navario McCo | y | | | |
| 4 Date | 5 Payee name | | | | |
| 04/29/2025 | Houston Trackless Train | | | | |
| 6 Amount (\$) \$1,671.07 | 7 Payee address; 2426 Crossmill Ln Katy, TX 77 | City; 450-6794 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Event Expense | at the top of this schedule) | (b) Descri Trackless tra | ption in, Bouncehouse | e |
| | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, of | ficeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | it . | Office held |
| 4 Date | 5 Payee name | | | | |
| 01/27/2025 | HP Instant Ink | | | | |
| 6 Amount (\$) \$9.02 | 7 Payee address; 1501 Page Mill Rd Palo Alto, C | City; A 94304-1126 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Office Overhead/Rental Expense | It the top of this schedule) | (b) Descrip Printer ink | otion | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Check | k if Austin, TX, of | ficeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | | Office held |

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Cont The Instruction Guide explains how to o | tal Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| not available 4 Date | | |
| 02/26/2025 | 5 Payee name HP Instant Ink | |
| 6 Amount (\$) \$4.77 | 7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126 | State: Zip Code |
| B PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Office Overhead/Rental Expense | (b) Description Printer ink |
| EAFENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | |
| 03/27/2025 | HP Instant Ink | |
| 3 Amount (\$) \$2.65 | 7 Payee address; City; 1501 Page Mill Rd Palo Alto, CA 94304-1126 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Printer ink |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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| | EXPENDIT | URE CATEGORIES | FOR BOX | B(a) |
|---|---|---|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra le explains how to co | il Ict Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 04/28/2025 | 5 Payee name HP Instant Ink | | | 000 <u>, 1. 1.1., 1. 1.1., 1</u> . |
| 6 Amount (\$) \$1.58 | 7 Payee address;1501 Page Mill Rd Palo Alto, C | City; A 94304-1126 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | | (b) Descri Printer ink | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | , Complete Schedule T. | Office sough | k if Austin, TX, officeholder living expense t Office held |
| 4 Date 05/27/2025 | 5 Payee name HP Instant Ink | | | |
| 6 Amount (\$) \$3.35 | 7 Payee address; 1501 Page Mill Rd Palo Alto, C | City; A 94304-1126 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed) Office Overhead/Rental Expense | | (b) Descrip Printer ink | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | | Office sough | t if Austin, TX, officeholder living expense t Office heid |

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| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|---|---|---------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr de explains how to co | al act Labor | Transportation Expense Travel in Distri Travel Out of D Other (enter a | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics C | ommission Filers) |
| 4 Date 06/27/2025 | 5 Payee name HP Instant Ink | | | | n na |
| 6 Amount (\$) \$1.90 | 7 Payee address; 1501 Page Mill Rd Palo Alto, C | City; CA 94304-1126 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | (b) Descri Printer ink | iption | |
| EXT ENDITORE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | ck if Austin, TX, offic | ceholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht | Office held |
| 4 Date | 5 Payee name | | | | |
| 05/20/2025 | Human Age Digital | _ | | | |
| 6 Amount (\$) \$1,750.00 | 7 Payee address; 2700 Post Oak Blvd Fl 21 Hous | City; ston, TX 77056-5798 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Advertising Expense | at the top of this schedule) | (b) Descri Digital Adv | | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | ck if Austin, TX, offic | eholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht | Office held |

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| | EXPENDITURE CATEGORIE | ES FOR BOX 8(a) | |
|---|---|---|-------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Re Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cor The Instruction Guide explains how to | ntal Transporta Expense Travel In E tract Labor Travel Out Other (ent | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer 1D (Ethic | cs Commission Filers) |
| 4 Date 04/10/2025 | 5 Payee name Jaguar Tent & Events LLC | | |
| 6 Amount (\$) \$2,140.52 | 7 Payee address; City; 17016 Barnwood Dr Houston, TX 77090-2428 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedul Event Expense | e) (b) Description Tent, Tables, Chairs rents | als |
| EXPENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 4 Date | 5 Payee name | | |
| 01/27/2025 6 Amount (\$) \$1,000.00 | Keep Al Green in Congress 7 Payee address; City; 3003 S Loop W Ste 321 Houston, TX 77054-1373 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. | Donation | , officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense g Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/26/2025 | 5 Payee name Kickin' Crawfish, LLC | |
| 6 Amount (\$) \$3,700.00 | 7 Payee address; City; 16218 Waiting Spring Cir Houston, TX 77095-4548 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Catering |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 04/15/2025 | 5 Payee name Kwik Covers | |
| 6 Amount (\$) \$157.89 | 7 Payee address; City; 811 Ridge Rd Webster, NY 14580-2401 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description Table covers |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel in District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/12/2025 | 5 Payee name Lamar Education Award Foundation | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; 3911 Avenue I Rosenberg, TX 77471-3901 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officebolder/Political Committee | (b) Description Donation |
| EXCENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 02/25/2025 | 5 Payee name Lillie Schechter Campaign | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; PO Box 667204 Houston, TX 77266-7204 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas, Complete Schedule T. | (b) Description Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Salaries/Wages/Cont The Instruction Guide explains how to c | ttal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/27/2025 | 5 Payee name Lopez Mexican Restaurant | |
| 6 Amount (\$) \$190.16 | 7 Payee address; City; 11606 S Wilcrest Dr Houston, TX 77099-4755 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Food/Beverage Expense | (b) Description Lunch for team retreat |
| EXI ERON ONE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 03/04/2025 | 5 Payee name Lucille's | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 5512 La Branch St Houston, TX 77004-7129 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Food/Beverage Expense |) (b) Description Food Juvenile Probation program |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|--|---|--|----------------------------|---|--------------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Transportation E Expense Travel In District Travel Out of Dis Other (enter a ca | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics Co | mmission Filers) |
| 4 Date 06/02/2025 | 5 Payee name Lyft | | , | | |
| 6 Amount (\$) \$30.99 | 7 Payee address; 185 Berry St San Francisco, CA | City; 94107-5705 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Travel Out Of District | | (b) Descri | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | . Complete Schedule 1. | Office sough | | holder living expense Office held |
| 4 Date 01/01/2025 | 5 Payee name Merci Mohagheghi | | | | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; 1010 Rosine St Apt 25 Houston | City; , TX 77019-3871 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Consulting Expense | at the top of this schedule) | (b) Descri Consulting I | | |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, office | holder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Fees 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: **2 FILER NAME** 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 01/06/2025 Merci Mohagheghi 6 Amount (\$) 7 Payee address; City; State: Zip Code \$122,51 1010 Rosine St Apt 25 Houston, TX 77019-3871 (b) Description 8 (a) Category (See categories listed at the top of this schedule) PURPOSE Loan Repayment/Reimbursement Reimbursement OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/13/2025 Merci Mohagheghi City: State: Zip Code 7 Payee address; 6 Amount (\$) \$2,500.00 1010 Rosine St Apt 25 Houston, TX 77019-3871 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Consulting Expense Consulting Fee OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/14/2025 | 5 Payee name NAACP Missouri City and Vicinity Branch | |
| 6 Amount (\$) \$102.50 | 7 Payee address; City; PO Box 1053 Missouri City, TX 77459-1053 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation/MLK breakfast |
| EXT ENDITORIE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 05/12/2025 | 5 Payee name NAACP Missouri City and Vicinity Branch | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City: PO Box 1053 Missouri City, TX 77459-1053 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|---|--|--|------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Git/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 01/03/2025 | 5 Payee name NGP VAN | | ł | |
| 6 Amount (\$) \$262.50 | 7 Payee address; 1445 New York Ave NW Ste 2 | City; 00 Washington, DC 20 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | | (b) Descr Database | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas Candidate / Officeholder name | s, Complete Schedule T. | Office sough | k if Austin, TX, officeholder living expense ht Office held |
| 4 Date 02/06/2025 | 5 Payee name NGP VAN | | | |
| 6 Amount (\$) \$262.50 | 7 Payee address; 1445 New York Ave NW Ste 2 | City; 00 Washington, DC 20 | State: 005-2158 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | (b) Descri Database | ption |
| | (C) Check if travel outside of Texas | . Complete Schedule T. | | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | nt Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to compare the services | al Trans Expe Trave act Labor Trave Othe | itation/Fundraising Expense sportation Equipment & Related nse al In District el Out of District r (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (| Ethics Commission Filers) |
| 4 Date 03/05/2025 | 5 Payee name NGP VAN | 1 | |
| 6 Amount (\$) \$262.50 | 7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 20 | State: 0005-2158 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Database | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought | iin, TX, officeholder living expense Office held |
| 4 Date 05/05/2025 | 5 Payee name NGP VAN | | |
| 6 Amount (\$) \$551.26 | 7 Payee address: City: 1445 New York Ave NW Ste 200 Washington, DC 20 | State: 0005-2158 | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Database | |
| EXPENDITURE | (c) Check if travel outside of Texas. Complete Schedule T. | | lin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to co | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/04/2025 | 5 Payee name NGP VAN | |
| 6 Amount (\$) \$275.63 | 7 Payee address; City; 1445 New York Ave NW Ste 200 Washington, DC 20 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense (C) Check if travel outside of Texas. Complete Schedule T. | (b) Description Database |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 05/19/2025 | 5 Payee name Nothing Bundt Cakes Bakery | |
| 6 Amount (\$) \$87.00 | 7 Payee address; City; 10227 W Grand Pkwy S Ste 104 Richmond, TX 7740 | State: Zip Code 7-2336 |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Food for volunteers |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rents Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to compare the services Salaries/Wages/Contra | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/19/2025 | 5 Payee name Nothing Bundt Cakes Bakery | |
| 6 Amount (\$) \$87.00 | 7 Payee address; City; 235 FM 2977 Rd Ste 190 Richmond, TX 77469-7523 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Need |
| 9 Complete ONLY if direct expenditure to benefit C/OH | C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 04/04/2025 | 5 Payee name OakBend Medical Center | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 1705 Jackson St Richmond, TX 77469-3246 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Renta Food/Beverage Expense Polling Expense V Giff/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/25/2025 | 5 Payee name Perry's Steakhouse | |
| 6 Amount (\$) \$486.48 | 7 Payee address; City; 2115 Town Square PI Sugar Land, TX 77479-1277 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Constituents dinner |
| EXTENDITORE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date | 5 Payee name | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 06/02/2025 | Poor Calvins | |
| 6 Amount (\$) \$311.92 | 7 Payee address; City; 510 Piedmont Ave NE Atlanta, GA 30308-3411 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Dinner meeting while at conference |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Reir Fees Office Overhead/Rent Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/27/2025 | 5 Payee name Red Barn Picture Framing | |
| 6 Amount (\$) \$150,40 | 7 Payee address; City; 9850 S TEXAS 6 Sugar Land, TX 77498 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Framing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 02/25/2025 | 5 Payee name Rolling Dough | |
| 6 Amount (\$) \$37.15 | 7 Payee address; City; 1827 Richmond Pkwy Richmond, TX 77469-3605 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Lunch for meeting |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Ref Fees Office Overhead/Ref Food/Beverage Expense Polling Expense V Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to | ntal Transportation Equipment & Related Expense Travel In District tract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/11/2025 | 5 Payee name Rolling Dough | |
| 6 Amount (\$) \$63.76 | 7 Payee address; City; 1827 Richmond Pkwy Richmond, TX 77469-3605 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule Food/Beverage Expense | Lunch for team retreat |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 04/20/2025 | 5 Payee name Rosenberg Railroad Museum | |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; PO Box 369 Rosenberg, TX 77471-0369 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule Event Expense | (b) Description Crawfish Boil venue |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

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| | EXPENDITURE | CATEGORIES FOR BOX | 8(a) |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Offic Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print Legal Services Sala | n/Repayment/Reimbursement a Overhead/Rental ng Expense ting Expense ries/Wages/Contract Labor splains how to complete this | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Fi | er ID (Ethics Commission Filers) |
| 4 Date 06/30/2025 | 5 Payee name Shell Service Station | | |
| 6 Amount (\$) \$14.88 | 7 Payee address; C 1101 Jackson St Richmond, TX 774 | 849-3319 State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the Food/Beverage Expense | Water | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Com Candidate / Officeholder name | plete Schedule T. Che Office soug | ck if Austin, TX, officeholder living expense ht Office held |
| 4 Date 02/13/2025 | 5 Payee name Skai Shadow | | |
| 6 Amount (\$) \$400.00 | 7 Payee address; C 20914 Montana Bend Ln Cypress, T | ity; State: X 77433-7706 | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the Event Expense | top of this schedule) (b) Descr Event DJ | iption |
| EXPENDITURE | (C) Check if travel outside of Texas. Com | plete Schedule T. | ck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | ht Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE C | ATEGORIES FOR BOX | 8(a) |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing | Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Fi | er ID (Ethics Commission Filers) |
| 4 Date 03/27/2025 | 5 Payee name Soliz Casa de Tacos | | , 2.16.94 <u>2 -</u> |
| 6 Amount (\$) \$38.43 | 7 Payee address; City 303 Dulles Ave Stafford, TX 77477-47 | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top Food/Beverage Expense | | iption or team retreat |
| | (C) Check if travel outside of Texas. Complete | | ck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | ht Office held |
| 4 Date 05/20/2025 | 5 Payee name Southwest Airlines | | |
| 6 Amount (\$) \$386.96 | 7 Payee address; City; 2702 Love Field Dr Dallas, TX 75235- | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top Travel Out Of District | of this schedule) (b) Descr Airfare | iption |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete | e Schedule T. Chee | ck if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office soug | ht Office held |

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Sataries/Wages/Contr | al Transportation Equipment & Related Expense Travel In District act Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/13/2025 | 5 Payee name State Farm | |
| 6 Amount (\$) \$121.06 | 7 Payee address; City; PO Box 588002 North Metro, GA 30029-8002 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Insurance |
| 9 Complete ONLY if direct | C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense Office sought Office held |
| expenditure to benefit C/OH | | Once adagne Once here |
| 4 Date 04/08/2025 | 5 Payee name State Farm | i sanataka an an makakan kana kadad maka an isa |
| 6 Amount (\$) \$54.41 | 7 Payee address; City; PO Box 588002 North Metro, GA 30029-8002 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Insurance |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) |
|---|---|---|--------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Sataries/Wages/Contr de explains how to co | al act Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 File | er ID (Ethics Commission Filers) |
| 4 Date 05/09/2025 | 5 Payee name State Farm | | | Nagar ang San |
| 6 Amount (\$) \$54.41 | 7 Payee address; PO Box 588002 North Metro, C | City; GA 30029-8002 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | (b) Descri Insurance | ption |
| | (C) Check if travel outside of Texas | Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |
| 4 Date | 5 Payee name | | | |
| 06/10/2025 | State Farm | | | |
| 6 Amount (\$) \$54.41 | Payee address; PO Box 588002 North Metro, C | City; A 30029-8002 | State: | . Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | (b) Descrip Insurance | ption |
| EXPENDITURE | (C) Check if travel outside of Texas | . Complete Schedule T. | Chec | k if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | t Office held |

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related **Consulting Expense** Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) **Credit Card Payment** The instruction Guide explains how to complete this form. **2 FILER NAME** 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/21/2025 T-Mobile 6 Amount (\$) 7 Payee address; City; State: Zip Code \$104.31 PO Box 742596 Cincinnati, OH 45274-2596 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Office Overhead/Rental Expense Cell phone OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/20/2025 **T-Mobile** 6 Amount (\$) 7 Payee address; City; State: Zip Code \$74.31 PO Box 742596 Cincinnati, OH 45274-2596 (b) Description 8 (a) Category (See categories listed at the top of this schedule) PURPOSE Office Overhead/Rental Expense Cell phone OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGO | RIES FOR BOX | 8(a) |
|---|--|--------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment Fees Office Overhead/ Pool/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/O The Instruction Guide explains how | Rental Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Fil | er ID (Ethics Commission Filers) |
| 4 Date 03/20/2025 | 5 Payee name T-Mobile | | |
| 6 Amount (\$) \$105.86 | 7 Payee address; City; PO Box 742596 Cincinnati, OH 45274-2596 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense (C) Check if travel outside of Texas. Complete Schedule | Cell phone | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name | Office sough | ck if Austin, TX, officeholder living expense |
| 4 Date 04/21/2025 | 5 Payee name T-Mobile | | |
| 6 Amount (\$) \$109.31 | 7 Payee address; City; PO Box 742596 Cincinnati, OH 45274-2596 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense | dute) (b) Descri Cell phone | ption |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name | T. Chec Office sough | k if Austin, TX, officeholder living expense ht Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politicat Committee Credit Card Payment | Event Expense Loan/Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Poiling Expense y Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to control | tai Transportation Equipment & Related Expense Travel In District ract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/20/2025 | 5 Payee name T-Mobile | |
| 6 Amount (\$) \$109.31 | 7 Payee address; City; PO Box 742596 Cincinnati, OH 45274-2596 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | Cell phone |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Office sought Office held |
| 4 Date 05/01/2025 | 5 Payee name The Collective PAC | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; 2101 L St NW Ste 800 Washington, DC 20037-1657 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGOR | IES FOR BOX 8(a) | |
|---|--|--|-----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Loan/Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to | ental Transportati Expense Travel In Dis ontract Labor Travel Out o Other (enter | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 04/22/2025 | 5 Payee name The fight for Democracy | | |
| 6 Amount (\$) \$400.00 | 7 Payee address; City; 1401 Cleburne St Houston, TX 77004-4033 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committee | Donation | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name | Office sought | Office held |
| 4 Date 06/02/2025 | 5 Payee name The Gathering Spot | | |
| 6 Amount (\$) \$93.32 | 7 Payee address; City; 384 Northyards Blvd NW Atlanta, GA 30313-244 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this sched Food/Beverage Expense | ule) (b) Description Meal while at conference | |
| EXPENDITURE | (C) Chack if travel outside of Texas. Complete Schedule T | Check if Austin, TX, | officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Office Overhead/ Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/0 The instruction Guide explains how | Expense Travel In District Contract Labor Travel Out of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/21/2025 | 5 Payee name USPS | |
| 6 Amount (\$) \$257.00 | 7 Payee address; City; 5560 FM 1640 Rd Richmond, TX 77469-5424 | State: Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this sche Office Overhead/Rental Expense | PO Box rental |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check If travel outside of Texas. Complete Schedule Candidate / Officeholder name | T. Check if Austin, TX, officeholder living expense Office sought Office held |
| 4 Date 06/02/2025 | 5 Payee name W Hotel Atlanta | |
| 6 Amount (\$) \$410.04 | 7 Payee address; City; 45 Ivan Allen Jr Blvd NW Atlanta, GA 30308-30 | State: Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this sche Travel Out Of District | edule) (b) Description Hotel accommodation while attending conferenc |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule | T. Check if Austin, TX, officeholder living expanse |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITUR | E CATEGORIES FOR BOX | (8(a) |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political Committee Credit Card Payment | Fees Off Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Print Legal Services Sat | an/Repayment/Reimbursement ice Overhead/Rental ling Expense nting Expense aries/Wages/Contract Labor explains how to complete this | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) s form. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | 3 F | iler ID (Ethics Commission Filers) |
| 4 Date 04/14/2025 | 5 Payee name Wal-Mart | | |
| 6 Amount (\$) \$31.31 | 7 Payee address; 5330 FM 1640 Rd Richmond, TX 7 | City; State: 77469-5435 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the Office Overhead/Rental Expense | Office Sup | plies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Co Candidate / Officeholder name | mplete Schedule T. Che Office soug | eck if Austin, TX, officeholder living expense ght Office held |
| 4 Date 04/11/2025 | 5 Payee name Witt Pitt | | |
| 6 Amount (\$) \$105.67 | 7 Payee address; 2516 1st St Rosenberg, TX 77471- | City; State: 5008 | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at th Food/Beverage Expense | | ription for team retreat |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Co Candidate / Officeholder name | mplate Schedule T. Che Office soug | ack if Austin, TX, officeholder living expanse ght Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDI | URE CATEGORIES | FORBOX | 8(a) | |
|---|---|---|----------------------|---|------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Guid | Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co | al act Labor | Solicitation/Fundraisi Transportation Equip Expense Travel In District Travel Out of District Other (enter a catego form. | ment & Related |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | у | 3 Fil | ler ID (Ethics Commi | ssion Filers) |
| 4 Date 01/23/2025 | 5 Payee name WIX.COM | tinda ja | | | |
| 6 Amount (\$) \$12.99 | 7 Payee address; 500 Terry A Francois Blvd Fl 6 | City; San Francisco, CA 94 | State: | Zip | Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed Office Overhead/Rental Expense | | (b) Descr Website | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texa Candidate / Officeholder name | s. Complete Schedule 1. | Office soug | ck if Austin, TX, officeholde ht | Office held |
| 4 Date 02/21/2025 | 5 Payee name WIX.COM | | | | |
| 6 Amount (\$) \$357.00 | 7 Payee address; 500 Terry A Francois Blvd Fl 6 | City; San Francisco, CA 94 | State: 158-2354 | Zip (| Code |
| 8 PURPOSE OF | (a) Category (See categories listed Office Overhead/Rental Expense | at the top of this schedule) | (b) Descr Website | iption | |
| EXPENDITURE | (C) Check if travel outside of Texas | s. Complete Schedule T. | Che | ck if Austin, TX, officeholde | r living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office soug | ht | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES FO | OR BOX 8(a) | |
|--|--|--|---------------------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reimbu Office Overhead/Rentai Poiling Expense Printing Expense Salaries/Wages/Contract e explains how to com | Tra Exp Tra Labor Tra Oth | licitation/Fundraising Expense insportation Equipment & Related bense ivel In District ivel Out of District ner (enter a category not listed above) n. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | , | 3 Filer IE | (Ethics Commission Filers) |
| 4 Date 04/24/2025 | 5 Payee name WOW Party Art | | | |
| 6 Amount (\$) \$300.00 | 7 Payee address; 2802 Hardy St Apt C Houston, 7 | City; TX 77009-7065 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Event Expense (c) Check if travel outside of Texas. | F | b) Description ace painter | n ustin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | fice sought | Office held |
| 4 Date 01/06/2025 | 5 Payee name Zoom | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, KS | City; 5 66211-1504 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Office Overhead/Rental Expense | N | b) Description /ideo conferenci | ng software |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if travel outside of Texas. Candidate / Officeholder name | | Check if A | ustin, TX, officeholder living expense Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES | FOR BOX | 8(a) | |
|---|---|------------------------------|---------------------------|---|--------------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense | Salaries/Wages/Contra | il act Labor | Expense Travel In District Travel Out of Dis Other (enter a ca | quipment & Related |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | y | 3 F# | er ID (Ethics Co | mmission Filers) |
| 4 Date 02/05/2025 | 5 Payee name Zoom | | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, K | City; S 66211-1504 | State: | | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Office Overhead/Rental Expense | | | erencing software | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | (C) Check if Iravel outside of Texas Candidate / Officeholder name | . Complete Schedule T. | Office sough | ck if Austin, TX, office ht | holder living expense Office held |
| 4 Date 03/05/2025 | 5 Payee name Zoom | | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, K | City; S 66211-1504 | State: | | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Office Overhead/Rental Expense | at the top of this schedule) | (b) Descri Video confe | iption rencing software | |
| EXPENDITURE | (C) Check If travet outside of Texas | . Complete Schedule T. | | ck if Austin, TX, office | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sough | ht | Office held |

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDIT | URE CATEGORIES I | FOR BOX 8 | (a) |
|---|--|--|------------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services | Loan/Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac e explains how to con | t Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm. |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCoy | / | 3 File | r ID (Ethics Commission Filers) |
| 4 Date 04/07/2025 | 5 Payee name Zoom | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, Ki | City; S 66211-1504 | State: | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed a Office Overhead/Rental Expense (C) Check if travel outside of Texas. | | | ation encing software if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought | |
| 4 Date 05/05/2025 | 5 Payee name Zoom | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, KS | City; S 66211-1504 | State: | Zip Code |
| 8 PURPOSE OF | (a) Category (See categories listed a Office Overhead/Rental Expense | it the top of this schedule) | (b) Descrip Video confere | tion encing software |
| EXPENDITURE | (C) Check if travel outside of Texas. | Complete Schedule T. | Check | if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | (| Office sought | Office held |

SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report.

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment | Legal Services | Loan/Repayment/Reimbursement Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract Labor de explains how to complete this | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule F1: not available | 2 FILER NAME Dexter Lorance-Navario McCo | ру | 3 Fil | er ID (Ethics Commission Filers) | | |
| 4 Date 06/05/2025 | 5 Payee name Zoom | | | | | |
| 6 Amount (\$) \$16.79 | 7 Payee address; 6601 College Blvd Leawood, F | City; CS 66211-1504 | State: | Zip Code | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Video conferencing software | | | |
| EXPENDITURE | (C) Check if travel outside of Texa | is. Complete Schedule T, | Che | ck if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office soug | ht Office held | | |

| IN-KIND CC EXPENDITU | | | | | KAS SCHE | DULE T | |
|--|---|-----------------|------------------------|--------------------------|--|--------|--|
| If the requested information is not applicable, DO NOT include this page in the report. The instruction Guide explains how to complete this form. | | | | | 1 Total pages Schedule T: not available | | |
| 2 FILER NAME Dexter Lorance-Navario McCoy | | | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Name of Contribute Southwest Airlines | or / Corporation | or Labor Organ | ization / Pledgor / Pa | ауее | | | |
| 5 Contribution / Expe | inditure reported | on: | | | | | |
| Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H | | | | Schedule D | Schedule F1 | | |
| 6 Dates of travel 5/30/2025 And 6/1/2025 | 7 Name of person(s) traveling Dexter McCoy | | | | | | |
| | 8 Departure of Houston | city or name of | departure location | | | | |
| | 9 Destination city or name of destination location Atlanta | | | | | | |
| 10 Means of transportation COMMAIR 11 Purpose of travel (including name of conference Collective PAC Black Leadership Summit | | | | seminar, or other event) | | | |